

Pathology and Laboratory Medicine



Penn Medicine

3400 Spruce Street, Philadelphia PA 19104

Client Services: 215-662-4808

Patient Information – Print Legibly Below or Affix Patient Label

UPHS MRN

--	--	--	--	--	--	--	--	--	--

PATIENT NAME

☐ Male

☐ Female

DOB: ____/____/____

Patient Location: _____

☐ **STAT**

Name of collector and phone number (required):

Collector's Name: _____

Collector's Phone/Pager: _____

Date of Collection (required):

____/____/____

Time of Collection (required):

____:____

Patient Fasting?

☐ Yes

☐ No

First and last name of ordering provider (required):

Name: _____

Phone: _____

**EMERGENCY DEPARTMENT
PATIENT**

CBC with Diff

ESR -Sed rate

COVID-19 Testing -STAT

Basic Metabolic Panel

CRP – C-Reactive Protein

Influenza Testing STAT

Magnesium

TSH w Reflex

Type and Screen

Phosphorus

ETOH Alcohol level

Type and Cross: _____

Coags: PT/PTT INR

Acetaminophen Level

Hepatic Panel LFTs

Aspirin Level

HCG Quant - Serum

Urinalysis

Lipase

Urine Drug Screen Urine

Troponin HS

Culture

BNP

Blood Cultures x 2

D-Dimer

CK – Creatinine Kinase

☐ Send Copy To:

**IF RESULTS INTERFACE IS DOWN CALL RESULTS TO
PROVIDER AND FAX RESULTS TO:
215-748-9422**