

ALL AREAS IN RED MUST BE COMPLETED

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA
 DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

Irving Nachamkin, Dr PH, MPH
 Director, Division of Laboratory Medicine
AUTOMATION LABORATORY
 7 Founders Building
 662-6833 or 662-2857

AFFIX PATIENT'S LABEL or fill-in patient's full name and MR# below.

HUP BLOOD GAS REQUISITION

NAME

MR#:

DATE
TECH

TIME
INST

FI _O ₂	B.TEMP	CODE CALL
Requesting Physician's Name		

Drawn By
Location:
Ext / Beeper:

Vented ABG	VABG
Non Vented ABG	NVABG
Venous Bld Gas	VBG
Cord BG	CORDBG
Hgb + O ₂ Sat	HBO
Hematocrit	NHT
Hgb, O ₂ Hgb, O ₂ Ct, COHgb & MetHgb)	COOX

(Na + K)	NAK
Chloride	NCL
Ionized Calcium	ICA
Whole Bld. Glucose	WBGL
Lactate	NLAC
Creatinine	NCRE

SPECIMEN LABEL REQUIREMENTS

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

All information requested in RED must be provided with every specimen.
 Specimen must have preprinted or hand-written label with patient's name and MR#.

SAMPLE COLLECTION REQUIREMENTS

1. Syringe with needles are **NOT ACCEPTABLE**.
2. To prevent clotting, mix syringe/vacutainer immediately after collecting specimen.
3. Blood gases will not be performed out of a vacutainer.
4. Specimen must be clocked-in when delivered.