Pathology and Laboratory Medicine

Penn Medicine

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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*):	Date of Collection (*required*):	Patient Fasting?
Collector's Name: _____	____/____/____	☒ Yes
Collector's Phone/Pager: _____	Time of Collection (*required*): ____:____	☒ No

First and last name of ordering provider (*required*):

Name: _____

Phone: _____

OUTPATIENT ONLY:

NPI#: _____

License #: _____

Lab Reference Number: _____

Fax Number for Results: _____

ICD10 Codes

			•				
			•				
			•				

ICD10 diagnosis codes for tests ordered must be provided

URINES

See back for URINES SPECIMEN COLLECTION

☐ Random Specimen ☐ Timed Specimen Duration_____Hours Indicate # of bottles in this collection(Circle) 1 2 3 4 5

Specimen Time_____AM PM to_____AM PM Specimen TV _____

Random

RUAM	☐	Amylase, Random Sample	UMYO	☐	Myoglobin 20 mL Minimum Sample Requirement
RUCA	☐	Calcium, Random Sample	RUOS	☐	Osmolality
RUCR	☐	Creatinine, Random Sample	RUPHO	☐	Phosphorus, Random Sample
ULYTES	☐	Electrolytes, Random (Na,K) **Cl Not Offered**	RUPRO	☐	Protein, Total, Random Sample
RUGLU	☐	Glucose, Random Sample	UA	☐	Urinalysis and Microscopy
HEM	☐	Hemosiderin	**UADIP**	☐	**Urine Dipstick**
RUMAG	☐	Magnesium, Random Sample	RUUN	☐	Urea Nitrogen, Random Sample
			Other	☐	_____

24 Hour

UAM	☐	Amylase	UMAG	☐	Magnesium
UCA	☐	Calcium	UMYO	☐	Myoglobin 20 mL Minimum Sample Requirement
UCR	☐	Creatinine	UPHO	☐	Phosphorus
CRCL	☐	Creatinine Clearance **Requires serum creatinine collected within the same 24 hour interval.**	UPRO	☐	Protein, Total
ULYTES	☐	Electrolytes (Na,K) **Cl not offered**	UTV	☐	Total Volume
UPEP	☐	Electrophoresis, Protein: **Includes total protein, paraprotein quantitation and identification included if indicated**	UUN	☐	Urea Nitrogen
			OTHER	☐	_____
UGLO	☐	Glucose			_____
					_____

OTHER FLUIDS

For each specimen specify ONE source. Use seperate request for each additional source.

AM ☐ Amniotic Fluid CF ☐ CSF Tube= 1 2 3 4 PT ☐ Peritoneal SV ☐ Synovial

AS ☐ Ascites D ☐ Drainage PL ☐ Pleural Other ☐ _____

FLAMY	☐	Amylase	FC	☐	Hematology cell count and differential
FLTBIL	☐	Bilirubin	FLLDH	☐	LDH
FLCRE	☐	Creatinine	FLTP	☐	Protein, Total
CYS	☐	Crystal Analysis	CFP	☐	Protein, Total, CSF
CFPEP	☐	Electrophoresis, Agarose, CSF **1 Red Top must be submitted with CSF** Includes total protein and Gama Globulin orientation	FLLYTES	☐	Electrolytes (Na,K) **Cl not offered**
FLGLU	☐	Glucose	FLUN	☐	Urea Nitrogen
CFG	☐	Glocose, CSF	Other	☐	_____

URINALYSIS, URINE CHEMISTRY, CSF AND OTHER NON-BLOOD SPECIMENS

DO NOT USE FOR MICROBIOLOGY, ENDOCRINOLOGY OR TOXICOLOGY

DO NOT USE UNAPPROVED ABBREVIATIONS