

Laboratory Requisition

CLINICAL LABORATORIES

Phone: 513.636.7355

Fax: 513.636.3918

www.cincinnatichildrens.org/labs

Practice Name: _____

Address: _____

PATIENT INFORMATION

Patient Name (Last, First): _____, **Date of Birth:** ____/____/____

Address: _____ **Phone:** () **Gender:** ☐ Male ☐ Female

Medical Record Number: _____ **Collection Date:** / / **Collection Time:** **Priority:** ☐ Stat ☐ Routine

Dx Description or ICD – Code (REQUIRED): Bill To: ☐ Pt Self Pay ☐ Insurance ☐ Client (Client code:)

BILLING INFORMATION

Insurance:

Subscriber ID: _____ Group No.: _____

Address:

City/State/ZIP: _____

Phone: () Subscriber DOB:

Subscriber Name/Rel.:

ORDERING PROVIDER

Ordering Provider Name & Credentials (Printed):

Phone: () Fax: ()

Clinician Signature (REQUIRED)	Date	Time
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MEDICAL NECESSITY REGULATIONS: At the government's request, the Clinical Laboratories would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the tests must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

GENERAL

- ☐ 17- OH Progesterone
- ☐ Albumin
- ☐ ALT
- ☐ Alkaline Phosphatase (ALP)
- ☐ Amino Acids, Serum
- ☐ Amylase
- ☐ ANA Screen
- ☐ Anti-DNAse B
- ☐ APTT
- ☐ ASO
- ☐ AST
- ☐ Bile Acids, Serum
- ☐ Bilirubin, Direct
- ☐ Bilirubin, Total
- ☐ Basic Metabolic Panel (BMP)
(BUN, Calcium, Creatinine, Electrolytes, Glucose)
- ☐ Blood Urea Nitrogen (BUN)
- ☐ Calcium
- ☐ CBC
- ☐ CBC w/diff
- ☐ Cholesterol
- ☐ Creatine Kinase (CK)
- ☐ Comp Metabolic Panel (CMP)
(BMP + Albumin, ALP, ALT, AST, Total Bilirubin, Total Protein)
- ☐ CMV IgG
- ☐ CMV IgM
- ☐ Creatinine
- ☐ C-Reactive Protein (CRP)
- ☐ DHEAS
- ☐ D-Dimer
- ☐ EBV IgG
- ☐ EBV IgM
- ☐ EBV Profile (EBV, IgG, EBV IgM, EBV IgA)
- ☐ Electrolytes
(Carbon Dioxide, Chloride, Potassium, Sodium)
- ☐ Fecal Calprotectin
- ☐ Ferritin
- ☐ Fibrinogen
- ☐ Folate

- ☐ FSH
- ☐ GGT
- ☐ Glucose
- ☐ H & H
- ☐ Hepatic Profile
(Albumin, ALT, AST, Total Protein,
Total Bili, Direct Bili, ALP)
- ☐ Hepatitis A Antibody, Total
- ☐ Hepatitis A IgM
- ☐ Hepatitis B Core Antibody
- ☐ Hepatitis B Surface Antibody
- ☐ Hepatitis B Surface Antigen
- ☐ Hepatitis C Antibody
- ☐ Hgb A1C
- ☐ Hgb Electrophoresis
- ☐ Hgb S Level
- ☐ HIV 1 RNA PCR
- ☐ HIV Ag/Ab
- ☐ IgA
- ☐ IgE
- ☐ IgG
- ☐ IgG Subclasses
- ☐ IgM
- ☐ Immature Platelet Fraction (IPF)
- ☐ Immunoglobulin Profile (IgA, IgG, IgM)
- ☐ Insulin
- ☐ Iron
- ☐ LDH
- ☐ Lead Blood
 - ☐ Capillary
 - ☐ Venous
- ☐ LH
- ☐ Lipase
- ☐ Lipid Profile
(Cholesterol, HDL, LDL, Triglycerides)
- ☐ Magnesium
- ☐ Mono Spot
- ☐ Mono Spot with Reflex to EBV Profile
- ☐ Phosphorus
- ☐ Potassium
- ☐ Prealbumin
- ☐ Pregnancy. Serum

