



Laboratory Test Requisition

CLIENT BILL ONLY

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

STAT

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	EXPOSED SEROLOGY PROFILE	SPECIMEN COLLECTION	MINIMUM VOLUME
	LAB472	86706	HEPATITIS B SURFACE AB	5 mL gold SST	1 full pediatric gold SST
	LAB471	80074	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
	LAB8520 (Database tab)	N/A	HOLD TUBE PINK TOP	6 mL pink EDTA	2 full pediatric lavender EDTA

	LAB ID	CPT	EXPOSED 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 UCHealth 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.**