

**DOWNTIME Clinical Laboratory
STAT Critical for Care Request**

Patient Identification Label	
Name	_____
MRN	_____
DOB	_____
Date of service	_____

Patient's full name _____

MRN _____

Location _____

Location phone _____

Location tube station # _____

Ordering provider name/# _____

Collection time _____ Collection date _____

Collected by _____

**COLLECT ONE COMPLETE SET
OF BLOOD TUBES PER REQUEST FORM.**
Sharing of tubes will cause delays in testing.

PURPLE/LAVENDER TOP TUBE		GREEN TOP TUBE	
LAB294	☐ CBC no WBC Differential	LAB17	☐ Comprehensive Metabolic Panel (CMP)
LAB210	☐ CBC plus WBC Differential	LAB15	☐ Basic Metabolic Panel (BMP)
LAB106	☐ Natriuretic peptide (BNP)	LAB20	☐ Hepatic Function Panel
LAB874	☐ Cyclosporine	LAB3043	☐ Acetaminophen
LAB875	☐ Sirolimus Level (Rapamycin)	LAB50	☐ Bilirubin, Total (neonates only)
LAB876	☐ Tacrolimus	LAB99	☐ Lipase
BLUE TOP TUBE		LAB103	☐ Magnesium
LAB320	☐ Prothrombin Time (PT/INR)	LAB113	☐ Phosphorus
LAB325	☐ PTT	LAB3451	☐ Pregnancy, Quantitative
LAB314	☐ Fibrinogen	LAB3049	☐ Salicylates
LAB313	☐ D-Dimer	LAB2030	☐ HS Troponin I (UCH Lab Only)
LAB317	☐ Unfractionated Heparin Level (Anti-Xa)	LAB40	☐ Vancomycin, Random
LAB316	☐ Low Molecular Weight Heparin (LMWH) Level (Anti-Xa)	LAB41	☐ Vancomycin, Peak
LAB306	☐ Factor VIII Activity (VIII ACT)	LAB39	☐ Vancomycin, Trough
LAB2903	☐ TEG Global Hemostasis	GREEN TOP NO GEL TUBE	
LAB6368	☐ TEG for High-Dose Heparin	LAB2027	☐ TEG for Platelet Mapping
LAB2026	☐ TEG Trauma/Hemorrhage	RED TOP PLAIN NO GEL TUBE	
URINE / CSF / BODY FLUID		LAB685	☐ Lidocaine
LAB347	☐ Urinalysis with Reflex to Microscopic Exam	BLOOD GAS SYRINGE	
LAB5026	☐ Urinalysis, Complete with Culture Reflex	Patient temperature _____	
LAB3289	☐ Urine Drugs of Abuse Screen	LAB76	☐ Arterial Blood Gas
LAB212	☐ Cell Count and Differential, CSF	LAB79	☐ Venous Blood Gas
LAB3330	☐ Cell Count, CSF	LAB54	☐ Ionized Calcium Whole Blood
LAB185	☐ Glucose, CSF	LAB3637	☐ Lactate Whole Blood Arterial
LAB195	☐ Protein, CSF	LAB3638	☐ Lactate Whole Blood Venous
LAB3475	☐ Cell Count and Diff, Body fluid	MICROBIOLOGY	
LAB209	☐ Cell Count, Body fluid	Specify source and site _____	
LAB186	☐ Glucose, Body fluid	LAB8619	☐ Blood Culture
LAB196	☐ Protein, Body fluid	LAB250	☐ Gram stain
Specify body fluid source _____		To order Blood Parasites, use Microbiology Request (#LAB20023)	
GOLD TOP TUBE			
LAB3036	☐ Amikacin, Random		
LAB3037	☐ Amikacin, Peak		
LAB3038	☐ Amikacin, Trough		

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