

Name: \_\_\_\_\_

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

**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) \_\_\_\_\_  
 \_\_\_\_\_  Capillary  
 Date/Time: \_\_\_\_\_  Venous  
 Ordering Provider: \_\_\_\_\_  Arterial  
 Priority:  STAT  Routine  Mixed Venous

**BLOOD BANK**  
 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).

Collector signature \_\_\_\_\_

Witness signature \_\_\_\_\_

- ABO/Rh Only  
 Direct Antiglobulin Test (DAT)

- Type & Screen (ABO/Rh, Ab Screen)  
 Anti A/B Titer

 Where will this patient be transfused?  CCHMC Base  Liberty  TBD

**BLOOD**
**THERAPEUTIC DRUG MONITORING**

- |   |   |
|---|---|
| <input type="checkbox"/> Albumin (Alb)<br><input type="checkbox"/> Alkaline Phos (ALP)<br><input type="checkbox"/> ALT (SGPT)<br><input type="checkbox"/> Ammonia<br><input type="checkbox"/> Amylase<br><input type="checkbox"/> APTT<br><input type="checkbox"/> AST (SGOT)<br><input type="checkbox"/> Bilirubin, Direct<br><input type="checkbox"/> Bilirubin, Total<br><input type="checkbox"/> Basic Metabolic Panel(BMP)<br><i>(BUN, Ca, Creat,lytes, Glu)</i><br><input type="checkbox"/> Blood Gas-select type above<br><input type="checkbox"/> BUN<br><input type="checkbox"/> Calcium (Ca)<br><input type="checkbox"/> Carbon Dioxide (CO2)<br><input type="checkbox"/> Chloride (Cl)<br><input type="checkbox"/> CBC<br><input type="checkbox"/> CBC w/diff<br><input type="checkbox"/> Cholesterol (Chol)<br><input type="checkbox"/> Creatine Kinase (CK)<br><input type="checkbox"/> CK Profile<br><input type="checkbox"/> Comp Metabolic Panel (CMP)<br><i>(BMP,Alb,ALP,ALT,AST,TBili,TP)</i><br><input type="checkbox"/> Cooximetry-select type above<br><input type="checkbox"/> Creatinine (Creat)<br><input type="checkbox"/> Cystatin C<br><input type="checkbox"/> C-Reactive Protein (CRP)<br><input type="checkbox"/> D-Dimer<br><input type="checkbox"/> EBV Profile (IgG,IgM,EBNA)<br><input type="checkbox"/> Electrolytes (Lytes)<br><i>(CO2,Cl,K,Na)</i><br><input type="checkbox"/> ESR (Sed Rate)<br><input type="checkbox"/> Factor V Leiden<br><input type="checkbox"/> FSH<br><input type="checkbox"/> FDP<br><input type="checkbox"/> Fibrinogen | <input type="checkbox"/> GGT<br><input type="checkbox"/> Glucose<br><input type="checkbox"/> Hepatic Profile<br><i>(Alb,ALT,AST,TP,TBili,DBili,ALP)</i><br><input type="checkbox"/> HIV Ag/Ab<br><input type="checkbox"/> HSV Ab<br><input type="checkbox"/> IgA<br><input type="checkbox"/> IgE<br><input type="checkbox"/> IgG<br><input type="checkbox"/> Immunoglobulin Profile<br><i>(IgA, IgG, IgM)</i><br><input type="checkbox"/> Ionized Calcium<br><input type="checkbox"/> Iron<br><input type="checkbox"/> Lactic Acid<br><input type="checkbox"/> Lactate/Pyruvate<br><input type="checkbox"/> LDH<br><input type="checkbox"/> Lipase<br><input type="checkbox"/> Lipid Profile<br><i>(Chol, HDL, LDL, Trig)</i><br><input type="checkbox"/> Low Molecular Weight<br>Heparin (LMH)<br><input type="checkbox"/> Magnesium<br><input type="checkbox"/> Mono Spot<br><input type="checkbox"/> Newborn Screen<br><input type="checkbox"/> Osmolality<br><input type="checkbox"/> PFA Profile<br><input type="checkbox"/> Phosphorus (Phos)<br><input type="checkbox"/> Plasma Free Hgb<br><input type="checkbox"/> Potassium (K)<br><input type="checkbox"/> Prealbumin<br><input type="checkbox"/> Pregnancy, Serum<br><input type="checkbox"/> Procalcitonin<br><input type="checkbox"/> PT/INR<br><input type="checkbox"/> Renal Profile<br><i>(Alb, BUN, Ca, Creat,<br/>lytes, Glu, Phos)</i><br><input type="checkbox"/> Reticulocyte Count |
|---|---|

