



## Northern Laboratory Services

### Laboratory Requisition

Patient Identification Label

Name	_____
MRN	_____
DOB	_____
Date of service	_____

Bill to: ☐ Provider office ☐ Patient/Insurance (Required information: Please attach a copy of the insurance card front and back)

Patient name (Last, First, Middle) Full legal name					Requesting provider	
Sex	Date of birth	Collection date	Collector initials	Collection time		
Diagnosis/ICD 10 Codes					Requesting provider's signature & date	
					X _____ Date _____	
Street address					Patient phone #	Alternate phone #
City	State	Zip Code	Guarantor	Guarantor DOB	Guarantor relationship	

☐ STAT (if STAT is not marked, testing will be performed as Routine.)

☐ Phone critical results to: (phone number) \_\_\_\_\_ ☐ FAX results to: (FAX number) \_\_\_\_\_

#### PANELS (Tests in a panel can be ordered individually.)

LAB551	<input type="checkbox"/> Acute Hepatitis Panel*—Hep B Surf Ag, Hep C Ab, Hep B Core Ab IgM
LAB15	<input type="checkbox"/> Basic Metabolic Panel (BMP)—NA, K, CL, CO <sub>2</sub> , GLUC, BUN, CR, CA
LAB3790	<input type="checkbox"/> Neonatal TPN BMP (<1yo)—NA, K, CL, CO <sub>2</sub> , GLUC, BUN, CR, CA, PHOS, ALB, TRIG, MG
LAB17	<input type="checkbox"/> Comprehensive Metabolic Panel (CMP)—NA, K, CL, CO <sub>2</sub> , GLUC, BUN, CR, CA, ALB, Alk Phos, AST (SGOT), ALT (SGPT), T.Bili, TP
LAB3791	<input type="checkbox"/> CMP, Neonatal (≤1yo)—NA, K, CL, CO <sub>2</sub> , GLUC, BUN, CR, CA, ALB, Alk Phos, AST (SGOT), ALT (SGPT), NBIL, BU, BC, TRIG, MG, PHOS
LAB20	<input type="checkbox"/> Hepatic Function Panel—ALB, Alk Phos, AST (SGOT), ALT (SGPT), T.Bili, D.Bili, TP
LAB4016	<input type="checkbox"/> Iron Panel (Iron Binding)—Iron, TIBC, UIBC, Transferrin, % Saturation
LAB18	<input type="checkbox"/> Lipid Panel **Fasting—CHOL, HDL, TRIG, Calculated LDL, Non-HDL
O1230000007	<input type="checkbox"/> Obstetric Panel*—CBCD, HBSAg, Rubella IgG, AB Screen, ABO/Rh, Treponema AB
LAB19	<input type="checkbox"/> Renal Function Panel—NA, K, CL, CO <sub>2</sub> , GLUC, BUN, CR, CA, PHOS, ALB

