

Patient Name _____

DOB _____

MRN

Physician _____

LOCATION (This section MUST be completed)

P-tube station for results _____

Unit _____ Room number _____

ORDER INFORMATION (This section MUST be complete)

PRIORITY

- STAT
- Timed

Note: Routines will be held

SPECIMEN DATA

- Order: Date _____ Time _____
- Collect: Date _____ Time _____ Collector's identification _____
- Received: Date _____ Time _____

CHEMISTRY

- Basic metabolic panel
- Comprehensive metabolic panel
- Troponin T
- Lytes NT Pro BNP
- Glucose
- Creatinine BUN
- Magnesium Lipase
- Amylase
- Liver panel
- Digoxin
- Ethanol/Alcohol
- ED drugs of abuse

Chemistry Downtime
Label

CSF/BODY FLUIDS

- CSF**
 - Cell count - differential greater than 1 WBC
 - Glucose Protein
 - Other _____
- Body fluids**
 - Source _____
 - Cell count only
 - Cell count with differential
 - Glucose Protein
 - Other _____

Fluid Downtime
Label

BLOOD BANK

- Type and screen
- COMPONENTS (indicate quantity)**
 - Red blood cells _____
 - Fresh frozen plasma _____
 - Platelets _____
 - Other _____

SPECIAL INSTRUCTIONS (if needed)

Blood Bank
Label

COAGULATION

- PT (protime)/INR PTT
- Fibrinogen FDP
- D - Dimer vidas

Coagulation Downtime
Label

MICROBIOLOGY

- Rapid strep throat, culture if indicated
- Rapid RSV
- Rapid Flu A/B
- Trichomonas wet prep
- Blood culture
- Gram stain: Source _____
- CSF culture
- Culture _____

URINE

- Urinalysis
- Urinalysis, do culture if indicated
- Urine pregnancy test

Urine Downtime
Label

HEMATOLOGY

- CBC without differential
- CBC with differential
- H and H Platelet count
- Sedimentation rate Retic count

Hematology Downtime
Label

OTHER STAT TESTING

TIME _____ DATE _____ Provider signature _____

Provider (print) _____

White - Chart

Yellow - Patient Care Unit

DO NOT MARK BELOW THIS LINE

BARCODE ZONE

DO NOT MARK BELOW THIS LINE



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.