



# CLINICAL LABORATORY REQUISITION

UCMC  WCH  DRAKE  Other \_\_\_\_\_

Unit \_\_\_\_\_ Room # \_\_\_\_\_

Test Priority: Stat \_\_\_\_\_ Routine \_\_\_\_\_ Timed \_\_\_\_\_

Collection Date: \_\_\_\_\_ Time \_\_\_\_\_ Collected by: \_\_\_\_\_

**DOWNTIME NOTIFICATION of RESULTS:** Select option

TUBE to station# \_\_\_\_\_ FAX to: \_\_\_\_\_ CALL to: \_\_\_\_\_

## PATIENT INFORMATION OR LABEL

Medical Record #

Account #

Ordering Doctor

Patient Last Name

Patient First Name

Patient Date of Birth

Gender:

**Additional labs not listed:**

Please circle desired test(s). **ORDERS IN EPIC: YES NO**

<b>ACET</b>	ACETAMINOPHEN	R	<b>FBG</b>	GLUCOSE, FASTING	LTG	<b>NA</b>	SODIUM	LTG
<b>AMON</b>	AMMONIA (send on ice)	L	<b>GLYCO</b>	GLYCOHEMOGLOBIN (A1c)	L	<b>FT4</b>	T4, FREE	S
<b>AMY</b>	AMYLASE	S	<b>HCG</b>	HCG,QUALITATIVE, SERUM	LTG	<b>TACRO</b>	TACROLIMUS	L
<b>AXALMWH</b>	ANTI Xa LMW HEPARIN	B	<b>HCGQUANT</b>	HCG, QUANTITATIVE	LTG	<b>TEG</b>	TEGRETOL/Carbamazepine	R
<b>AXAUFH</b>	ANTI Xa UNF. HEPARIN	B	<b>HH</b>	HEMOGLOBIN/HEMATOCRIT	L	<b>RTEG</b>	TEG,Rapid Thromboelastogram	B
<b>EP1*</b>	BASIC METABOLIC PANEL	LTG	<b>HEPACU*</b>	HEPATITIS ACUTE PANEL	S(2)	<b>THEO</b>	THEOPHYLLINE	R
<b>BILI</b>	BILIRUBIN	LTG	<b>HBSAB</b>	HEP B SURFACE AB	S	<b>TOBRAP</b>	TOBRAMYCIN,Peak	R
<b>BC</b>	BLOOD CULTURE	KIT	<b>HBSAG</b>	HEP B SURFACE ANTIGEN	S	<b>TOBRAT</b>	TOBRAMYCIN, Trough	R
<b>ABG</b>	BLOOD GAS, ARTERIAL FIO2: PEEP:	SYR	<b>HIVR</b>	HIV-1/-2 ANTIBODIES	S	<b>TOBRAU</b>	TOBRAMYCIN, Unspecific	R
<b>ORBG**</b>	BLOOD GAS, OR, Arterial	SYR	<b>IRNS*</b>	IRON STUDIES	S	<b>TRF</b>	TRANSFERRIN	S
<b>VORBG</b>	BLOOD GAS, OR, Venous	DKG	<b>LA</b>	LACTIC ACID (send on ice)	GR	<b>TROPI</b>	TROPONIN I	LTG
<b>BNP</b>	BNP	L	<b>LDH</b>	LDH	LTG	<b>TSH</b>	TSH	S
<b>CA</b>	CALCIUM	LTG	<b>LIP</b>	LIPASE	LTG	<b>T/S</b>	TYPE AND SCREEN	PINK
