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 Panel
LAB6368	☐ TEG Global Hemostasis Panel – HN Liver/on pump/ECMO
LAB2026	☐ TEG Trauma Panel

URINE / CSF / BODY FLUID

LAB347	☐ Urinalysis with Reflex to Microscopic Exam
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
LAB747	☐ Troponin I (Cherry Creek Lab Only)
LAB2030	☐ HS Troponin I (UCH Lab Only)
LAB40	☐ Vancomycin, Random
LAB41	☐ Vancomycin, Peak
LAB39	☐ Vancomycin, Trough

GREEN TOP NO GEL TUBE

LAB2027	☐ TEG Platelet Mapping Panel

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.