



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

**To ensure proper billing,
Patient Demographics and
Insurance information is required
when submitting specimens to our
Laboratory.**

Ordering Physician:

Phone:

Fax:

Laboratory Test Requisition 76912

Copy to:

https://www.testmenu.com/MemorialHospital/
Memorial Central CLIA # 06D0663026 Memorial North CLIA # 06D1065861

Patient Information					
Last Name:	First Name	MI	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:	ICD:
Address:			Insurance Name/ID		Insured's Name
Collection Date	Collection Time	Collected by:	Collector contact Number	Fasting: Yes No	<input type="checkbox"/> STAT <input type="checkbox"/> ROUTINE

<input type="checkbox"/> Basic Metabolic 80048 Na, K, Cl, CO2, glu, bun, creat, ca	<input type="checkbox"/> CBC w/ auto diff 85025 Manual diff if auto fails	<input type="checkbox"/> Comprehensive Metabolic 80053 prot, alb, T Bili, ast, alt, na, k, cl, co2, glu, bun, creat, ca, alk phos	<input type="checkbox"/> EBV Panel 86663, 86664, 86665 x2 EBV capsid IgG, EBV Capsid IgA, EBV EA, EBNA	<input type="checkbox"/> Free T4 84439 or <input type="checkbox"/> Total T4 84436
<input type="checkbox"/> Free T3 84481 or <input type="checkbox"/> Total T3 84480	<input type="checkbox"/> Gliadin Panel 83516x2 Deaminase gliadin, IgG Deaminase gliadin, IgA	<input type="checkbox"/> Hepatic Function 80076 prot, alb, T&D bili, alk phos, alt, ast	<input type="checkbox"/> Hepatitis Viral Panel 80074 HBSAG, HBCAB-igm, HAAB-igm, HCV ab	<input type="checkbox"/> Iron Panel 83550,83540 Iron, transferrin, %Sat
<input type="checkbox"/> Lipid Panel 80061 trig, chol, hdl	<input type="checkbox"/> Protein Elect 84165 Reflex IFE Yes Or No	<input type="checkbox"/> Renal Function Panel 80069 Na,K,Cl,CO2,Glu,Bun,Creat,PO4,CA, Alb,anion gap, eGFR	<input type="checkbox"/> Testosterone Free & Total 84402, 84403	<input type="checkbox"/> Vancomycin 80202 <input type="checkbox"/> Random <input type="checkbox"/> Trough <input type="checkbox"/> Peak

General Lab Testing

<input type="checkbox"/> Albumin 82040	<input type="checkbox"/> CRP cardio HS 86141	<input type="checkbox"/> HIV AG/AB Screen G0475**	<input type="checkbox"/> PT/INR 85610	<input type="checkbox"/> Troponin I 84484
<input type="checkbox"/> Alk Phos 84075	<input type="checkbox"/> CRP non-cardio 86140	<input type="checkbox"/> Iron level 83540	<input type="checkbox"/> PTT 85730	<input type="checkbox"/> TSH 84443
<input type="checkbox"/> Amylase 82150	<input type="checkbox"/> Cyclosporine 80158	<input type="checkbox"/> LDH 83615	<input type="checkbox"/> Retic count 85045	<input type="checkbox"/> TSH reflex FT4 84443
<input type="checkbox"/> ASO 86060	<input type="checkbox"/> Dilantin 80185	<input type="checkbox"/> Magnesium 83735	<input type="checkbox"/> Rheumatoid F 86431	<input type="checkbox"/> Uric acid 84550
<input type="checkbox"/> Bilirubin, Total 82247	<input type="checkbox"/> Electrolytes 80051	<input type="checkbox"/> Mono screen 86308	<input type="checkbox"/> RPR for Therapy 86592	<input type="checkbox"/> Valproic acid 80164
<input type="checkbox"/> BNP NT-Pro 83880	<input type="checkbox"/> Estradiol 82670	<input type="checkbox"/> Potassium 84132	<input type="checkbox"/> Rubella IgG 86762	<input type="checkbox"/> Vitamin B12 82607
<input type="checkbox"/> BUN 84520	<input type="checkbox"/> Ferritin 82728	<input type="checkbox"/> Prealbumin 84134	<input type="checkbox"/> Sed rate (ESR) 85652	<input type="checkbox"/> 25OH Vit. D 82306
<input type="checkbox"/> CA125 86304	<input type="checkbox"/> Folate, RBC 82747	<input type="checkbox"/> Preg, Ql 84703 reflex quant if +	<input type="checkbox"/> Tegretol 80156	<input type="checkbox"/> 1,25 Vit D 82652
<input type="checkbox"/> CA15-3 86300	<input type="checkbox"/> Folate, serum 82746	<input type="checkbox"/> Pregnancy, Qnt 84702	<input type="checkbox"/> Testosterone 84403	
<input type="checkbox"/> CA19-9 86301	<input type="checkbox"/> FSH 83001	<input type="checkbox"/> Progesterone 84144	<input type="checkbox"/> Thyroglobulin 84432	Blood Bank
<input type="checkbox"/> CBC w/o diff 85027	<input type="checkbox"/> GGT 82977	<input type="checkbox"/> Protein, total 84155	<input type="checkbox"/> Transferrin 84466	<input type="checkbox"/> ABO/Rh 86900, 86901
<input type="checkbox"/> CEA 82378	<input type="checkbox"/> Glucose, blood 82947	<input type="checkbox"/> PSA diagnostic 84153	<input type="checkbox"/> Treponema AB w/reflex RPR 86780	<input type="checkbox"/> Antibody screen 86850
<input type="checkbox"/> Creatinine 82565	<input type="checkbox"/> Hemoglobin A1c 83036	<input type="checkbox"/> PSA screen G0103	<input type="checkbox"/> Triglycerides 84478	<input type="checkbox"/> Direct Coombs 86880