<b>FCAB</b>	CALCIUM,IONIZED,BLOOD	SYR	<b>FATS*</b>	LIPID PANEL	LTG	<b>URC</b>	URIC ACID	LTG
<b>CBC</b>	CBC	L	<b>LI</b>	LITHIUM	S	<b>UA</b>	URINALYSIS	URY
<b>DIFF</b>	DIFFERENTIAL	L	<b>LIVP*</b>	LIVER PANEL	LTG	<b>UC</b>	URINE CULTURE	UG
<b>see back</b>	CHLAMYDIA/GONNORHEA	KIT	<b>MG</b>	MAGNESIUM	LTG	<b>VPA</b>	VALPROIC ACID/Depakene	R
<b>CK</b>	CK, TOTAL	LTG	<b>MYO</b>	MYOGLOBIN	LTG	<b>VANR</b>	VANCOMYCIN, Random	R
<b>CRP</b>	C REACTIVE PROTEIN	LTG	<b>NTPROBNP</b>	NT-Pro BNP	L	<b>VANT</b>	VANCOMYCIN, Trough	R
<b>METAPNL*</b>	COMP METABOLIC PANEL	LTG	<b>OSMO</b>	OSMOLALITY	LTG	<b>B12</b>	VITAMIN B12	S
<b>CYCLO</b>	CYCLOSPORINE	L	<b>PTH</b>	PARATHYROID HORMONE	S	<b>VBG</b>	VENOUS BLOOD GAS	DKG
<b>DDIMER</b>	D-DIMER	B	<b>IOPTH</b>	PTH, Intraoperative	L	<b>LDVBG</b>	VENOUS BLOOD GAS,LINE	SYR
<b>DIG</b>	DIGOXIN	R	<b>PHOS</b>	PHOSPHORUS	LTG	<b>VOLSCRN</b>	VOLATILE SCREEN	S
<b>PTN</b>	DILANTIN/Phenytoin	R	<b>PFAS</b>	PLT FUNCTION: Aspirin	KIT	<b>URINE CHEMISTRY</b>		
<b>EDS</b>	DRUG SCREEN	UY	<b>PFP2Y12</b>	PLT FUNCTION: P2Y12	KIT	24 hour urine	Total Volume (mL) =	
<b>ETHGLY</b>	ETHYLENE GLYCOL	S	<b>K</b>	POTASSIUM	LTG	Random	Other	
<b>ETHS</b>	ETHANOL	R	<b>PREALB</b>	PREALBUMIN	S	Sodium	Potassium	Chloride
<b>FERRIT</b>	FERRITIN	S	<b>PSA</b>	PROSTATE SPECIFIC AGN	S	Microalbumin	Osmolality	Total Protein
<b>FGN</b>	FIBRINOGEN	B	<b>PT</b>	PT/Prothrombin Time	B	<b>BODY FLUID (Lab: see back for codes)</b>		
<b>FLUPCR</b>	FLU BY PCR	UTM	<b>PTT</b>	PTT/Partial Thromboplastin	B	CSF	Other:	
<b>FOLATE</b>	FOLIC ACID/FOLATE	S	<b>KIDNEY*</b>	RENAL PANEL	LTG	Albumin	Amylase	Bilirubin
<b>GENTT</b>	GENTAMICIN-Trough	R	<b>RET</b>	RETICULOCYTE COUNT	L	Cholesterol	Creatinine	Glucose
<b>GENTU</b>	GENTAMICIN-Undefined	R	<b>SAL</b>	SALICYLATE	R	LDH	Lipase	pH
<b>GLU</b>	GLUCOSE	LTG	<b>ESR</b>	SED RATE	L	Specific Gravity	Triglyceride	

