uchealth

Patient Identification Label

Name _____

MRN _____

DOB _____

Date of service _____

DOWNTIME Clinical Laboratory STAT Critical for Care Request

Patient's full name _____ Collection time _____ Collection date _____

MRN _____ Collected by _____

Location _____

Location phone _____

Location tube station # _____

Ordering provider name/# _____

COLLECT ONE COMPLETE SET OF BLOOD TUBES PER REQUEST FORM.

Sharing of tubes will cause delays in testing.

PURPLE/LAVENDER TOP TUBE

- LAB294 ☐ CBC no WBC Differential
- LAB210 ☐ CBC plus WBC Differential
- LAB106 ☐ Natriuretic peptide (BNP)
- LAB874 ☐ Cyclosporine
- LAB875 ☐ Sirolimus Level (Rapamycin)
- LAB876 ☐ Tacrolimus

BLUE TOP TUBE

- LAB320 ☐ Prothrombin Time (PT/INR)
- LAB325 ☐ PTT
- LAB314 ☐ Fibrinogen
- LAB313 ☐ D-Dimer
- LAB317 ☐ Unfractionated Heparin Level (Anti-Xa)
- LAB316 ☐ Low Molecular Weight Heparin (LMWH) Level (Anti-Xa)
- LAB306 ☐ Factor VIII Activity (VIII ACT)
- LAB2903 ☐ TEG Global Hemostasis
- LAB6368 ☐ TEG for High-Dose Heparin
- LAB2026 ☐ TEG Trauma/Hemorrhage

URINE / CSF / BODY FLUID

- LAB347 ☐ Urinalysis with Reflex to Microscopic Exam
- LAB5026 ☐ Urinalysis, Complete with Culture Reflex
- LAB3289 ☐ Urine Drugs of Abuse Screen
- LAB212 ☐ Cell Count and Differential, CSF
- LAB3330 ☐ Cell Count, CSF
- LAB185 ☐ Glucose, CSF
- LAB195 ☐ Protein, CSF
- LAB3475 ☐ Cell Count and Diff, Body fluid
- LAB209 ☐ Cell Count, Body fluid
- LAB186 ☐ Glucose, Body fluid
- LAB196 ☐ Protein, Body fluid

Specify body fluid source _____

_____

GOLD TOP TUBE

- LAB3036 ☐ Amikacin, Random
- LAB3037 ☐ Amikacin, Peak
- LAB3038 ☐ Amikacin, Trough

GREEN TOP TUBE

- LAB17 ☐ Comprehensive Metabolic Panel (CMP)
- LAB15 ☐ Basic Metabolic Panel (BMP)
- LAB20 ☐ Hepatic Function Panel
- LAB3043 ☐ Acetaminophen
- LAB50 ☐ Bilirubin, Total (neonates only)
- LAB99 ☐ Lipase
- LAB103 ☐ Magnesium
- LAB113 ☐ Phosphorus
- LAB3451 ☐ Pregnancy, Quantitative
- LAB3049 ☐ Salicylates
- LAB2030 ☐ HS Troponin I (UCH Lab Only)
- LAB40 ☐ Vancomycin, Random
- LAB41 ☐ Vancomycin, Peak
- LAB39 ☐ Vancomycin, Trough

GREEN TOP NO GEL TUBE

- LAB2027 ☐ TEG for Platelet Mapping

RED TOP PLAIN NO GEL TUBE

- LAB685 ☐ Lidocaine

BLOOD GAS SYRINGE

Patient temperature _____

- LAB76 ☐ Arterial Blood Gas
- LAB79 ☐ Venous Blood Gas
- LAB54 ☐ Ionized Calcium Whole Blood
- LAB3637 ☐ Lactate Whole Blood Arterial
- LAB3638 ☐ Lactate Whole Blood Venous

MICROBIOLOGY

Specify source and site _____

_____

- LAB8619 ☐ Blood Culture
- LAB250 ☐ Gram stain

To order Blood Parasites, use Microbiology Request (#LAB20023)

Use DOWNTIME Clinical Laboratory Transfusion Services Request (#LAB29022) when ordering compatibility testing and blood products.