Intermountain Health

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CLIA ID # 06D0519294

St. Mary's Regional Hospital Laboratory Requisition

2635 North 7th Street Grand Junction, CO 81501 (970) 298-2071 (Phone) (970) 298-2286 (Fax)

Priority Testing **Collection Date:** _____/_____/_____ ***Fasting:*** ○ Yes ○ No

○ **STAT** **Collection Time:** _____ AM / PM

Requesting Physician/Provider	**Address:**	**Phone/Fax:**

Copy To:	**Diagnosis Codes:**

Patient and Billing Information (Please Print)

Last Name	**First Name**	**Initial**	**Previous Name**	**Birth Date**	**Sex** ○ **Male** ○ **Female**

Address	**City**	**State**	**Zip**	**Phone**	**Social Security Number**

Primary Insurance Company	**Subscriber Number/ID Number**	**Group Number**

Client Bill (Circle one) **Community Hospital Lab** **VA Lab** **FHW Lab** **Other**_____

Chemistry

- ○ Albumin
- ○ Alkaline Phosphatase
- ○ ALT
- ○ AST
- ○ Bilirubin, Total
- ○ Bilirubin, Total & Direct
- ○ BUN
- ○ Calcium
- ○ Chloride
- ○ Cholesterol
- ○ CK
- ○ CO2
- ○ Creatinine
- ○ GGT
- ○ Glucose
- ○ Glucose Tolerance, 2 Hr
- ○ Glucose OB, 1 HR
- ○ Glucose OB, 3 HR
- ○ LDH
- ○ Phosphorous
- ○ Potassium
- ○ Protein, Total
- ○ Sodium
- ○ Triglyceride
- ○ Uric Acid
- ○ Testosterone
- ○ T3,Free

Chemistry

- ○ Amylase
- ○ ANA
- ○ B12
- ○ BNP
- ○ Cortisol
- ○ Digoxin
- ○ Estradoil
- ○ Ferritin
- ○ Folate
- ○ FSH
- ○ HCG, Pregnancy
- ○ HCG, Quantitative
- ○ Hepatitis C Antibody, Scr
- ○ Hepatitis C Antibody, Diag
- ○ HgbA1c
- ○ HIV I/II Antibody, Scr
- ○ HIV I/II Antibody, Diag
- ○ Iron
- ○ Iron Profile
- ○ Luteinizing Hormone
- ○ Magnesium
- ○ PSA, Screen
- ○ PSA, Diagnostic
- ○ PSA, Free & Total
- ○ Progesterone
- ○ TSH
- ○ TSH w/ reflex to T4

Panels

- ○ Electrolyte
- ○ Basic Metabolic
- ○ Comprehensive Metabo
- ○ Hepatic Function
- ○ Acute Hepatitis
- ○ Lipid Panel
- ○ Renal Function

Urine

- ○ Microalbumin/Creat Ra
- ○ Protein/Creat Ratio
- ○ Urinalysis
- ○ UA w/reflex to culture

Hematology

- ○ Hematocrit
- ○ Hemoglobin
- ○ Hemogram w/ Platelet
- ○ CBC with Diff
- ○ Pathologist Review
- ○ Sedimentation Rate
- ○ Reticulocyte Count
- ○ WBC

Coagulation

- ○ PT/INR
- ○ PTT
- ○ D Dimer

Microbiology- Culture request must include source

- ○ Urine Culture Mid Stream Cath Supra
- ○ Backup Beta Strep
- ○ Group B Strep Screen (Genital) ○ Suscptibility Requested
- ○ GIMA (Gastrointestinal Panel by Molecual Assay
- ○ Ova & Parasites
- ○ Respiratory Culture: Sputum
- ○ Chlamydia Molecula Assay- Source:_____
- ○ Gonorrhea Molecular Assay- Source:_____
- ○ Wound Culture- Source:_____
  - ○ With Anaerobe
- ○ Fecal Occult Blood
- ○ C. Diff Toxin by PCR
- ○ Respiratory Panel by PCR
- ○ Rapid Testing: Strep A Influenza RSV COVID
- ○ H. Pylori Fecal Antigen
- ○ Bordetella Molecular Assay
- ○ Herpes Molecular Assay

Additional Testing

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For tube type and collection instructions please visit our online Test Directory at www.Testmenu.com/StMarysHospitalGrandJunction

Patient Label here.

For Lab use only PT ID-OK:_____ Ordered_____

Specimens: _____ Audit:_____