Patient Name: _____

DOB: _____

MRN: _____

UCI Health

LABORATORY DOWNTIME ORDER AND REQUISITION

UCI HEALTH DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
Sherif Rezk, MD, Laboratory Director

Patient Name	MRN ☐ Routine ☐ STAT

Information below is required in order to process order.
Location/POS Code: _____ Diagnosis: _____
Collection Date and Time: _____ Physician: _____

COMMON PROFILES

- ☐ Basic Metabolic Panel
- ☐ Comprehensive Metabolic Panel
- ☐ Hepatic Function Panel
- ☐ Lipid Panel
- ☐ HGB/HCT
- ☐ CBC with Diff
- ☐ CBC without Diff
- ☐ PT/PTT
- ☐ Bilirubin Panel, Neonate
- ☐ Urinalysis

INDIVIDUAL TEST

- ☐ Alcohol, Ethyl
- ☐ Albumin
- ☐ Alkaline Phosphatase
- ☐ Ammonia
- ☐ Amylase
- ☐ Blood Gas (Arterial)
- ☐ Blood Gas (Mixed Venous)
- ☐ Blood Gas (Venous)
- ☐ Bilirubin, Direct
- ☐ Bilirubin, Total
- ☐ Calcium
- ☐ Chloride Cholesterol
- ☐ Cortisol
- ☐ CO_2
- ☐ Creatinine
- ☐ Creatinine Clearance
- ☐ Fibrinogen
- ☐ Folate
- ☐ Glucose
- ☐ Hemoglobin A1C
- ☐ Immunoelectrophoresis
- ☐ Ionized Calcium
- ☐ Iron
- ☐ Lactate
- ☐ LDH
- ☐ LDH Isoenzymes
- ☐ Lead
- ☐ Lipid Screen
- ☐ Leutenizing Hormone
- ☐ LSH
- ☐ B-Cell Lymphocyte Subsets by Flow Cytometry
- ☐ T-Cell Lymphocyte Subsets by Flow Cytometry
- ☐ Magnesium
- ☐ Osmolality: Specify urine or Serum: _____
- ☐ Potassium
- ☐ Phosphorus
- ☐ Platelet Count
- ☐ Pregnancy, Urine
- ☐ Pregnancy, Serum (Beta HCG)
- ☐ Prolactin
- ☐ Protein Electrophoresis
- ☐ PSA
- ☐ PTT
- ☐ Prothrombin Time
- ☐ PSA
- ☐ PTT
- ☐ Reticulocyte
- ☐ ESR
- ☐ SGOT
- ☐ SGPT
- ☐ Sodium
- ☐ Protein, Total (Serum)
- ☐ Triglyceride
- ☐ Troponin, High Sensitivity
- ☐ TSH
- ☐ T3
- ☐ T3 Uptake
- ☐ T4, Free
- ☐ T4 (Thyroxine)
- ☐ Uric Acid
- ☐ Vitamin B12

SEROLOGY TESTS

- ☐ Coccidiodes Antibody Screen by EIA (IgG & IgM), Serum
- ☐ Cryptococcus Ag
- ☐ EB Virus Ab Panel
- ☐ Legionella Ab
- ☐ Heterophile (Mono Test)
- ☐ HIV Type 1 & 2 Ab
- ☐ HIV Type 1 & 2 Ab, STAT
- ☐ Mycoplasma Ab, IgG, IgM
- ☐ Syphilis RPR
- ☐ Rubella Ab Screen

DIRECT EXAM

- ☐ Acid Fast Stain
- ☐ Bordetella DFA
- ☐ Chlamydia DFA
- ☐ Fungal Direct Exam
- ☐ Herpes Simplex (Lesion only) DFA
- ☐ Gram Stain
- ☐ Malaria Parasites
- ☐ Parasite Exam
- ☐ Pneumocystis Exam
- ☐ RSV DFA
- ☐ Rotavirus Antigen

DRUGS/THERAPEUTICS

Peak: _____ **Trough:** _____

- ☐ Amikacin
- ☐ Cyclosporin
- ☐ Digoxin
- ☐ Dilantin
- ☐ Gentamicin
- ☐ Lithium
- ☐ Methotrexate
- ☐ Primidone/Phenobarbital
- ☐ Opiates, Urine
- ☐ Carbamazepine/Tegretol
- ☐ Theophylline
- ☐ Tobramycin
- ☐ Drug Screen, Urine
- ☐ Valproic Acid
- ☐ Vancomycin
- ☐ Fluids
- ☐ Cell Count
- ☐ CSF Cell Count
- ☐ CSF Glucose/Protein

MICROBIOLOGY **Indicate specimen source:** _____

- ☐ Aerobic Culture
- ☐ Anaerobic Culture
- ☐ CMV Culture
- ☐ Fungal Culture
- ☐ Herpes Simplex Culture
- ☐ Legionella Culture
- ☐ Mycobacteria (AFB) Culture
- ☐ Virus Culture
- ☐ BK Virus DNA by PCR Blood, Quantitative
- ☐ Chlamydia Trachomatis and Neisseria Gonorrhea by PCR
- ☐ Clostridium Difficile Toxin PCR with reflex, stool
- ☐ Coronavirus Disease 2019 (Covid-19)
- ☐ Culture, Aerobic Bacteria Source: _____
- ☐ Culture, Blood
- ☐ Culture, Feces/Stool
- ☐ Culture, Fungal Source: _____
- ☐ Culture, Genital
- ☐ Culture, Group A Strep Screen, Throat
- ☐ Culture, Mycobacteria (AFB) Source: _____
- ☐ Culture, Sputum (Lower Resp Tract)
- ☐ Culture, Urine (Bacteria)
- ☐ Cytomegalovirus (CV) DNA by PCR, Quantitative
- ☐ Group A Strep, Throat, Rapid Screen
- ☐ Group B Streptococcus Screen-GBS Screen
- ☐ Helicobacter Pylori Antigen, Stool
- ☐ Hepatitis B DNA by PCR, Quantitative
- ☐ Hepatitis C (HCV) RNS by PCR, Quantitative
- ☐ Hepatitis A Ab Serum
- ☐ Hepatitis A Ab IgM
- ☐ Hepatitis B Core
- ☐ Hepatitis B Core IgM
- ☐ Hepatitis BE Ab
- ☐ Hepatitis BE Ag
- ☐ Hepatitis B Surface Ab
- ☐ Hepatitis B Surface Ag
- ☐ Hepatitis C Ab
- ☐ IgA, IgG, IgM
- ☐ HIV 1 RNA (Viral Load) by PCR, Quantitative
- ☐ HSV by PCR, CSF
- ☐ HSV by PCR, Lesion
- ☐ Human Papilloma Virus (HPV) Genotype by PCR
- ☐ Influenza PCR; RSV PCR
- ☐ Influenza Virus, Types A and B, RSV PCR
- ☐ Methicillin Resistant Staphylococcus Aureus (MRSA) MRSA screen-Nares
- ☐ Parasite Examination, Fecal (O & P)

FLUID SPECIMENS Please indicate Fluid Type: _____

For any tests that are not on this downtime, manually write here:

Physician Signature	Date	Time

White - Triage-Receiving Lab Yellow - Chemistry Pink - Hematology Blue - Microbiology