- ☐ Prolactin
- ☐ PT/INR
- ☐ Renal Profile
(Albumin, BUN, Calcium, Creatinine, Electrolytes, Glucose, Phosphorus)
- ☐ Reticulocyte Count
- ☐ Rheumatoid Factor
- ☐ Sed Rate (ESR)
- ☐ Sodium
- ☐ Syphilis Screen
- ☐ T3, Total
- ☐ T4, Total
- ☐ T4 Free, Rapid
- ☐ Testosterone, Total
- ☐ Testosterone, Free & Total w/ SHBG
- ☐ TIBC
- ☐ TPN Profile
(Renal Profile + Magnesium, Total Protein, Globulin, ALT, ALP, AST, GGT, Triglycerides, Total Bili, Direct Bili)
- ☐ Triglycerides
- ☐ TSH
- ☐ TSH with reflex to T4 Free, Rapid
- ☐ TTG IgA
- ☐ Uric Acid
- ☐ Vitamin B12
- ☐ Vitamin D 25 OH

URINE

- ☐ Amino Acids, Urine
- ☐ Calcium, Urine Random
- ☐ Creatinine, Random Urine
- ☐ Drugs of Abuse, Urine 46 Analytes
- ☐ Electrolytes, Urine
(Chloride, Potassium, Sodium)
- ☐ Organic Acids, Urine
- ☐ Pregnancy, Urine
- ☐ Urinalysis
- ☐ Urinalysis with Reflex to culture
- ☐ Urine Culture
 - ☐ Catheterization
 - ☐ Clean Catch

THERAPEUTIC DRUG MONITORING

Dose Amount:	
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Dose Date/Time: _____

<input type="checkbox"/> Amikacin	<input type="checkbox"/> Sirolimus
<input type="checkbox"/> Cyclosporin	<input type="checkbox"/> Tacrolimus
<input type="checkbox"/> Gentamicin	<input type="checkbox"/> Tobramycin
<input type="checkbox"/> Phenobarbital	<input type="checkbox"/> Vancomycin

MICROBIOLOGY

- ☐ Blood Culture
- ☐ C Diff Toxin
- ☐ Flu A/B Molecular (Rapid)
- ☐ Fungal Culture
- ☐ GC DNA/Chlamydia DNA
- ☐ Giardia/Crypto DFA (Stool)
- ☐ Occult Blood, Stool
- ☐ Ova and Parasite
- ☐ Rotavirus
- ☐ Routine Bacterial Stool
Pathogens-Molecular
- ☐ Routine Viral Stool Pathogens-Molecular
- ☐ RSV Molecular (Rapid)
- ☐ Strep A Molecular Detection
- ☐ Rapid Strep A Molecular
(Collected at CCHMC only)
- ☐ Wound Culture

Source: _____

PCR

<input type="checkbox"/>	Adenovirus Qual PCR
<input type="checkbox"/>	Adenovirus Quant PCR
<input type="checkbox"/>	B Pertussis/Parapertussis PCR
<input type="checkbox"/>	BK Virus Qual PCR
<input type="checkbox"/>	BK Virus Quant PCR
<input type="checkbox"/>	Cytomegalovirus Qual PCR
<input type="checkbox"/>	Cytomegalovirus Quant PCR
<input type="checkbox"/>	Epstein-Barr Virus Qual PCR
<input type="checkbox"/>	Epstein-Barr Virus Quant PCR
<input type="checkbox"/>	Herpes Simplex Vir 1&2 Qual PCR
<input type="checkbox"/>	Herpes Simplex Vir 1&2 Quant PCR
<input type="checkbox"/>	Norovirus PCR

BLOOD BANK

All specimens require two identifiers: full name and medical record number or date of birth. Blood Bank collection: WITNESS must observe the patient identification and collection processes in the presence of the patient and certify that labeled specimen matches the requisition for correct patient identification.

