uchealth

University of Colorado Hospital

Clinical Laboratory Operating Room Lab Request

Patient Identification Label

Name _____

MRN _____

DOB _____

Date of service _____

Ordering physician (required)	UPI# (required	Collection date (required)	Time	Collected by
		Room #	Patient Temp	FIO2

AIP OR → Send to OR Lab

Sample Requirements – Heparinized syringe

- ☐ LAB8176 ART BLOOD GAS, LYTES, ICA, GLU, HGB
- ☐ LAB8177 VEN BLOOD GAS, LYTES, ICA, GLU, HGB
- ☐ LAB8168 ART BLOOD GAS, HGB
- ☐ LAB8172 VEN BLOOD GAS, HGB
- ☐ LAB8170 GLUCOSE *WHOLE BLOOD*
- ☐ LAB8171 IONIZED CALCIUM *WHOLE BLOOD*
- ☐ LAB8169 ELECTROLYTES (NA, K, CL) *WHOLE BLOOD*
- ☐ LAB8175 POTASSIUM
- ☐ LAB8178 HEMOGLOBIN *ARTERIAL*
- ☐ LAB8179 HEMOGLOBIN *VENOUS*

Sample Requirements – Blue top tube DO NOT TUBE TO LAB

- **For TEGs after hours & weekends, call 85309 to coordinate.**
- **TEG orders outside of AIP OR, call 83169 or 85309 to coordinate.**

- ☐ LAB4604 TEG *W/O HEPARINASE*
- ☐ LAB4604 TEG *W/ HEPARINASE*

AOP OR/CVC/Pre-Op/PACU → Send to Main Lab 24/7

Sample Requirements – Heparinized syringe

- ☐ O190957 ART BLOOD GAS, LYTES, ICA, GLU, HGB
- ☐ O190959 VEN BLOOD GAS, LYTES, ICA, GLU, HGB
- ☐ LAB76 ART BLOOD GAS
- ☐ LAB79 VEN BLOOD GAS
- ☐ LAB3563 HEMOGLOBIN *ARTERIAL*
- ☐ LAB3564 HEMOGLOBIN *VENOUS*
- ☐ LAB3027 GLUCOSE *WHOLE BLOOD*
- ☐ LAB54 IONIZED CALCIUM *WHOLE BLOOD*
- ☐ LAB3000 ELECTROLYTES (NA, K, CL) *WHOLE BLOOD*
- ☐ LAB3025 POTASSIUM *WHOLE BLOOD*

ICD-10 codes here (required for outpatient)

Phone # for Critical Values HERE