

Pathology and Laboratory Medicine



Penn Medicine

Hospital of the University of Pennsylvania - Cedar Avenue
501 S. 54th Street, Philadelphia, PA 19143-1900
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/Pager: _____	Date of Collection (required): ____/____/____ Time of Collection (required): ____:____	Patient Fasting? ☐ Yes ☐ No																																							
First and last name of ordering provider (required): Name: _____ Phone: _____	OUTPATIENT ONLY: NPI#: _____ License #: _____ Lab Reference Number: _____ Fax Number for Results: _____																																								
ICD10 Codes <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td>•</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td>•</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td>•</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <i>*ICD10 diagnosis codes for tests ordered <u>must</u> be provided*</i>									•													•													•						
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- ☐ CBC w/Platelets
- ☐ CBC w/Auto Diff
- ☐ Electrolyte Panel

- ☐ Basic Metabolic Panel
- ☐ Comprehensive Metabolic Panel
- ☐ Hepatic Function Panel

- ☐ Lipid Panel
- ☐ Drug Screen, Urine
- ☐ Obstetric Panel

GENERAL LAB TESTS

- ☐ Sodium Level
- ☐ Potassium Level
- ☐ Chloride
- ☐ Carbon Dioxide Panel
- ☐ Glucose
- ☐ BUN
- ☐ Creatinine
- ☐ Calcium Level Total
- ☐ Phosphorus Level
- ☐ Albumin Level
- ☐ Protein Level
- ☐ ALT
- ☐ AST
- ☐ GGT
- ☐ Alkaline Phosphatase
- ☐ Bilirubin Total

- ☐ Uric Acid
- ☐ Iron/Transferrin/TrnSat
- ☐ Iron Level
- ☐ Triglycerides
- ☐ Cholesterol Total
- ☐ High Density Cholesterol Group
- ☐ Amylase Level
- ☐ Lipase Level
- ☐ Magnesium Level
- ☐ RPR
- ☐ Lyme Antibody
- ☐ Mononucleosis Screen
- ☐ HIV
- ☐ T3 Total
- ☐ T4/T Uptake/FTI
- ☐ Thyroid Stimulating Hormone
- ☐ Anti-Nuclear Antibody Screen

- ☐ Troponin
- ☐ Blood Gas
- ☐ Rheumatoid Factor Assay
- ☐ Beta HCG Quantitative
- ☐ Prostate Specific Antigen
- ☐ Free Prostate Specific Antigen
- ☐ Follicle Stimulating Hormone
- ☐ Luteinizing Hormone
- ☐ Vitamin B12 Level
- ☐ Folate Level
- ☐ CEA
- ☐ PT
- ☐ PTT
- ☐ Ferritin
- ☐ Sedimentation Rate
- ☐ Hemoglobin A1c

RANDOM URINES

- ☐ Microalbumin Level, Urine
- ☐ Urinalysis Dipstick
- ☐ Urinalysis Microscopic

24 HOUR URINES

- ☐ Protein 24 Hour Urine
- ☐ Creatinine Clearance 24 Hour Urine (SST Tube Required)

DRUG LEVELS – RED TOP TUBE

- ☐ Carbamazepine Level
- ☐ Phenytoin Level
- ☐ Digoxin Level
- ☐ Phenobarbital Level

MICROBIOLOGY

- ☐ C. difficile Toxin
- ☐ Cryptosporidium & Giardia
- ☐ Routine Stool Culture
- ☐ Gram Stain

SPECIMEN SOURCE:

- ☐ Chlamydia & GC (GenProbe)
- ☐ Group B Strep (Vaginal/Rectal)
- ☐ Herpes Culture
- ☐ Throat Culture (Group A Strep)

BODY SITE:

- ☐ Urine Culture – ID & Susceptibility
- ☐ Urine Culture – ID Only
- ☐ Respiratory Culture
- ☐ Routine Bacterial Culture

Additional Tests – Please Print Clearly

☐ _____

☐ _____

☐ _____

☐ Send Copy To:

Specimen Tips

Obtaining and Labeling the Specimen:

- Use 2 identifiers: Name and DOB **or** Name and MRN
- Fill all tubes completely
- Use the correct tube/collection container suitable for the test
- Label the tubes in the presence of the patient
- Align label under the cap of the tube
- Place label over the manufacturer's label – straight and vertical orientation
- Patient name should be at the top to the right

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 labeled tubes in plastic bag
- Validate integrity of bag zip lock seal

Questions? Call 215-662-4808