- Sodium (Na)  
 Syphilis Screen  
 T4, Total  
 T4, Free by Direct Dialysis  
 Total Protein (TP)  
 TPN Profile  
*(Renal,Hepatic,Mg,GGT,Trig)*  
 Triglycerides (Trig)  
 TSH  
 Unfractionated Heparin (UFH)  
 Uric Acid  
 Vitamin B12  
 Vitamin D 25-OH

- | Dose Amount: _____                     | Dose Date/Time: _____                 |
|--|---------------------------------------|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Lithium      |
| <input type="checkbox"/> Amikacin      | <input type="checkbox"/> Methotrexate |
| <input type="checkbox"/> Amitriptyline | <input type="checkbox"/> Neurontin    |
| <input type="checkbox"/> Cyclosporin   | <input type="checkbox"/> Phenobarb    |
| <input type="checkbox"/> Depakane      | <input type="checkbox"/> Salicylate   |
| <input type="checkbox"/> Digoxin       | <input type="checkbox"/> Sirolimus    |
| <input type="checkbox"/> Dilantin      | <input type="checkbox"/> Tacrolimus   |
| <input type="checkbox"/> Everolimus    | <input type="checkbox"/> Tobramycin   |
| <input type="checkbox"/> Felbamate     | <input type="checkbox"/> Topiramate   |
| <input type="checkbox"/> Gentamicin    | <input type="checkbox"/> Vancomycin   |
| <input type="checkbox"/> Lithium       | <input type="checkbox"/> Voriconazole |

**MICROBIOLOGY**
**URINE/STOOL**

Source: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Adenovirus PCR (Qual)<br><input type="checkbox"/> Adenovirus PCR (Quant)<br><input type="checkbox"/> B Pertussis/<br>Parapertussis PCR<br><input type="checkbox"/> BK Virus PCR (Qual)<br><input type="checkbox"/> BK Virus PCR (Quant)<br><input type="checkbox"/> Chlamydia Pneumoniae<br><input type="checkbox"/> CMV PCR (Qual)<br><input type="checkbox"/> CMV PCR (Quant)<br><input type="checkbox"/> Enterovirus PCR<br><input type="checkbox"/> EBV PCR (Qual)<br><input type="checkbox"/> EBV PCR (Quant)<br><input type="checkbox"/> HSV 1&2 PCR (Qual)<br><input type="checkbox"/> Respiratory Virus PCR<br><i>(Influ A, Infl B, Para 1,<br/>Para 2, Para 3, RSV,<br/>hMPV, Rhinovirus,<br/>Coronavirus)</i> | <input type="checkbox"/> AFB Culture<br><input type="checkbox"/> Anaerobic Culture<br><input type="checkbox"/> Blood Culture<br><input type="checkbox"/> CSF Culture<br><input type="checkbox"/> Chlam/GC DNA<br><input type="checkbox"/> Fecal Leukocytes<br><input type="checkbox"/> Fungal Culture<br><input type="checkbox"/> GC Screen<br><input type="checkbox"/> Group A Strep Ag<br><input type="checkbox"/> Influenza A/B Ag<br><input type="checkbox"/> RSV Ag<br><input type="checkbox"/> Rotavirus Ag<br><input type="checkbox"/> Strep A Molecular<br><input type="checkbox"/> Stool Culture<br><input type="checkbox"/> Trich Ag<br><input type="checkbox"/> Wound Culture<br><input type="checkbox"/> Y&C Stain |
|--|--|

- Amino Acids, Urine  
 Chloride, Urine  
 Creatinine, Urine  
 Drugs of Abuse, Urine Screen  
 Drugs of Abuse, MASS SPEC, Urine  
 Drug Screen, Comprehensive  
 Electrolytes, Urine (Cl, K, Na)  
 Metabolic Screen, Urine  
 Occult Blood, Stool  
 Organic Acids, Urine  
 Pregnancy, Urine  
 Protein, Urine  
 Potassium, Urine  
 Sodium, Urine  
 Urinalysis  
 Urine Culture  
 Cath  
 Clean Catch

**OTHER TESTS/SPECIAL INSTRUCTIONS:**
**CSF/FLUID**

Fluid Type: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Amino Acids, CSF<br><input type="checkbox"/> Body Fluid Culture<br><input type="checkbox"/> Cell Count<br><input type="checkbox"/> Differential | <input type="checkbox"/> Glucose<br><input type="checkbox"/> Protein<br><input type="checkbox"/> Other (Specify) _____ |
|--|--|

Total Tests



\*DTA0123\*