**B**-Blue **LTG**-Light Green **GR**-Gray **KIT**-Call Lab **L**-Lavender **DKG**-Dark Green **R**-Red **S**-SST/Gold  
**SYR**-Syringe **UG**-Urine Gray **URY**-Urine Red/Yellow **UTM**: Viral Transport Media **UY**-Urine Yellow

### Clinical Consultation

If you require assistance in ordering the appropriate laboratory tests for your patient, please contact UC Health UC Medical Center Clinical Laboratory at 584-3700 option 2.

#### Confirmatory and Reflex Tests

Certain tests are identified on the front of this requisition with an \*. Where appropriate, CPT codes for additional procedures such as sensitivities, titers, identification, elutions, antigen typing or direct antiglobulin tests will be performed and billed in addition to the primary CPT code. For microbiology procedures, if you do not desire to have these procedures performed, please indicate by checking the appropriate box in the microbiology section. For other tests, please consult your referral manual or call customer service and write the individual test code on the bottom of the test requisition.

A manual differential may be performed if certain instrument parameters are exceeded. The DIFF would then be billed using CPT code 85023 instead of CPT 85025. If other differential parameters are exceeded the differential may be referred to a pathologist for review and CPT 85060 may be billed in addition to the primary code.

**\*\*ORBG** (OR Blood Gas) includes the following tests: ABG, Sodium, Potassium, Glucose, Hgb/Hct, Lactic Acid, Free Calcium

**\*\*VORBG** (OR Blood Gas) includes the following tests: VBG, Sodium, Potassium, Glucose, Hgb/Hct, Lactic Acid, Free Calcium

#### LAB TEST CODES FOR BODY FLUID ORDERS

TEST	SPINAL FLUID	ALL OTHER FLUIDS	TEST	SPINAL FLUID	ALL OTHER FLUIDS
Albumin	<i>Not available</i>	FLALB	Glucose	CFGLU	FLGLU
Amylase	<i>Not available</i>	FLAMY	Lactic Acid	FLLA	FLLA
BILI	<i>Not available</i>	FLBILI	LDH	FLLDH	FLLDH
BUN	<i>Not available</i>	FLBUN	Lipase	<i>Not available</i>	FLLIP
Cell Count	CFLC   CFLCTUBE1	CFLC	pH	<i>Not available</i>	FLPH
Cholesterol	<i>Not available</i>	FLCHOL	Protein	CFP	FLTP
Creatinine	<i>Not available</i>	FLCREAT	Specific Gravity	FLSPGR	FLSPGR
Crystal	<i>Not available</i>	FCR	Triglyceride	<i>Not available</i>	FLTGL

#### LAB TEST CODES FOR CHLAMYDIA AND GONORRHOEAE ORDERS

SPECIMEN TYPE	SPECIMEN COLLECTION	TEST CODE
Urine	Urine	CTNGUR
Swab	PCR Swab	CTNGSW
Throat or Rectal	PCR Swab	CTNGRECT, CTNGTHT
Eye for culture	ESwab and UTM Media	GCC and CHLAMC (order both tests)
Eye for Chlamydia PCR only	Aptima tube	CTNAAEYE

#### CPT Codes for Organ or Disease Panels

##### Electrolytes Panel

##### (CPT 80051)

Carbon Dioxide (82374)  
Chloride (82435)  
Potassium (84132)  
Sodium (84295)

##### Basic Metabolic

##### Panel (CPT 80048)

Bun (84520)  
Calcium (82310)  
Carbon Dioxide (82374)  
Chloride (82435)  
Creatinine (82565)  
Glucose (82947)  
Potassium (84132)  
Sodium (84295)

##### Comprehensive Metabolic

##### Panel (CPT 80053)

Albumin (82040)  
Bilirubin Total (82247)  
Bun (84520)  
Calcium (82310)  
Carbon Dioxide (82374)  
Chloride (82435)  
Creatinine (82565)  
Glucose (82947)  
Phosphatase, Alk (84075)  
Potassium (84132)  
Protein, total (84155)  
SGPT (ALT) (84460)  
SGOT (AST) (84450)  
Sodium (84295)

##### Lipid Panel (CPT 80061)

Cholesterol, Total (82465)  
HDL Cholesterol (83718)  
LDL Cholesterol\*  
Triglycerides (84478)

##### Hepatic Function Panel

##### (CPT 80076)

Albumin (82040)  
Bilirubin, Direct (82248)  
Bilirubin, Total (82247)  
Bilirubin, Indirect\*  
Phosphatase, Alk (84075)  
Protein, Total (84155)  
SGOT (AST) (84450)  
SGPT (ALT) (84460)

##### OB Panel (CPT 80055)

Hemogram & Platelet Ct.  
& Complete Diff, WBC,  
Automated (85025)  
Hepatitis B Surface Ag (87340)  
Antibody, Rubella (86762)  
Syphilis Test, qual, RPR (86592)  
Antibody Screen, RBC (86850)  
Blood Typing, ABO (86900)  
Blood Typing, Rh (D) (86901)

##### Acute Hepatitis (CPT 80074)

Hep A Ab IgM (86709)  
Hep B Core IgM (86705)  
Hep B Surf Ag (87340)  
Hep C Ab (86803)

##### Kidney/Renal Panel

##### (CPT 80069)

Albumin (82040)  
Bun (84520)  
Calcium (82310)  
CO<sup>2</sup> (82374)  
Chloride (82435)  
Creatinine (82565)  
Glucose (82947)  
Phos (84100)  
Potassium (84132)  
Sodium (84295)

\* = Calculated Parameters