

**Downtime/No Label Form**

CLINICAL LABORATORIES  
Phone: 513.636.7355  
Fax: 513.803.0515

Place patient label here or write in below

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
MRN: \_\_\_\_\_

**CHECK BOX BELOW**

No Label (Order in Epic, no label available for specimen) Patient Location: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 No order placed in the system or provider unable to write order at this time Diagnosis Code: \_\_\_\_\_

COLLECTION INFORMATION (REQUIRED)	BLOOD BANK COLLECTION						
Collected By: (Printed Name) _____ <input type="checkbox"/> Capillary Date/Time: _____ <input type="checkbox"/> Venous <input type="checkbox"/> Arterial Ordering Provider: _____ <input type="checkbox"/> Mixed Venous Priority: <input type="checkbox"/> STAT <input type="checkbox"/> Routine	<p style="text-align: center; font-weight: bold; margin: 0;">BLOOD BANK</p> <p style="font-size: small; margin: 0;">All specimens require two identifiers. WITNESS must observe the patient identification and collection process at bedside or at the outpatient point of care and certify that labeled specimen matches requisition for correct patient name and medical record number (or DOB-Home Health ONLY). Label on specimen must have collection date and collector's initials.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Collector signature _____</td> <td style="width: 50%; border: none;">Witness signature _____</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> ABO/Rh Only</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Type &amp; Screen (ABO/Rh, Ab Screen)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Direct Antiglobulin Test (DAT)</td> <td style="border: none;"><input type="checkbox"/> A/B Titer</td> </tr> </table> Where will this patient be transfused? <input type="checkbox"/> CCHMC Base <input type="checkbox"/> Liberty <input type="checkbox"/> TBD	Collector signature _____	Witness signature _____	<input type="checkbox"/> ABO/Rh Only	<input type="checkbox"/> Type & Screen (ABO/Rh, Ab Screen)	<input type="checkbox"/> Direct Antiglobulin Test (DAT)	<input type="checkbox"/> A/B Titer
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BLOOD	THERAPEUTIC DRUG MONITORING	MICROBIOLOGY & PCR																																																										
<input type="checkbox"/> Albumin (Alb) <input type="checkbox"/> Alkaline Phos (ALP) <input type="checkbox"/> ALT (SGPT) <input type="checkbox"/> Ammonia <input type="checkbox"/> Amylase <input type="checkbox"/> APTT <input type="checkbox"/> AST (SGOT) <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> Basic Metabolic Panel (BMP) <i>(BUN, Ca, Creat, Iytes, Glu)</i> <input type="checkbox"/> Blood Gas-select type above <input type="checkbox"/> BUN <input type="checkbox"/> Calcium (Ca) <input type="checkbox"/> Carbon Dioxide (CO2) <input type="checkbox"/> Chloride (Cl) <input type="checkbox"/> CBC <input type="checkbox"/> CBC w/ diff <input type="checkbox"/> Cholesterol (Chol) <input type="checkbox"/> Creatine Kinase (CK) <input type="checkbox"/> CK Profile <input type="checkbox"/> Comp Metabolic Panel (CMP) <i>(BMP, Alb, ALP, ALT, AST, TBili, TP)</i> <input type="checkbox"/> Cooximetry - select type above <input type="checkbox"/> Creatinine (Creat) <input type="checkbox"/> Cystatin C <input type="checkbox"/> C-Reactive Protein (CRP) <input type="checkbox"/> D-Dimer <input type="checkbox"/> EBV Profile (IgG, IgM, EBNA) <input type="checkbox"/> Electrolytes (Lytes) <i>(CO2, Cl, K, Na)</i> <input type="checkbox"/> ESR (Sed Rate) <input type="checkbox"/> Factor V Leiden <input type="checkbox"/> FSH <input type="checkbox"/> Fibrinogen <input type="checkbox"/> GGT <input type="checkbox"/> Glucose <input type="checkbox"/> Hepatic Profile <i>(Alb, ALT, AST, TP, TBili, DBili, ALP)</i>	<input type="checkbox"/> HIV Ag/Ab <input type="checkbox"/> HSV Ab <input type="checkbox"/> IgA <input type="checkbox"/> IgE <input type="checkbox"/> IgG <input type="checkbox"/> Immature Platelet Fraction (IPF) <input type="checkbox"/> Immunoglobulin Profile <i>(IgA, IgG, IgM)</i> <input type="checkbox"/> Ionized Calcium <input type="checkbox"/> Iron <input type="checkbox"/> Lactic Acid <input type="checkbox"/> Lactate/Pyruvate <input type="checkbox"/> LDH <input type="checkbox"/> Lipase <input type="checkbox"/> Lipid Profile <i>(Chol, HDL, LDL, Trig)</i> <input type="checkbox"/> Low Molecular Weight Heparin (LMH) <input type="checkbox"/> Magnesium <input type="checkbox"/> Mono Spot <input type="checkbox"/> Newborn Screen <input type="checkbox"/> Osmolality <input type="checkbox"/> PFA Profile <input type="checkbox"/> Phosphorus (Phos) <input type="checkbox"/> Plasma Free Hgb <input type="checkbox"/> Potassium (K) <input type="checkbox"/> Prealbumin <input type="checkbox"/> Pregnancy, Serum <input type="checkbox"/> Procalcitonin <input type="checkbox"/> PT/INR <input type="checkbox"/> Renal Profile <i>(Alb, BUN, Ca, Creat, Iytes, Glu, Phos)</i> <input type="checkbox"/> Reticulocyte Count <input type="checkbox"/> Sodium (Na) <input type="checkbox"/> Syphilis Screen	<input type="checkbox"/> T4, Total <input type="checkbox"/> T4, Free, Rapid <input type="checkbox"/> T4, Free by Direct Dialysis <input type="checkbox"/> Total Protein (TP) <input type="checkbox"/> TPN Profile <i>(Renal, Hepatic, Mg, GGT, Trig)</i> <input type="checkbox"/> Triglycerides (Trig) <input type="checkbox"/> TSH <input type="checkbox"/> Unfractionated Heparin (UFH) <input type="checkbox"/> Uric Acid <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D 25-OH																																																										
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**OTHER TESTS/SPECIAL INSTRUCTIONS:**

Total Tests: \_\_\_\_\_