Urine Tests

<input type="checkbox"/> Creatinine Clear 24-hr blood/urine HT _____ WT _____	<input type="checkbox"/> Microalbumin 82043	<input type="checkbox"/> Prot/creat ratio 84156, 82570	<input type="checkbox"/> UA <input type="checkbox"/> UA w/ culture if indicated 81003
<input type="checkbox"/> Drug screen qualitative 80306	<input type="checkbox"/> Protein 24-hr 84156	<input type="checkbox"/> Prot elect 84166 (ur) 84165 (bld)	<input type="checkbox"/> UR Cult 87086 <input type="checkbox"/> void <input type="checkbox"/> Cath single <input type="checkbox"/> Cath indwelling

MICROBIOLOGY - MISC CULTURES

- AFB culture 87116, 87206 Source:
- Body Fluid Aerobic culture 87070 Source:
- Body Fluid Anaerobic culture 87075 Source:
- Wound/Tissue Aerobic culture 87070 Source:
- Wound/Tissue Anaerobic culture 87075 Source:
- Fungus culture 87102 Source:
- Blood culture 87040 Draw site:

MICROBIOLOGY - GENITAL

- Chlam/GC RNA 87491,87591** see below Source:
- Genital culture aerobic 87070 source:
- Group B Strep PCR 87150
 - Sensitivity: Patient is Penicillin allergic
- Herpes PCR 87529 x2 Source:
- Multiplex Vag Panel PCR (BV, Candida glab/krusei, Candida, Trich) 0352U

CYTOLOGY

- Urine cytology
- Urine cytology with reflex to
FISH
- Non-GYN fluid
Body fluid source:

**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.**

STOOL

- C. diff. PCR w / reflex to toxin EIA 87324, 87493
- GI PCR Panel 87507
Includes: campylobacter, Salmonella, Shigella, Vibrio, Plesiomonas shigelloides,
Yersinia enterocolitica, diarrheagenic E. coli, Shiga-like toxin-producing E. coli and E.
coli O157, Cryptosporidium, Cyclospora
- Occult blood FIT 82274
- Ova & Parasites 87177, 87328, 87329
- Travel or residence in endemic area Y N
- Immunocompromised host? Y N
- Eosinophilia? Y N
- Outbreak or daycare exposure Y N
- GI Request Y N
- ID Request Y N
- Previously negative GI PCR/antigen test with persistent diarrhea? Y N

MICROBIOLOGY - RESPIRATORY

- Respiratory PCR Panel NP Swab 0202U
Includes: Adenovirus, Coronavirus 229E, HKU1, NL63, OC43, Human
Metapneumovirus, SARS-CoV-2, Human Rhinovirus/Enterovirus, Influenza A
(includes H1, H1-2009, H3), Influenza B, Parainfluenza 1,2,3,4, Respiratory Syncytial
Virus, Bordetella parapertussis, Bordetella pertussis (ptxP) Chlamydia
pneumoniae, and Mycoplasma pneumoniae
- Bordetella pertussis PCR 87798 SOURCE:
- Flu/RSV/SARS PCR, NASAL 0241U
- MRSA PCR, NARES 87641
- Respiratory culture 87070 SOURCE:
- Strep A PCR, Throat 87651
- Strep A Cult, Throat 87081