

Pathology and Laboratory Medicine



Penn Medicine

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 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? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td></tr> </table> *ICD10 diagnosis codes for tests ordered <u>must</u> be provided*																	

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|---|--|--|
| <input type="checkbox"/> CBC w/Platelets
<input type="checkbox"/> CBC w/Auto Diff
<input type="checkbox"/> Electrolyte Panel

<input type="checkbox"/> Sodium Level
<input type="checkbox"/> Potassium Level
<input type="checkbox"/> Chloride
<input type="checkbox"/> Carbon Dioxide Panel
<input type="checkbox"/> Glucose
<input type="checkbox"/> BUN
<input type="checkbox"/> Creatinine
<input type="checkbox"/> Calcium Level Total
<input type="checkbox"/> Phosphorus Level
<input type="checkbox"/> Albumin Level
<input type="checkbox"/> Protein Level
<input type="checkbox"/> ALT
<input type="checkbox"/> AST
<input type="checkbox"/> GGT
<input type="checkbox"/> Alkaline Phosphatase
<input type="checkbox"/> Bilirubin Total

<input type="checkbox"/> Direct Bilirubin
<input type="checkbox"/> Hepatitis A Antibody Total
<input type="checkbox"/> Hepatitis B Core Antibody
<input type="checkbox"/> Hepatitis B Surface Antibody
<input type="checkbox"/> Hepatitis B Surface Antibody
<input type="checkbox"/> Hepatitis C Antibody | <input type="checkbox"/> Basic Metabolic Panel
<input type="checkbox"/> Comprehensive Metabolic Panel
<input type="checkbox"/> Hepatic Function Panel

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

<p style="text-align: center;">DRUG LEVELS – RED TOP TUBE</p> <input type="checkbox"/> Carbamazepine Level
<input type="checkbox"/> Phenytoin Level
<input type="checkbox"/> Digoxin Level
<input type="checkbox"/> Phenobarbital Level | <input type="checkbox"/> Lipid Panel
<input type="checkbox"/> Drug Screen, Urine
<input type="checkbox"/> Obstetric Panel

<input type="checkbox"/> Troponin
<input type="checkbox"/> Blood Gas
<input type="checkbox"/> Rheumatoid Factor Assay
<input type="checkbox"/> Beta HCG Quantitative
<input type="checkbox"/> Prostate Specific Antigen
<input type="checkbox"/> Free Prostate Specific Antigen
<input type="checkbox"/> Follicle Stimulating Hormone
<input type="checkbox"/> Luteinizing Hormone
<input type="checkbox"/> Vitamin B12 Level
<input type="checkbox"/> Folate Level
<input type="checkbox"/> CEA
<input type="checkbox"/> PT
<input type="checkbox"/> PTT
<input type="checkbox"/> Ferritin
<input type="checkbox"/> Sedimentation Rate
<input type="checkbox"/> Hemoglobin A1c

<p style="text-align: center;">RANDOM URINES</p> <input type="checkbox"/> Microalbumin Level, Urine
<input type="checkbox"/> Urinalysis Dipstick
<input type="checkbox"/> Urinalysis Microscopic

<p style="text-align: center;">24 HOUR URINES</p> <input type="checkbox"/> Protein 24 Hour Urine
<input type="checkbox"/> Creatinine Clearance 24 Hour Urine (SST Tube Required) |
|---|--|--|

<p>MICROBIOLOGY</p> <input type="checkbox"/> C. difficile Toxin <input type="checkbox"/> Cryptosporidium & Giardia <input type="checkbox"/> Routine Stool Culture <input type="checkbox"/> Gram Stain	<p>SPECIMEN SOURCE: _____</p> <input type="checkbox"/> Chlamydia & GC (GenProbe) <input type="checkbox"/> Group B Strep (Vaginal/Rectal) <input type="checkbox"/> Herpes Culture <input type="checkbox"/> Throat Culture (Group A Strep)	<p>BODY SITE: _____</p> <input type="checkbox"/> Urine Culture – ID & Susceptibility <input type="checkbox"/> Urine Culture – ID Only <input type="checkbox"/> Respiratory Culture <input type="checkbox"/> Routine Bacterial Culture
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Additional Tests – Please Print Clearly <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Send Copy To: _____
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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

Specimen Transport:

- Use pneumatic tube – send to Central Receiving tube station 01 or 202
- Hand deliver specimens to Central Receiving on 7th Floor Founders

Questions? Call 215-662-4808