



Northern Laboratory Services

Laboratory Requisition

Patient Identification Label
Name
MRN
DOB
Date of service

Bill to: Provider office Patient/Insurance
Patient name (Last, First, Middle) Full legal name
Submitting office
Sex Date of birth Collection date Collector initials Collection time Requesting provider
Diagnosis/ICD 10 Codes Requesting provider's signature & 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 Acute Hepatitis Panel*—Hep B Surf Ag, Hep C Ab, Hep B Core Ab IgM
LAB15 Basic Metabolic Panel (BMP)—NA, K, CL, CO2, GLUC, BUN, CR, CA
LAB3790 Neonatal TPN BMP (<1yo)—NA, K, CL, CO2, GLUC, BUN, CR, CA, PHOS, ALB, TRIG, MG
LAB17 Comprehensive Metabolic Panel (CMP)—NA, K, CL, CO2, GLUC, BUN, CR, CA, ALB, Alk Phos, AST (SGOT), ALT (SGPT), T.Bili, TP
LAB3791 CMP, Neonatal (<=1yo)—NA, K, CL, CO2, GLUC, BUN, CR, CA, ALB, Alk Phos, AST (SGOT), ALT (SGPT), NBIL, BU, BC, TRIG, MG, PHOS
LAB20 Hepatic Function Panel—ALB, Alk Phos, AST (SGOT), ALT (SGPT), T.Bili, D.Bili, TP
LAB4016 Iron Panel (Iron Binding)—Iron, TIBC, UIBC, Transferrin, % Saturation
LAB18 Lipid Panel **Fasting—CHOL, HDL, TRIG, Calculated LDL, Non-HDL
O123000007 Obstetric Panel*—CBCD, HBSAg, Rubella IgG, AB Screen, ABO/Rh, Treponema AB
LAB19 Renal Function Panel—NA, K, CL, CO2, GLUC, BUN, CR, CA, PHOS, ALB

Table with 3 columns of laboratory tests including Ammonia, Amylase, ANA Reflex, Antibody Screen, ASO, Beta-2 Microglobulin, B12, B2 & Folic Acid, B-Type Natriuretic Peptide (BNP), Bilirubin, Blood Type (ABO/Rh)*, BUN, CA125, CA15-3, CA19-9, CA27-29, Calcium, CBC with Diff*, CBC without Diff, CEA, Creatine Kinase (CK), Creatinine, Creatinine Clearance, CRP, CRPhs, Cardiac, Digoxin (Lanoxin), ESR (Sedrate), Estradiol (Estrogen/E2), Estrogen-Fractionated (E1, E2, E3), Ferritin, Folic Acid, FSH, Glucose, Glucose 50 gm Glucola given, hCG, Hematocrit, Hemoglobin A1C, Hepatitis B Surface Antibody, Hepatitis B Surface Antigen*, Hepatitis C Antibody, HIV** 1/2 AG/AB, IgG/A/M, Iron, LDH, Lipase, Lithium, Luteinizing Hormone, Magnesium, Albumin, Albumin/Creatinine Ratio, Mononucleosis Screen, Procalcitonin, Progesterone, Prolactin, PSA, PT/INR, PTH Intact & Calcium, PTT, Reticulocyte Count, Rheumatoid Factor, RPR for Therapy**, Treponema Ab (Syphilis)**, T3, T4, Testosterone, Total, Free, and Total (Male/Child), Total Protein, TSH, Uric Acid, UA Dipstick, UA Microscopic, UA Complete Urinalysis, Urine Culture, Valproic Acid, Vancomycin Trough, Vancomycin Random, Vitamin D 25 Hydroxy, Total.

* 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.
* 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	<ul style="list-style-type: none"> 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, Scl-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
	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

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

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