



Reference Laboratories

Customer Service: 651-232-3500 Option #5

Client Submitter ID:

Client Name:

Address:

Phone:

Results Fax:

<i>Please Print – PATIENT LAST NAME</i>	<i>Please Print – PATIENT FIRST NAME</i>	DOB: (MM-DD-YYYY)	GENDER – CIRCLE ONE M F
STREET ADDRESS	CITY, STATE, ZIP	SPECIMEN TYPE:	

This is a sample requisition and may not be used to submit orders to MRL. For client specific Requisition Form, please email

DEPT-MIDWAY-LSC-CLIENT-SUPPORT@fairview.org

Please Print – ORDERING

BILL TO: CLIE
 INSUR
 ME

* REQUIRED (If Patient is Under 18) Guarantor (First/Last) Name: _____ DOB: _____

CHEMISTRY / SEROLOGY PANELS		CHEMISTRY / SEROLOGY		THERAPEUTIC DRUG MONITORING	
LAB4169	ELECTROLYTE PANEL	LAB206	RHEUMATOID FACTOR	LAST DOSE - DATE: ___/___/___ TIME: _____	
LAB15	BASIC METABOLIC PANEL	LAB122	SODIUM	<input type="checkbox"/> PEAK LEVEL	<input type="checkbox"/> TROUGH LEVEL
LAB17	COMPREHENSIVE METABOLIC PANEL	LAB133	TRANSFERRIN	LAB21	CARBAMAZEPINE, TOTAL
LAB20	HEPATIC PANEL	LAB8011	TREPONEMA ANTIBODY W/ REFLEX (SYPHILIS)	LAB874	CYCLOSPORINE
LAB19	RENAL PANEL	LAB3766	TESTOSTERONE, TOTAL	LAB23	DIGOXIN (LANOXIN)
LAB18	LIPID PANEL Fasting? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAB136	T3, TOTAL	LAB6972	LEVETIRACETAM (KEPPRA)
LAB3327	LIPID PANEL W/ REFLEX TO DIRECT Fasting? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAB127	T4, FREE	LAB30	PHENOBARBITAL
		LAB126	T4, TOTAL	LAB31	PHENYTOIN (DILANTIN)
		LAB129	TSH	LAB875	SIROLIMUS (RAPAMYCIN)
		LAB3795	TSH W/ REFLEX TO FT4	LAB876	TACROLIMUS
		LAB140	UREA NITROGEN (BUN)	LAB3777	TOBRAMYCIN
			VITAMIN D DEFICIENCY SCREEN	LAB25	VALPROIC ACID (DEPAKOTE)
			CELLA ZOSTER ABY IgG	LAB3870	VANCOMYCIN
			CELLA ZOSTER ABY IgM		
CHEMISTRY / SEROLOGY		MICROBIOLOGY		HEMATOLOGY / COAGULATION	
LAB45	ALBUMIN	LAB57	VITAMIN B12	LAB1009	BLOOD MORPHOLOGY PATHOLOGY REVIEW
LAB132	ALT		VITAMIN D DEFICIENCY SCREEN	LAB294	COMPLETE BLOOD COUNT W/ PLT
LAB48	AMYLASE			LAB293	COMPLETE BLOOD COUNT W/ PLT & DIFF
LAB7027	ANA ANTINUCLEAR ANTIBODY CASCADE			LAB322	ESR (ERYTHROCYTE SEDIMENTATION RATE)
LAB131	AST			LAB291	HEMOGLOBIN
LAB50	BILIRUBIN, TOTAL			LAB3572	INR
LAB53	CALCIUM			LAB301	PLATELET COUNT
LAB60	CHOLESTEROL, TOTAL			LAB56	PTT (PARTIAL THROMBOPLASTIN TIME)
LAB62	CK, TOTAL			LAB3897	WBC COUNT AND DIFFERENTIAL
LAB3410	CRP INFLAMMATION			LAB299	WHITE BLOOD COUNT (WBC)
LAB4516	CRP CARDIAC RISK (HIGH SENSITIVITY)				
LAB66	CREATININE			24 HOUR – TIMED URINE	
LAB68	FERRITIN				Start Date: _____
LAB69	FOLATE				Time: _____
LAB86	FSH (FOLLICLE STIMULATING HORMONE)				End Date: _____
LAB3502	GLUCOSE				Time: _____
LAB90	HEMOGLBIN A1C (GLYCOSYLATED HGB)				
LAB6383	HEPATITIS B SURFACE ABY				
LAB471	HEPATITIS B SURFACE AG				
LAB3514	HEPATITIS B CORE ABY				
LAB868	HEPATITIS C ABY				
LAB6327	HIV ANTIGEN ANTIBODY COMBO				
LAB94	IRON				
LAB829	IRON AND IRON BINDING CAPACITY (DOES NOT INCLUDE TRANSFERRIN)				
LAB99	LIPASE				
LAB6417	LYME ANTIBODY CASCADE				
LAB103	MAGNESIUM				
LAB3640	N-TERMINAL PRO - BNP (OUTPATIENT)				
LAB108	PARATHYROID HORMONE (PTH)				
LAB113	PHOSPHORUS				
LAB114	POTASSIUM				
LAB115	PREALBUMIN				
LAB531	PROLACTIN				
LAB3695	PSA DIAGNOSTIC/TUMOR MARKER				
LAB3696	PSA SCREEN (PROSTATE SPECIFIC ANTIGEN)				

[Lab: Place Requisition Label Here]