

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

