

Health System  
**SaintFrancis**  
**LABORATORY REQUISITION**  
 SAP 10030007 / 01-01

| BLOOD                      |                           |                       | URINE                     |  |
|----------------------------|---------------------------|-----------------------|---------------------------|--|
| Albumin                    | Factor _____ Assay        | Potassium             | Amylase - Hrs:            |  |
| Alcohol, Ethanol           | Ferritin                  | Prealbumin            | Creatinine - Hrs:         |  |
| Alk. Phos                  | Fibrinogen                | Protein Profile       | Creatinine Clearance      |  |
| ALT (GPT)                  | Fibrin Split Products     | Protein (Total)       | Drug Profile, Complete    |  |
| Amikacin                   | FK506 (Tacrolimus)        | PSA                   | Drug Screen, Abuse        |  |
| Ammonia                    | Folate                    | PT (Protime) with INR | HCG                       |  |
| Amylase                    | FT4                       | PTT, activated        | Legionella Urinary Ag     |  |
| ANA                        | Gentamycin                | Reticulocyte Count    | Microalbumin              |  |
| AST (GOT)                  | Glucose                   | Rheumatoid Factor     | Osmolality                |  |
| B12                        | Glycohemoglobin           | RMSF                  | Protein - Hrs:            |  |
| BHB (Acetone)              | GT                        | RPR                   | Sodium - Hrs:             |  |
| Bili (Direct)              | HCG                       | Sed Rate (ESR)        | Urinalysis                |  |
| Bili (Neonatal)            | HCG (Quantitative)        | Sodium                | UA, Culture if Indicated  |  |
| Bili (Neonatal and Direct) | Hepatitis Profile (Acute) | Steptozyme            | Other                     |  |
| Bili (Total)               | Hep A IgM Ab              | T4, Free              |                           |  |
| Bili (Total & Direct)      | Hep B Core IgM Ab         | Theophylline          |                           |  |
| Blood Gases                | Hep B Surface Ag          | Tobramycin Trough     |                           |  |
| Bone Marrow Work-up        | Hep C Ab                  | Tobramycin Peak       |                           |  |
| BUN                        | Hemogram                  | TPN Profile           |                           |  |
| Calcium                    | HIV Ab                    | Transferrin           | <b>MICROBIOLOGY</b>       |  |
| Calcium (Ionized)          | HLA ABC Type              | Triglyceride          | SOURCE OF CULTURE         |  |
| Cardiac Enzymes            | HLA DR Type               | Troponin              |                           |  |
| CBC                        | Immunoglob. (Quant)       | TSH                   | AFB Culture               |  |
| CBCM (manual diff)         | Iron                      | Uric Acid             | Beta Strep Screen         |  |
| Chem 8                     | Iron Binding              | Vancomycin Trough     | Blood Culture             |  |
| Chem 14                    | LDH (Total only)          | Vancomycin Peak       | C. difficile Toxin        |  |
| Cholesterol                | Lipase                    | Other                 | Culture, Routine:         |  |
| CK, total                  | Lipid Panel (HDL)         |                       | Fungus Culture            |  |
| CKMBT                      | Liver Profile             |                       | Gram Stain                |  |
| CMV Antibodies             | Magnesium                 |                       | Occult Blood              |  |
| CO2 (Bicarbonate)          | Mono Test                 |                       | Sensitivity, if indicated |  |
| Creatinine                 | Oncology Profile          |                       | Sputum Culture            |  |
| CRP                        | Osmolality                |                       | Stool Culture             |  |
| Cyclosporin                | Peripheral Smr. Constl.   |                       | Throat Culture            |  |
| Dialysis Profile           | pH                        |                       | Urine Culture             |  |
| Digoxin                    | Phenobarbital             |                       | Virus Culture             |  |
| Dilantin                   | Phenytoin (Dilantin)      |                       | Other                     |  |
| Drug Screen                | Phosphorus                |                       |                           |  |
| Electrolytes               | PONC Profile              |                       |                           |  |

**PATIENT LABEL**

| SPECIMEN COLLECTION INFORMATION                                                                                                                                |                                                                   |                                                                                                                                                                                                    |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| DATE ORDERED                                                                                                                                                   | <input type="checkbox"/> Routine<br><input type="checkbox"/> ASAP | <input type="checkbox"/> Timed<br><input type="checkbox"/> STAT                                                                                                                                    | DATE TO BE DONE |
| <input type="checkbox"/> Lab Collect<br><input type="checkbox"/> Routine<br><input type="checkbox"/> Timed - Collect at _____<br>(only if specified by doctor) |                                                                   | <b>PEAK / TROUGH DRUG MONITORING</b><br>Dose to be given: _____<br>DATE _____ TIME _____<br><input type="checkbox"/> Trough, Collect at: _____<br><input type="checkbox"/> Peak, Collect at: _____ |                 |
| Collected By: _____ at _____                                                                                                                                   | ORDERS NOTED BY _____                                             |                                                                                                                                                                                                    |                 |
| DOCTOR REQUESTING _____                                                                                                                                        | REMARKS _____                                                     |                                                                                                                                                                                                    |                 |
| <b>BODY FLUIDS / CSF</b>                                                                                                                                       |                                                                   |                                                                                                                                                                                                    |                 |
| SOURCE OF FLUID                                                                                                                                                |                                                                   | Glucose                                                                                                                                                                                            | Other           |
|                                                                                                                                                                |                                                                   | LDH                                                                                                                                                                                                |                 |
|                                                                                                                                                                |                                                                   | L/S Ratio, PG                                                                                                                                                                                      |                 |
| Cell Count                                                                                                                                                     | Chloride                                                          | pH (Meter)                                                                                                                                                                                         | Protein         |
| <b>BLOOD BANK</b>                                                                                                                                              |                                                                   |                                                                                                                                                                                                    |                 |
| Antibody Screen                                                                                                                                                | Direct Antiglobulin Test                                          | FFP -                                                                                                                                                                                              | Units           |
| Group and Rh                                                                                                                                                   | Rh Immune Globulin for IM injection                               | Platelet Conc -                                                                                                                                                                                    | Units           |
| Red Blood Cells -                                                                                                                                              | Units                                                             | Platelet Apheresis                                                                                                                                                                                 | Special Needs   |

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