Collector Signature

Witness Signature

☐ A/B Titer ☐ ABO/Rh Only ☐ Blood Bank Hold

☐ Direct Antiglobulin Test (DAT) ☐ Type & Screen (ABO/Rh, Ab Screen)



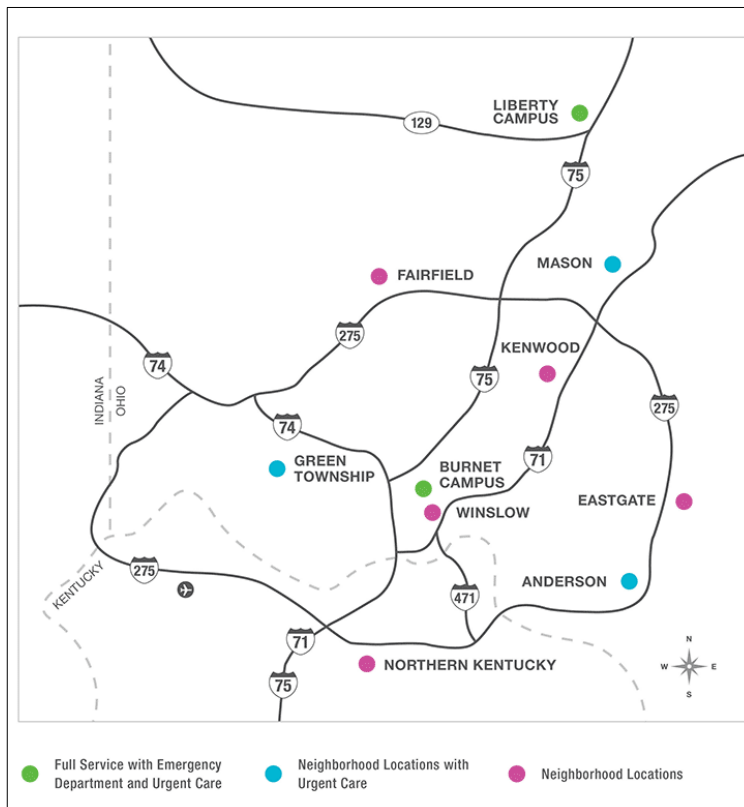
Outpatient Laboratory Hours

(as of 09/2019)

To contact Cincinnati Children's main operator, please call:
513-636-4200 or 1-800-344-2462

Location	Sunday	Monday - Friday	Saturday
Main Campus – Outpatient Laboratory	10 a.m. – 2 p.m.	7 a.m. – 8 p.m.	8 a.m. – 3 p.m.
Anderson	12 p.m. – 7 p.m.	8 a.m. – 11 p.m.	8 a.m. – 7 p.m.
Northern Kentucky	closed	8 a.m. – 6 p.m.	8 a.m. – 12 p.m.
Fairfield	closed	9 a.m. – 5 p.m.	closed
Mason Campus	12 p.m. – 7 p.m.	8 a.m. – 11 p.m.	8 a.m. – 7 p.m.
Liberty Campus	10 a.m. – 2 p.m.	7 a.m. – 8 p.m.	8 a.m. – 3 p.m.
Eastgate	closed	8:30 a.m. – 5 p.m.	closed
Green Township	12 p.m. – 7 p.m.	8 a.m. – 11 p.m.	8 a.m. – 7 p.m.
Kenwood MRI*	closed	8:30 a.m. – 4:30 p.m.	closed

*Limited availability—please call 513-803-4290 to schedule phlebotomy



Location	Phone
Main Campus 3333 Burnet Avenue 45229	513-636-4461
Anderson (at Mercy Center for Health & Wellness) 7495 State Road, #355 45255	513-636-6100
Eastgate 796 Cincinnati-Batavia Pike 45245	513-636-6001
Fairfield (at Mercy Center for Health & Wellness) 3050 Mack Road 45014	513-636-6400
Green Township 5899 Harrison Avenue 45248	513-803-8268
Kenwood MRI* 7714-A Montgomery Road 45236	513-803-4290
Liberty Campus 7777 Yankee Road 45044	513-803-9720
Mason Campus 9560 Children's Drive 45040	513-636-6801
Northern Kentucky 2765 Chapel Place Crestview Hills, KY 41017	859-344-5390