

LAB / OPERATING ROOM / CODE 99 DOWNTIME REQUISITION

LAB-031 (06/2016)

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Date Collected ____/____/____	Collection Time ____:____	<input type="checkbox"/> Routine <input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Pt. Waiting	Clinical Information Location _____
Physician _____			
HEMATOLOGY <input type="checkbox"/> CBC <input type="checkbox"/> CBC/DIFF <input type="checkbox"/> Platelet Count <input type="checkbox"/> ESR <input type="checkbox"/> Retic. Count <input type="checkbox"/> HA1C		CHEMISTRY <input type="checkbox"/> Albumin <input type="checkbox"/> Alkaline Phos <input type="checkbox"/> ALT (SGPT) <input type="checkbox"/> Amylase <input type="checkbox"/> Ammonia <input type="checkbox"/> AST (SGOT) <input type="checkbox"/> Bili. Conj. <input type="checkbox"/> Bili. Total <input type="checkbox"/> BNP <input type="checkbox"/> BUN <input type="checkbox"/> Calcium <input type="checkbox"/> Creatinine <input type="checkbox"/> CK (CPK) <input type="checkbox"/> CK MR <input type="checkbox"/> Fetal Fibronectin Electrolytes <input type="checkbox"/> Sodium (NA) <input type="checkbox"/> Potassium (K) <input type="checkbox"/> Chloride (Cl) <input type="checkbox"/> CO2 <input type="checkbox"/> Glucose <input type="checkbox"/> GGT <input type="checkbox"/> HCG Quantitative <input type="checkbox"/> Iron <input type="checkbox"/> Iron Binding Cap. <input type="checkbox"/> Lactic Acid <input type="checkbox"/> LDH <input type="checkbox"/> Lipase <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Cholesterol <input type="checkbox"/> HDL Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> LDL (calc) <input type="checkbox"/> LDL, Direct <input type="checkbox"/> Magnesium <input type="checkbox"/> Osmolality, Serum <input type="checkbox"/> Osmolality, Urine <input type="checkbox"/> Phosphorus <input type="checkbox"/> Protein Total <input type="checkbox"/> Troponin I <input type="checkbox"/> TSH <input type="checkbox"/> Uric Acid	
COAGULATION <input type="checkbox"/> PT/INR <input type="checkbox"/> PTT <input type="checkbox"/> Fibrinogen <input type="checkbox"/> D-Dimer <input type="checkbox"/> Platelet Function Test [PFA -100] <input type="checkbox"/> Verify Now Aspirin <input type="checkbox"/> Verify Now PRU		MICROBIOLOGY Specimen _____ Site _____ Request _____ <input type="checkbox"/> Routine Culture <input type="checkbox"/> AFB Culture <input type="checkbox"/> Fungus Culture <input type="checkbox"/> Anaerobe Culture <input type="checkbox"/> Gram Stain	
URINALYSIS <input type="checkbox"/> Macroscopic Urinalysis w/Reflex to Microscopic <input type="checkbox"/> Microscopic/Macroscopic Urinalysis <input type="checkbox"/> Pregnancy, Qualitative Urine		RESPIRATORY CARE Arterial: <input type="checkbox"/> ABG <input type="checkbox"/> ABG/Co-Ox <input type="checkbox"/> ABG/Lytes (K+, Na, Ica++, Cl-, Gluc, Lac) <input type="checkbox"/> ABG/Lytes/Co-Ox <input type="checkbox"/> ABG/Lactate Venous: <input type="checkbox"/> VBG <input type="checkbox"/> VBG/Co-Ox <input type="checkbox"/> VBG/Lytes (K+, Na, Ica++, Cl-, GLUC, Lac) <input type="checkbox"/> VBG/Lytes/Co-Ox <input type="checkbox"/> VBG/Lactate Device: _____ FiO2: _____ Patient Temp: _____	
IMMUNOSEROLOGY <input type="checkbox"/> Anit-Nuclear, Anitbodies <input type="checkbox"/> Cold Agglutinins <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> Monotest <input type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> RPR		AMA Approved Panels <input type="checkbox"/> Basic Metabolic Panel (BMP) <input type="checkbox"/> Comprehensive Metabolic Panel (CMP) <input type="checkbox"/> Hepatic Function Panel (HFP)	
THERAPEUTIC DRUGS <input type="checkbox"/> Carbamazapine <input type="checkbox"/> Cyclosporine <input type="checkbox"/> Digoxin <input type="checkbox"/> Gentamicin <input type="checkbox"/> Trough <input type="checkbox"/> Peak <input type="checkbox"/> Random <input type="checkbox"/> Methotrexate <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Phenytoin <input type="checkbox"/> Phenytoin, Free <input type="checkbox"/> Tacrolimus (FK506) <input type="checkbox"/> Theophylline <input type="checkbox"/> Tobramycin <input type="checkbox"/> Trough <input type="checkbox"/> Peak <input type="checkbox"/> Random <input type="checkbox"/> Valproic Acid <input type="checkbox"/> Vancomycin <input type="checkbox"/> Trough <input type="checkbox"/> Peak <input type="checkbox"/> Random		TOXICOLOGY <input type="checkbox"/> Alcohol, Serum <input type="checkbox"/> Acetaminophen, Serum <input type="checkbox"/> Amphetamine, Urine <input type="checkbox"/> Barbiturate, Urine <input type="checkbox"/> Benzodiazepine, Urine <input type="checkbox"/> Cannabinoid, Urine <input type="checkbox"/> Cocaine, Urine <input type="checkbox"/> Methadone, Urine <input type="checkbox"/> Opiates, Urine <input type="checkbox"/> Phencyclidine, Urine <input type="checkbox"/> Salicylate, Serum <input type="checkbox"/> Tricyclic Screen, Serum <input type="checkbox"/> Other	
MISCELLANEOUS TESTS		BLOOD BANK <input type="checkbox"/> Blood Type <input type="checkbox"/> Antibody Screen <input type="checkbox"/> Direct Coombs <input type="checkbox"/> Indirect Coombs <input type="checkbox"/> Type and Screen <input type="checkbox"/> Type and Crossmatch _____ Units <input type="checkbox"/> Special Requests for Units <input type="checkbox"/> Irradiated <input type="checkbox"/> CMV Negative <input type="checkbox"/> Other Products _____	
MISCELLANEOUS TESTS		MISCELLANEOUS TESTS	

