

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA
DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
Irving Nachamkin, DrPH, MPH
Director, Division of Laboratory Medicine

CORE LABORATORY
7 Founders Building
662-6833 or 662-2857

HUP BLOOD GAS REQUISITION CODE CALL / RRT ONLY

ALL AREAS MUST BE COMPLETED
Affix patient's sticker or complete all information

NAME:

MR#:

DOB:

GENDER:

DATE:

TIME:

Requesting Physician's Name
(print)

MANDATORY: Phone
number to receive results:

Location:

Lab call results to above number

Source: circle Arterial Venous

Minimum volume: 1 mL

X

Full Panel Includes:
pH, pO₂, CO₂, H/H, O₂ Saturation, ionized Ca⁺⁺,
COOX, HCO₃, Na, K, Cl, Lactate, Creatinine,
Glucose

(lab use only - SABG-arterial; SVBG - venous)

SPECIMEN LABEL REQUIREMENTS
PREPRINTED OR HANDWRITTEN LABEL MUST HAVE
PATIENT NAME & MR#
SPECIMENS WILL BE REJECTED IF LABEL LACKS
PATIENT NAME & MR#

**REMOVE NEEDLE FROM SYRINGE BEFORE
SENDING TO THE LAB**

BB-017

AEL 2/2015