LAB47	<input type="checkbox"/> Ammonia	LAB980	<input type="checkbox"/> Estrogen—Fractionated (E1, E2, E3)	LAB3792	<input type="checkbox"/> PTH Intact & Calcium
LAB48	<input type="checkbox"/> Amylase	LAB68	<input type="checkbox"/> Ferritin	LAB325	<input type="checkbox"/> PTT
LAB4385	<input type="checkbox"/> ANA Reflex to Profile, if pos*	LAB69	<input type="checkbox"/> Folic Acid	LAB296	<input type="checkbox"/> Reticulocyte Count
LAB278	<input type="checkbox"/> Antibody Screen*	LAB86	<input type="checkbox"/> FSH	LAB206	<input type="checkbox"/> Rheumatoid Factor
LAB4431	<input type="checkbox"/> Antibody Titer (prenatal) Patient with known _____ antibody	LAB82	<input type="checkbox"/> Glucose** (Fasting min. 8 hrs) <input type="checkbox"/> Glucose Tolerance** _____ hrs Call 970.495.8757 to schedule appt	LAB88	<input type="checkbox"/> RPR for Therapy**
LAB219	<input type="checkbox"/> ASO (Antistreptolysin O)	LAB4450	<input type="checkbox"/> Glucose 50 gm Glucola given	LAB1197	<input type="checkbox"/> Treponema Ab (Syphilis)**
LAB49	<input type="checkbox"/> Beta-2 Microglobulin	LAB3451	<input type="checkbox"/> hCG, Serum Quant (pregnancy)	LAB137	<input type="checkbox"/> T3, Free (Triiodothyronine, Free)
LAB67	<input type="checkbox"/> B12	LAB144	<input type="checkbox"/> hCG, Serum Qual (pregnancy)	LAB127	<input type="checkbox"/> T4, Free (Thyroxine, Free)
LAB3769	<input type="checkbox"/> B12 & Folic Acid	LAB289	<input type="checkbox"/> Hematocrit	LAB124	<input type="checkbox"/> Testosterone, Total only
LAB106	<input type="checkbox"/> B-Type Natriuretic Peptide (BNP)	LAB90	<input type="checkbox"/> Hemoglobin A1C (glycohemoglobin)	LAB173	<input type="checkbox"/> Testosterone, Free & Total (Male)
LAB52	<input type="checkbox"/> Bilirubin, Direct (Adult)	LAB472	<input type="checkbox"/> Hepatitis B Surface Antibody	LAB8476	<input type="checkbox"/> Testosterone, Free & Total (Female/Child)
LAB50	<input type="checkbox"/> Bilirubin, Total (Adult)	LAB471	<input type="checkbox"/> Hepatitis B Surface Antigen*	LAB5803	<input type="checkbox"/> Testosterone, Total (LCMS) (female, children/ males <18)
LAB7026	<input type="checkbox"/> Bilirubin, Total (Neonatal, ≤1yo)	LAB868	<input type="checkbox"/> Hepatitis C Antibody	LAB440	<input type="checkbox"/> Total Protein, timed urine
LAB895	<input type="checkbox"/> Blood Type (ABO/Rh)*	LAB4706	<input type="checkbox"/> HIV** 1/2 AG/AB	LAB129	<input type="checkbox"/> TSH (Thyroid Stimulating Hormone)
LAB140	<input type="checkbox"/> BUN (Blood Urea Nitrogen)	LAB3020	<input type="checkbox"/> IgG/A/M (Immunoglobulin Panel Quant)	LAB141	<input type="checkbox"/> Uric Acid, Plasma
LAB155	<input type="checkbox"/> CA125	LAB94	<input type="checkbox"/> Iron	LAB347	<input type="checkbox"/> UA Dipstick w/Reflex to Microscopic Exam if indicated (no culture reflex)
LAB776	<input type="checkbox"/> CA15-3	LAB96	<input type="checkbox"/> LDH	LAB348	<input type="checkbox"/> UA Microscopic only (no culture reflex)
LAB777	<input type="checkbox"/> CA19-9	LAB99	<input type="checkbox"/> Lipase	LAB5026	<input type="checkbox"/> UA Complete Urinalysis w/culture reflex if indicated
LAB853	<input type="checkbox"/> CA27-29	LAB29	<input type="checkbox"/> Lithium	LAB4438	<input type="checkbox"/> UA Complete Urinalysis (no culture reflex)
LAB53	<input type="checkbox"/> Calcium	LAB87	<input type="checkbox"/> Luteinizing Hormone	LAB239	<input type="checkbox"/> Urine Culture
LAB210	<input type="checkbox"/> CBC with Diff*	LAB103	<input type="checkbox"/> Magnesium	LAB24	<input type="checkbox"/> Valproic Acid
LAB294	<input type="checkbox"/> CBC without Diff	LAB410	<input type="checkbox"/> Albumin, Timed urine	LAB39	<input type="checkbox"/> Vancomycin Trough
LAB57	<input type="checkbox"/> CEA	LAB3286	<input type="checkbox"/> Albumin, Random urine	LAB40	<input type="checkbox"/> Vancomycin Random
LAB62	<input type="checkbox"/> Creatine Kinase (CK)	LAB689	<input type="checkbox"/> Albumin/Creatinine Ratio, Urine	LAB535	<input type="checkbox"/> Vitamin D 25 Hydroxy, Total
LAB3013	<input type="checkbox"/> Creatinine	LAB482	<input type="checkbox"/> Mononucleosis Screen (monospot)		
LAB3552	<input type="checkbox"/> Creatinine Clearance	LAB5112	<input type="checkbox"/> Procalcitonin		
LAB149	<input type="checkbox"/> CRP, Inflammatory	LAB529	<input type="checkbox"/> Progesterone		
LAB3869	<input type="checkbox"/> CRPhs, Cardiac	LAB531	<input type="checkbox"/> Prolactin		
LAB23	<input type="checkbox"/> Digoxin (Lanoxin)	LAB8010	<input type="checkbox"/> PSA Are there signs, symptoms, or disease? <input type="checkbox"/> Yes <input type="checkbox"/> No		
LAB322	<input type="checkbox"/> ESR (Sedrate)	LAB320	<input type="checkbox"/> PT/INR		
LAB523	<input type="checkbox"/> Estradiol (Estrogen/E2) Is patient receiving fulvestrant/Faslodex treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No				

\* 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:**

<b>ANA Reflex to Profile if positive</b>	Positive	<ul style="list-style-type: none"> <li>If the ANA screen is reported as <u>negative</u> then ALL component tests are negative.</li> <li>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, Scl-70, Jo-1, Centromere B.</li> </ul>
<b>Antibody Screen (for prenatal testing)</b>	Positive	Antibody identification and titer
<b>Blood type (ABO/Rh)</b>	Discrepant	Cold antibody workup
<b>CBC with Automated Differential</b>	Flagged abnormal	Manual smear review or manual differential depending on criteria established by the Hematology Lab with the hematopathologist.
<b>Hepatitis A AB Total</b>	Positive	Hepatitis A Ab IgM
<b>Hepatitis B Surface Antigen</b>	Equivocal	Confirmation by neutralization
<b>HIV Screen</b>	Positive	Confirmation testing
<b>Treponema Pallidum IgG Antibodies</b>	Positive or Equivocal	RPR titer
	If discordant results with Trep	TP-PA (reference lab test)
<b>RPR for Therapy</b>	Reactive	RPR Titer
<b>UA Dipstick w/Reflex to Microscopic Exam if indicated (no culture reflex)</b>	Positive for leukocytes, nitrite, protein, bilirubin, and/or blood OR child <6yo	UA Microscopic only (no culture reflex)
<b>ANY Urinalysis testing</b>	Cath specimen on child <18yo	Urine culture
<b>UA Complete Urinalysis w/culture reflex if indicated</b>	WBC >10/hpf and Epithelial Cells <10/hpf	Urine culture

**Laboratory Locations****Fort Collins**

- **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
- **UCHealth Laboratory – Peakview**  
5881 W. 16th 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

**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**