



Facility Label Required

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OUTSIDE FACILITY LAB REQUISITION

☐ STAT ☐ ROUTINE REQUISITION COMPLETED BY: _____ DATE: _____ DATE TO BE COLLECTED: _____

PATIENT NAME: _____ DOB: _____ ROOM #: _____
 SEX: (circle) MALE / FEMALE BILL: (circle) PATIENT INSURANCE (provide info) CARE FACILITY (contact required)
 PRIMARY INSURANCE NAME: _____ POLICY/ID: _____ GROUP: _____
 SECONDARY INSURANCE NAME: _____ POLICY/ID: _____ GROUP: _____

NOTICE: Request only tests that are medically necessary and provide supporting diagnosis, symptoms and/or ICD10 codes for each test. **Insurance DOES NOT allow "rule out" or "new admit" as a diagnosis.**

ICD10 and Diagnosis/Symptoms Required: _____

ORDERING PROVIDER FULL NAME, CREDENTIALS AND AUTHORIZED SIGNATURE REQUIRED:

PANELS AND PROFILES	CHEMISTRY	SPECIAL CHEMISTRY
CMPGFR-COMP PANEL	ALB-ALBUMIN	FERRI-FERRITIN LEVEL
BMPGFR-BASIC PANEL	ALKP-ALK PHOS	FOL- FOLATE LEVEL
HFP-HEPATIC FUNCTION	ALT	FT4-FREE T4
LIPID PANEL	AST	HGBA1C
FETRF-IRON TRANSF	AMYL-AMYLASE	TSH
MICROBIOLOGY	BNPC-NT-PROBRAIN NP	VITAMIN D 25 HYD TOT
SPECIMEN COLLECTION DATE/TIME:	CA-CALCIUM TOTAL	B12-VIT B-12 LEVEL
SPECIMEN COLLECTION SOURCE:	CL-CHLORIDE	HEMATOLOGY
C STR STREP SCREEN CX	CO2-CARBON DIOXIDE	CBCD
SARS-CoV-2 (COVID-19)	GGT	HGB-HEMOGLOBIN
RESPIRATORY PANEL	MG-MAGNESIUM	HCT-HEMATOCRIT
UA UA/I URINALYSIS MICROSCOPIC IF INDICATED	PHOS-PHOSPHORUS	ESR-SED RATE
UAM UAM/I URINALYSIS WITH MICROSCOPIC EXAM	PREALB-PREALBUMIN	COAGULATION
UAw/C UAC URINALYSIS MICROSCOPIC IF INDICATED, REFLEX TO CULTURE IF INDICATED	SODIUM SERUM	PT- PROTINE/INR
UAMC URINALYSIS WITH MICROSCOPIC EXAM, REFLEX TO CULTURE IF INDICATED	PROT-PROTEIN TOTAL	APTT-ACTIVATED PTT
C U-URINE CULTURE	TGL-TRIGLYCERIDES	DDIQ-D-DIMER QUANT
	DRUG LEVELS	OTHER TESTS
	VALP-VALPROIC ACID	CRP-C-REACTIVE PRTN
	LI-LITHIUM LEVEL	RUMA-MICROALBUMIN URINE
	VANCOMYCIN PEAK TROUGH RANDOM	RFACT-RHEUMATOID
	STOOL TESTS	ADDITIONAL REQUESTS
	STPCR-STOOL PATHOGENS BY PCR	
	OP-OVA AND PARASITES	
	CDIFFGDH	

Phlebotomist Number: _____ Date of Collection: _____ Time of Collection: _____ Source/Site of Collection: _____