

Northern Laboratory Services

Laboratory Requisition

	Patient Identification Label
Name	
MRN	
DOB	
Date of service	

				(Required info	ach a copy of the insurance card front and back)						
Patient na	ame (I	_ast, First, Middle) Full leg	al name				Submitting office				
Sex	Date	of birth Collection dat	e Coll	ector initials	Со	llection time	Requesting prov	ider			
Diagnosis	osis/ICD 10 Codes							Requesting provider's signature & date			
Diagnosis/10D 10 Oddes Ref								requesting provider 3 signature & date			
C441-					X Date						
Street address					P			Patient phone #		Alternate phone #	
City			State	Zip Code	Gua	arantor		Guarantor DOB		Guarantor relationship	
- OTAT	/''. O.T.	XT: (711.1			`					
		AT is not marked, testing w		ormed as Rou	itine.		FAV ===== t==t===/ F	A X/			
⊔ Pnone	Critica	al results to: (phone numbe	er)	DANIELO /T	_		FAX results to : (F.	,			
LAB551		☐ Acute Hepatitis Pane	l*_Hon B	Surf Ag Hen C	Ab L	in a panel can	be ordered individu	ially.)			
LAB351 LAB15		☐ Basic Metabolic Pane									
LAB3790		☐ Neonatal TPN BMP (<			_			3			
LAB17		□ Comprehensive Meta							OT),	ALT (SGPT), T.Bili, TP	
LAB3791		□ CMP, Neonatal (≤1yo)), ALT (SGPT), NB	IL, B	U, BC, TRIG, MG, PHOS	
LAB20		☐ Hepatic Function Pan									
LAB4016		☐ Iron Panel (Iron Bindi					n				
LAB18 O1230000	1007	□ Lipid Panel **Fasting-□ Obstetric Panel**—CE					Francisco A P				
LAB19	,007	☐ Renal Function Panel	—NA K (CI CO2 GLIC	RIIN	CR CA PHOS	AI R				
LAB47			10, 1, 10,					(a) LAB2702	=	DTH Integt 9 Coloium	
		Ammonia		LAB980		-	ctionated (E1, E2, E	LAB3792 LAB325		PTH Intact & Calcium PTT	
LAB48 LAB438		Amylase ANA Reflex to Profile, if p	00*	LAB68 LAB69		Ferritin Folic Acid		LAB325 LAB296		Reticulocyte Count	
LAB436		Antibody Screen*	US	LAB86		FSH		LAB296		Rheumatoid Factor	
LAB278		Antibody Screen Antibody Titer (prenatal)		LAB82			sting min. 8 hrs)	LAB200		RPR for Therapy*+	
LAD443		Patient with known	_ antibody			•		LAB1197		Treponema Ab (Syphilis)*+	
L A D 040			_ unitibous	_		Glucose Toler				T3, Free (Triiodothyronine, Free)	
LAB219 LAB49		ASO (Antistreptolysin O)		LAB4450	П		757 to schedule app n Glucola given	LAB137		T4, Free (Thyroxine, Free)	
LAB49 LAB67		Beta-2 Microglobulin B12		LAB3451			Quant (pregnancy)	LAB124		Testosterone, Total only	
LABO7		B12 & Folic Acid		LAB144			Qual (pregnancy)	LAB173		Testosterone, Free & Total (Male)	
LAB106		B-Type Natriuretic Peptid	a (RNP)	LAB289		Hematocrit	edai (progridiloy)	LAB8476		Testosterone, Free & Total	
LAB100		Bilirubin, Direct (Adult)	e (DIVI)	LAB90			1C (glycohemoglob	in)		(Female/Child)	
LAB50		Bilirubin, Total (Adult)		LAB472			rface Antibody	LAB5803		Testosterone, Total (LCMS)	
LAB702		Bilirubin, Total (Neonatal,	<1v0)	LAB471		Hepatitis B Su				(female, children/ males <18)	
LAB895		Blood Type (ABO/Rh)*	<u> </u>	LAB868		Hepatitis C Ar		LAB440		Total Protein, timed urine	
LAB140		BUN (Blood Urea Nitrogen)	LAB4706		HIV*+ 1/2 AG/		LAB129		TSH (Thyroid Stimulating Hormone)	
LAB155		CA125	<u>'</u>	LAB3020		IgG/A/M (Immu	ınoglobulin Panel Qua	LAB141		Uric Acid, Plasma	
LAB776		CA15-3		LAB94		Iron		LAB347	Ц	UA Dipstick w/Reflex to Microscopic Exam if indicated (no culture reflex)	
LAB777		CA19-9		LAB96		LDH		LAB348		UA Microscopic only	
LAB853		CA27-29		LAB99		Lipase				(no culture reflex)	
LAB53		Calcium		LAB29		Lithium		LAB8258		UA Microscopic only w/culture	
LAB210		CBC with Diff*		LAB87		Luteinizing Ho	rmone			reflex	
LAB294		CBC without Diff		LAB103		Magnesium		LAB5026		UA Complete Urinalysis	
LAB57		CEA		LAB410		Albumin, Time	ed urine	I A D 4400	_	w/culture reflex if indicated	
LAB62		Creatine Kinase (CK)		LAB3286		Albumin, Rand	dom urine	LAB4438	ч	UA Complete Urinalysis (no culture reflex)	
LAB301	3 □	Creatinine		LAB689		Albumin/Creat	tinine Ratio, Urine	LAB239		Urine Culture	
LAB355	2 🗆	Creatinine Clearance		LAB482		Mononucleosi	s Screen (monosp	LAB24		Valproic Acid	
LAB149		CRP, Inflammatory		LAB5112		Procalcitonin		LAB39		Vancomycin Trough	
LAB386	9 🗆	CRPhs, Cardiac		LAB529		Progesterone		LAB40		Vancomycin Random	
LAB23		Digoxin (Lanoxin)		LAB531		Prolactin		LAB535		Vitamin D 25 Hydroxy, Total	
LAB322		ESR (Sedrate)		LAB8010		PSA				,y,	
LAB523		Estradiol (Estrogen/E2)	-			Are there signs, ☐ Yes ☐ No	symptoms, or disease	97			
		Is patient receiving fulvestran treatment? ☐ Yes ☐ No	t/Faslodex	LADOO				-			
		ueaunent 🗆 tes 🗆 NO		LAB320	Ц	PT/INR					

