University Health System

Pathology Services Referral Laboratory and Research

Routine Hematology, Urine and Body Fluids

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#: _____

SAMPLE #

HEMATOLOGY

	CBCND	CBC*	L
	CBCWD	CBC with Differential*	L
	PLT	Platelet Count*	L
	HH	Hemoglobin & Hematocrit	L
	HGB	Hemoglobin	L
	HCT	Hematocrit	L
	ESR	Sedimentation Rate (ESR)	L
	RETIC	Reticulocyte Count	L
	SKLSR	Sickle Cell Screen	L
	IMMPA	CD 3, 4, 8 *	L
	IMMPP	CD 3, 4, 8, 16/56, 19 *	L

ROUTINE COAGULATION

	INR	INR/PT, Prothrombin Tim	B
	PTT	**PTT, Partial Thromboplastin Tim**	B
	THROM	Thrombin Tim	B
	FIBR	Fibrinogen Leve	B
	DIMER	D-Dime	B
	PFEPI	PFA-100 Coll/EPI** *	B

**If platelet count <100 pathologist approval required

	HEPLW	Heparin LMW Assay	B
	HEPUF	Heparin Unfractured Assay	B
	FHBGP	Plasma Free Hemoglobin	G
	FAC8A	Factor VIII Activity	B
	FAC8I	Factor VIII Inhibitor	B
	APLA	Anti-Phos Ab Eval *	4B+1R

URINALYSIS

Source:
❑ Clean-Catch ❑ Catheterized
❑ Suprapubic

	URCHM	Urinalysis, Reflex *	U
	UACUL	Urinalysis, Reflex to Culture *	U
	UA	Urinalysis, Complete	U
	FCLEU	Fecal Leukocytes	U
	VAGPA	Vaginal Pathogens	U
	OCGAS	Occult Blood, Gastric	U
	STRPA	Strep A Antigen Screen	U

NOTE: Order only if BOTH chemical and microscopic examination are required (See UA chemical)

	UDRG1	Drug Abuse Screen	U
	USPG	Specific Gravity	U
	UKET	Ketones	U
	PREGU	Pregnancy, Urine	U
	FIT	Occult Blood, Fecal	F

* Reflex testing, to include pathologist review, may be performed based on initial results.

TIMED URINE

Collection Start Time: _____

Collection End Time: _____

	UAM24	Amylase	24U
	UUN24	Urea Nitrogen	24U
	UCA24	Calcium	24U
	UCL24	Chloride	24U
	UCRCL	Creatinine Clearance with blood Creatinine (CREAT)	24U+ G
	UCR24	Creatinine	24U
	UGL24	Glucose	24U
	UMG24	Magnesium	24U
	UMA24	Microalbumin	24U
	UPO24	Phosphorous	24U
	UK24	Potassium	24U
	UPEP	Protein, Electrophoresis	24U
	UTP24	Protein	24U
	UNA24	Sodium	24U
	UUA24	Uric Acid	24U

CSF

	CFGLU	Glucose, CSF	C
	CFTP	Protein, CSF	C
	BFCEL	Cell Count Diff, CSF *	C
	CFLAC	Lactic Acid, CSF	C

AMNIOTIC FLUID

	LAMBY	Lamellar Body Count	L

RANDOM URINE

	UCLR	Chloride	U
	UAMYR	Amylase	U
	UCAR	Calcium	U
	UMGR	Magnesium	U
	UMALR	Microalbumin	U
	UPHOR	Phosphorus	U
	UKR	Potassium	U
	UNAR	Sodium	U
	UTPR	Total Protein	U
	UUNR	Urea Nitrogen	U
	UUAR	Uric Acid	U
	UMYO	Myoglobin	U
	UOSMR	Osmolality	U
	UCRER	Creatinine	U
	UGLUR	Glucose	U

MISCELLANEOUS FLUID

	Source:		
	AFPFL	AFP, Fluid	R
	FLALB	Albumin, Fluid	G
	FLAMY	Amylase, Fluid	G
	FLBIL	Bilirubin, Fluid	G
	CEAFL	CEA, Fluid	R
	BFCEL	Cell Count Diff, Fluid *	L
	FLCL	Chloride, Fluid	G
	FLCHO	Cholesterol, Fluid	G
	FLGLU	Glucose, Fluid	G
	FLLDH	LDH, Fluid	G
	FLPHM	pH by Meter (3.5ml of fluid minimum)	R
	FLK	Potassium, Fluid	G
	FLTP	Protein, Fluid	G
	FLNA	Sodium, Fluid	G
	FLTRI	Triglyceride, Fluid	G
	FLEYE	Fluid Profile - Vitreous (Eye)	R
	FLCRE	Creatinine, Fluid	G
	DIATP	Total Protein, Dialysate	G

SPECIMEN CODES/TUBES

Please have Pathologist review:
Blood film ❑; Body fluid ❑; CSF ❑; Other (Specify):_____

_____

_____

Physician Signature: _____

B = Light blue
C = CSF tube
F = Fecal Specimen
Lab = Contact Lab for special collection
G = Green
L = Lavender
R = Red
U = Random Urine
24U = 24 hr Urine

Original - Pathology
Copy - Pathology Billing

BCHD# 739-4 11/19