

# CFH Laboratory Non-Blood Request Form

## Laboratory and Pathology Services

611 W. Park St., Urbana, IL 61801

Date: _____ Ordering Name: _____		Date of Birth: _____ Gender: _____	PATIENT MUST BE FASTING: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Case / Clinic # _____		ADDITIONAL REPORTS TO: Provider Initials: _____ Provider #: _____	DATE LAB SCHEDULED: _____	
A # _____			APPOINTMENT DATE: _____	SURGERY TIME: _____
LAST NAME _____ FIRST NAME _____			PATIENT DAYTIME PHONE: _____	TIME TO BE DRAWN: _____
Medicare? <input type="checkbox"/> NO <input type="checkbox"/> YES Only tests which are medically necessary for diagnosis or treatment of a patient may be ordered when Medicare will be billed.		SEND REPORTS TO: Facility: _____ Telephone: _____ Fax: _____	SPECIMEN INFORMATION (REQUIRED)  Source: _____  Time Collected: _____	
Ordering Provider Signature: _____			Date: _____ Time: _____	
<b>Pleural Fluid</b>		<b>Bronchial Wash/Lavage</b>		<b>Tissue/Bone/Nail/Swab/Other</b>
Glucose (GLUPL)		LOBE:		Aerobic Culture with Gram Stain (RO)
Amylase (AMYPL)		Cell Count & Diff (BRLAV)		Anaerobic Culture (ANAER)
LD/LDH (LDHPL)		Aerobic Culture with Gram Stain (RESLO)		Acid Fast Culture-Mycobacteria with Smear (ABF)
Protein (PROPL)		Acid Fast Culture-Mycobacteria with Smear (ABF)		Fungal Culture with Smear (FUNOT)
Albumin (ALBPL)		Fungal Culture with Smear (FUNOT)		Fungal Culture with KOH-Nails/Skin/Hair (FUNSU)
Cholesterol (CHOPL)		<b>CSF</b>		<b>Miscellaneous/Send-Out Testing</b>
Triglycerides (TRIPL)		Glucose (CSFGL)		
Adenosine Deaminase (ADAP)		LD/LDH (CSFLD)		
PH (BFPH)		Protein (CSFP3)		
Cell Count & Diff (BODFL)		Cell Count & Diff (CSF)		
Aerobic Culture with Gram Stain (RO)		MS Panel (MSPA2)		
Anaerobic Culture (ANAER)		ME Panel for Lumbar Puncture Only with Routine Aerobic Culture (MEPAN)		
Acid Fast Culture-Mycobacteria with Smear (ABF)		Aerobic Culture with Gram Stain (RO)		
Fungal Culture with Smear (FUNOT)		Anaerobic Culture-not for Lumbar Specimens (ANAER)		
		Acid Fast Culture-Mycobacteria with Smear (ABF)		
<b>Pericardial Fluid</b>		Fungal Culture with Smear (FUNOT)		
Glucose (GLUPC)		<b>Peritoneal Fluid</b>		
LD/LDH (LDHPL)		Glucose (GLUPE)		
Protein (PROPC)		Amylase (AMYPE)		
Triglycerides (TRIPC)		LD/LDH (LDHPE)		
PH (BFPH)		Protein (PROPE)		
Cell Count & Diff (BODFL)		Albumin (ALBPE)		
Adenosine Deaminase (MISRE-ARUP 3002980)		Creatinine (CREPE)		
Aerobic Culture with Gram Stain (RO)		Triglycerides (TRIPE)		
Anaerobic Culture (ANAER)		PH (BFPH)		
Acid Fast Culture-Mycobacteria with Smear (ABF)		Cell Count & Diff (BODFL)		
Fungal Culture with Smear (FUNOT)		Adenosine Deaminase (MISRE-ARUP 3002980)		
<b>Synovial Fluid</b>		Aerobic Culture with Gram Stain (RO)		
Synovial Fluid Profile-Includes Cell Count/ Diff & Crystal Exam (SYNP)		Anaerobic Culture (ANAER)		
Synovial Fluid Crystal Exam (SCRY)		Acid Fast Culture-Mycobacteria with Smear (ABF)		
PH (BFPH)		Fungal Culture with Smear (FUNOT)		
Aerobic Culture with Gram Stain (RO)		<b>Pancreatic Fluid</b>		
Anaerobic Culture (ANAER)		Amylase, Pancreatic Fluid (AMYP)		
Acid Fast Culture-Mycobacteria with Smear (ABF)				
Fungal Culture with Smear (FUNOT)				
<p>*If Doctor isn't listed i LIS, replace "Ordering Provider" with 33333 and put the name of the ordering provider in Order Comments (Internal Notes)*</p>				