



Laboratory Test Requisition

CLIENT BILL ONLY

Memorial Hospital Central
1400 East Boulder
Colorado Springs, CO 80909
719-365-5260

STAT



RQ1341520

Children's Colorado OCC Health
ID: 123031696
4090 Briargate PKWY
COLORADO SPGS CO 80920

Result Fax: 719-305-9734

Memorial Central CLIA # 06D0663026 Memorial North CLIA # 06D1065861 University of Colorado Hospital Clinic CLIA #06D0644352

PATIENT INFORMATION

[] EMPLOYEE [] SOURCE PATIENT

Last Name:		First Name:	MI:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
				Birthdate:
Collection Date	Time	Ordering Physician		Business Hours 720-777-6577

LAB ID	CPT	SEROLOGY PROFILE	SPECIMEN COLLECTION	MINIMUM VOLUME
LAB472	86706	HEPATITIS B SURFACE AB	5 mL gold SST	1 full pediatric gold SST
LAB471	87340	HEPATITIS B SURFACE AG	5 mL gold SST	1 full pediatric gold SST
LAB868	86803	HEPATITIS C ANTIBODY	5 mL gold SST	1 full pediatric gold SST
LAB4706	G0475	HIV1/2 ANTIBODY/ANTIGEN SCREEN** see below	5 mL gold SST	1 full pediatric gold SST

****ONLY order the labs listed below for the exposed team member if HIV PEP is being considered***

LAB ID	CPT	SEROLOGY HIV-PEP	SPECIMEN COLLECTION	MINIMUM VOLUME
LAB210	85025	COMPLETE BLOOD COUNT (CBC)	3 mL purple	1 mL
LAB17	80053	COMPLETE METABOLIC PANEL (CMP)	3 mL green lithium heparanized	1 mL
LAB144	84703	SERUM PREGNANCY, QUALITATIVE (PREG)	6 mL red or SST	1 mL

For additional specimen collection information refer to the UCHHealth South Region online lab test catalog:
<https://www.testmenu.com/MemorialHospital>

**Unless this testing meets an exception under Colorado law, by authorizing this order, you understand that Colorado law requires you to inform the patient that
(1) You have ordered testing for sexually transmitted infections;
(2) The results may be reported to Colorado's Health Department, and;
(3) The patient can opt out of testing.**