^{*} Indicates may reflex to additional testing. See reverse side for details.

^{**} Fasting Instructions: Patients should have no food or drink other than water (no coffee, tea, or soda) for at least 8 hours prior to the start of any test for which fasting is required. Prescribed medications should still be taken with water.

^{*}STI Counseling: Unless this test 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.

Initial Test:	Result is:	Reflex test to be performed:				
ANA Reflex to Profile if positive	Positive	 If the ANA screen is reported as <u>negative</u> then ALL component tests are negative. If the ANA screen is reported as <u>positive</u> then the following component tests are tested and resulted if positive: dsDNA, chromatin, SS-A, SS-B, Sm (Smith), RNP, Sm/RNP, ScI-70, Jo-1, Centromere B. 				
Antibody Screen (for prenatal testing)	Positive	Antibody identification and titer				
Blood type (ABO/Rh)	Discrepant	Cold antibody workup				
CBC with Automated Differential	Flagged abnormal	Manual smear review or manual differential depending on criteria established by the Hematology Lab with the hematopathologist.				
Hepatitis A AB Total	Positive	Hepatitis A Ab IgM				
Hepatitis B Surface Antigen	Equivocal	Confirmation by neutralization				
HIV Screen	Positive	Confirmation testing				
Treponema Pallidum IgG Antibodies	Positive or Equivocal	RPR titer				
Treponema Famuum igo Antibodies	If discordant results with Trep	TP-PA (reference lab test				
RPR for Therapy	Reactive	RPR Titer				
UA Dipstick w/Reflex to Microscopic Exam if indicated (no culture reflex)	Positive for leukocytes, nitrite, protein, bilirubin, and/or blood OR child <6yo	UA Microscopic only (no culture reflex)				
ANY Urinalysis testing	Cath specimen on child <18yo	Urine culture				
ANY Urinalysis order with a culture relex	WBC >10/hpf and Epithelial Cells <10/hpf	Urine culture				

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Laboratory Locations

Fort Collins

Initial Tast.

- UCHealth Laboratory Poudre Valley Hospital 1024 S. Lemay Ave., Fort Collins, CO 80524
- UCHealth Laboratory Garfield
 1025 Garfield St., Suite C, Fort Collins, CO 80524
- UCHealth Laboratory Harmony Campus 4630 Snow Mesa Drive, Fort Collins, CO 80528 Also accepts appointments • 970.495.8700

Greeley

- UCHealth Laboratory Greeley Hospital 6767 W. 29th St., Greeley, CO 80634
- UCHealth Laboratory Greeley Emergency and Surgery Center
 6906 10th St., Greeley, CO 80634

Longmont

- UCHealth Laboratory Longs Peak Hospital 1750 E. Ken Pratt Blvd., Longmont, CO 80504
- UCHealth Longmont Clinic
 1925 W. Mountain View Ave., Longmont, CO 80501
 303.776.1234

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Loveland

- UCHealth Laboratory Medical Center of the Rockies 2500 Rocky Mountain Ave., Loveland, CO 80538
- UCHealth Laboratory Loveland North Medical Office Building 2500 Rocky Mountain Ave., Loveland, CO 80538

Windsor

 UCHealth Laboratory – Windsor Radiology and Laboratory Services 1455 Main St., Suite 130, Windsor, CO 80550

Contact us at 970.495.8700