

**Holland Hospital**  
**Laboratory Services**  
 602 Michigan Avenue  
 Holland, MI 49423  
 Phone (616) 355-3801  
 Fax (616) 355-3831  
 CLIA# 23D0666889

DATE COLLECTED	TIME COLLECTED	INITIALS OF COLLECTOR
<b>PATIENT INFORMATION - Print Clearly</b>		
NAME LAST	FIRST	INT.
ADDRESS		
CITY	STATE	ZIP CODE
BIRTHDATE	SEX M F	SOCIAL SECURITY NUMBER
<b>DIAGNOSIS/ICD-9 CODES</b>		
<b>INSURANCE INFORMATION</b>		
PROVIDERS SUBMITTING SPECIMEN: PLEASE ATTACH COPY OF INSURANCE CARDS		

Provider Signature: \_\_\_\_\_

ADDITIONAL REPORT TO PROVIDER:

**PATIENT INSTRUCTIONS :**

FASTING?  NO  YES: NOTHING TO EAT OR DRINK BUT WATER FOR 12 HOURS PRIOR TO BLOOD DRAW  
 PSC SITE: \_\_\_\_\_  
 HAVE LABWORK DONE ON \_\_\_\_\_

**TEST INSTRUCTIONS:**

IF STANDING ORDER:  MONTHLY  WEEKLY  AS DIRECTED  
 INDICATE FREQUENCY OTHER \_\_\_\_\_  
 INDICATE DURATION MAX 1 YEAR \_\_\_\_\_  
 ROUTINE  ASAP  STAT  CALL  FAX \_\_\_\_\_

**LABORATORY TESTS**

- AMYLASE
- ANA
- B12
- BASIC METABOLIC PANEL (Na, K, Cl, CO2, Creat, BUN, Glu, Ca)
- BILI-DIRECT
- BILI-TOTAL
- CBC
- CBC W/DIFF
- CK
- CHLAMYDIA BY PCR SOURCE: \_\_\_\_\_
- COMPREHENSIVE METABOLIC PANEL (Na, K, Cl, CO2, Creat, BUN, Glu, Ca, TP, Alb, AST, ALT, Alk Phos, T.Bil)
- CORTISOL-AM
- CORTISOL-PM
- CREATININE
- DIGOXIN
- ESR
- FREET3
- FREET4
- FERRITIN
- FOLIC ACID
- GC BY PCR SOURCE: \_\_\_\_\_
- GLYCO HGB/A1C
- HCG-QUAL
- HCG-QUAN T
- HCT
- HGB
- HIV 1
- CONSENT FORM SIGNED?
- H. PYLORI
- HS-CRP
- IRON
- IRON STUDIES (FE, TIBC, & %SAT)
- LIP ASE
- LIPID PANEL (Chol, Trig, HDL, Chol/HDL, calc. LDL)
- LIPID PLUS (Lipid Panel + Direct LDL if Trig >400)

- LITHIUM
- LIVER GROUP- HEPATIC FUNCTION (Alb, Alk Phos, ALT, AST, T. Bil, D. Bil, TP)
- MAGNESIUM
- MONO TEST
- POTASSIUM
- PROTIME
- IF STANDING ORDER, ENTER FREQ/DUR IN TEST INSTRUCTIONS AREA
- PSA-DIAGNOSTIC
- PSA-SCREEN
- PTT
- RETIC COUNT
- RHEUMATOID PANEL (ANA, ASO, CRP, RF, Uric Acid)
- RHEUM. FACTOR
- RPR
- SEMEN ANALYSIS (INFERTILITY)
- SEMEN ANALYSIS (POST VASECTOMY)
- THYROID FUNCTION CASCADE
- TSH
- TSH PLUS (TSH, Free T4 if TSH <0.34 OR > 5.01)
- URIC ACID

**OTHER TESTS**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**MICROBIOLOGY TESTS**

- SOURCE: \_\_\_\_\_ SITE: \_\_\_\_\_
- AEROBIC CULTURE ROUTINE
  - ANAEROBIC CULTURE
  - ACID FAST BACILLUS CULTURE
  - FUNGUS CULTURE
  - HERPES CULTURE
  - GROUP A STREP SCREEN
  - GROUP B STREP SCREEN
  - A/Tergic to Penicillin
  - C. DIFFICILE x \_\_\_\_\_
  - STOOL FOR WBC x \_\_\_\_\_
  - STOOL FOR OCCULT BLOOD x \_\_\_\_\_
  - GIARDIA & CRYPTO x \_\_\_\_\_
  - O and P x \_\_\_\_\_

**URINE TESTS**

- URINALYSIS\*
  - URINALYSIS W/MICROSCOPIC
  - MICROALBUMIN-random
  - MICROALBUMIN, 24 HOUR
  - URINALYSIS W/CULTURE IF INDICATED\*
  - CREATININE, 24 HOUR
  - TOTAL PROTEIN, 24 HOUR
- SOURCE (CHECK ONE)  
 CREATININE CLEARANCE, 24 HOUR (INCL. BLOOD DRAW) Patient height & weight \_\_\_\_\_ (Required)  
 CLEAN CATCH  FOLEY CATH  STRAIGHT CATH  BAGGED URINE

\*Microscopic if ind. Positive leukocyte esterase, blood, nitrite, and/or protein

\*\*Culture if ind. Greater than 5 WBC's and/or positive leukocyte esterase.