



Pathology Services Referral Laboratory and Research
Blood Gas Requisition

4502 Medical Drive San Antonio, Texas 78229-4493

All fields below must be completed for proper specimen handling and reporting

Patient: (Last, First) _____ Client Accession #: _____ Client Account: _____
Patient ID : _____ Contact Name: _____ Collected by & Date: _____
Sex: ☐ Male ☐ Female DOB: _____ Phone #: _____ Time Collected: _____
Provider: _____ UPIN#: _____ Fax#: _____

% FIO₂ _____ %

Patient Temperature: _____ °C

BLOOD GAS

Includes pH, pCO₂, pO₂, HCO₃, TCO₂, BEB, SO₂

	ABGS	ARTERIAL	H
	VBGS	VENOUS	H
	CBGS	CAPILLARY	C

ELECTROLYTES

	NARE	SODIUM	G or H
	KRE	POTASSIUM	G or H
	CAION	IONIZED CALCIUM	G or H

COOXIMETRY

Includes Hb, %O₂Hb, %COHb, %MetHb, %RHb

	COOXA	ARTERIAL	H
	COOXV	VENOUS	H
	COHB	CARBOXYHEMOGLOBIN	G or H
	METHB	METHEMOGLOBIN	G or H

MISCELLANEOUS

	HCTRE	HEMATOCRIT	H
	HCTS	HEMATOCRIT, SPUN	C
	GLURE	GLUCOSE	H
	LACWB	LACTATE, WB	C or H

NICU LAB ONLY

	GLUWB	GLUCOSE, WB	C or H
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SAMPLE REQUIREMENTS

Heparinized whole blood collected anaerobically on ice and delivered to the lab within 20 minutes. Capillary samples must be in special 150uL capillary tubes.

Same as Blood Gases.
Green top tubes also acceptable.

Heparinized whole blood collected anaerobically on ice and delivered to the lab within 20 minutes. %O₂Hb (oxyhemoglobin) will not be reported if collected aerobically or not on ice.

Heparinized whole blood collected anaerobically on ice and delivered to the lab within 20 minutes.

Same as Blood Gases.
Green top tubes also acceptable.

SPECIMEN CODES/TUBES

G = Green
C = Heparinized capillary tube
H = Heparinized syringe on ice, deliver to lab within 20 minutes