

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, LYLES, ICA, GLU, HGB
- ☐ LAB8177 VEN BLOOD GAS, LYLES, 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*
- ☐ LAB3637 LACTATE *WHOLE BLOOD ARTERIAL*
- ☐ LAB3638 LACTATE *WHOLE BLOOD 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.
- ☐ LAB2903 TEG Global Hemostasis Panel
- ☐ LAB6368 TEG Global Hemostasis Panel – HN Liver/on pump/ECMO
- ☐ LAB2026 TEG Trauma Panel
- ☐ LAB2027 TEG Platelet Mapping Panel

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

Sample Requirements – Heparinized syringe

- ☐ O190957 ART BLOOD GAS, LYLES, ICA, GLU, HGB
- ☐ O190959 VEN BLOOD GAS, LYLES, ICA, GLU, HGB
- ☐ LAB76 ART BLOOD GAS
- ☐ LAB79 VEN BLOOD GAS
- ☐ LAB3027 GLUCOSE *WHOLE BLOOD*
- ☐ LAB54 IONIZED CALCIUM *WHOLE BLOOD*
- ☐ LAB3000 ELECTROLYTES (NA, K, CL) *WHOLE BLOOD*
- ☐ LAB3025 POTASSIUM *WHOLE BLOOD*
- ☐ LAB3563 HEMOGLOBIN *ARTERIAL*
- ☐ LAB3564 HEMOGLOBIN *VENOUS*
- ☐ LAB3637 LACTATE *WHOLE BLOOD ARTERIAL*
- ☐ LAB3638 LACTATE *WHOLE BLOOD VENOUS*

ICD-10 codes here (required for outpatient)

Phone # for Critical Values HERE

