

ALL AREAS IN RED MUST BE COMPLETED

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA
DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
AUTOMATION LABORATORY
7 Founders Building
662-6833

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.