

DIVISION OF LABORATORY MEDICINE
Client Services: 215-662-4808

Patient Information – Print Legibly Below or Affix Patient Label

UPHS MRN

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PATIENT NAME

☐ Male

☐ Female

DOB: ____/____/____

Patient Location:

☐ **STAT**

Name of collector and phone number (required):

Collector's Name:

Collector's Phone:

First and last name of ordering provider (required):

Name:

Phone:

Date of Collection (required):

____/____/____

Time of Collection (required):

____/____/____

OUTPATIENT ONLY:

NPI#:

License #:

Fax Number for Results:

ICD10 Codes

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						•						
						•						

ICD10 diagnosis codes for tests ordered must be provided

URINES

See back for URINE SPECIMEN COLLECTION INFORMATION

☐ 24 Hour Specimen

Indicate # of bottles in this collection (Circle) 1 2 3 4 5

☐ Random Specimen

Specimen Time ____ AM PM to ____ AM PM Specimen TV ____

☐ Amylase

☐ Calcium

☐ Chloride

☐ Creatinine

☐ Electrolytes, (Na,K)

☐ MicroAlbumin

☐ Osmolality

☐ Phosphorus

☐ Protein, Total

☐ Urea Nitrogen

☐ Urinalysis Microscopy

☐ Urine Dipstick

☐ Other

OTHER FLUIDS

For each specimen specify ONE source. Use separate request for each additional source.

AM ☐ Amniotic Fluid

CF ☐ CSF Tube = 1 2 3 4

PT ☐ Peritoneal

SV ☐ Synovial

AS ☐ Ascites

D ☐ Drainage

PL ☐ Pleural

Other ☐
☐ Albumin

☐ Amylase

☐ Bilirubin

☐ Chloride

☐ Cholesterol

☐ Creatinine

☐ Glucose

☐ LDH

☐ Lipase

☐ pH

☐ Potassium

☐ Protein, Total

☐ Sodium

☐ Triglycerides

☐ Urea Nitrogen

☐ Crystal Analysis

☐ Hematology cell count and differential

☐ Other

URINALYSIS, URINE CHEMISTRY, CSF AND OTHER NON-BLOOD SPECIMENS
DO NOT USE UNAPPROVED ABBREVIATIONS


Specimen Tips

Patient Identification, Container and Specimen Labeling:

- Use 2 identifiers: Name and DOB
- Use the correct tube/collection container suitable for the test
- Label the containers in the presence of the patient

Collection Requirements for Random Urine and 24 Hr. Specimens:

- **ROUTINE URINALYSIS:** 10 mL Freshly Collected Sample.
- **RANDOM URINE SPECIMENS:** 10 mL Freshly Collected Sample.
- **24 HR. URINE SPECIMENS:**
 1. Pass urine and empty bladder into toilet
 2. Record time on the bottle
 3. Collect ALL urine for 24 hours into the bottle
 4. Record time on bottle at END of collection
 5. Jugs must be refrigerated during collection

NOTE: Do NOT wash bottle before collection

Completing the Requisition:

- Complete all appropriate components of the requisition
- Legibly print all information

Packaging for Transport:

- Fold requisition where patient identification is visible and place in plastic bag
- Place containers in plastic bag
- Validate integrity of bag zip lock seal

Specimen Transport:

- Random urine specimens – Hand deliver to Central Receiving 7 Founders
- 24 hr specimens – Hand deliver to Central Receiving 7 Founders
- ALL FLUID specimens – Hand deliver to Central Receiving 7 Founders

Questions? Call 215-662-4808