

# HCMC

## CLINICAL LABORATORIES

701 Park Avenue

Minneapolis, MN 55415

612-873-3001

Date of Collection: \_\_\_\_\_

Time of Collection: \_\_\_\_\_

If STAT, Call to: Ph # \_\_\_\_\_

Name of Collector: \_\_\_\_\_

Sent by: \_\_\_\_\_

☐ Self Pay

☐ Bill Insurance

☐ Medicaid/Medicare

☐ Bill Institution/Clinic

☐ ABN? ☐ Yes ☐ No

Lab Use Only

Accession # \_\_\_\_\_

Received by \_\_\_\_\_

Tubes Received: LL \_\_\_\_\_

☐ SST ☐ R ☐ Lav ☐ Green ☐ Blue

Please complete this form for better patient care

Please print or attach label

N17336 (11-11)

I N S T I T U T I O N	<b>Clinic/Institution:</b>		Name: Last First MI		
	<b>Address:</b>		Medical Record Number:		
	<b>Fax #:</b>		Date of Birth: M/D/Y Age: Sex: M F		
	<b>Phone #:</b>		Address: Street Apt. #		
Ordering Physician: Physician UPIN Number:		City: State: Zip: Phone:			
<b>CLINICAL INFORMATION</b>			<b>INSURANCE</b>		
ICD Codes:			Fill out <u>or</u> include copy of front <u>and</u> back of insurance card		
R E Q U I R E D	Diagnosis:		Plan Name: Phone:		
	Provider Signature:		Insurance Address:		
			City: State: Zip:		
		Member #: Grp #:			
		MEDICAID/MEDICARE Number/State:			
ICD #	Test	ICD #	Test	ICD #	Test
<b>BLOOD BANK TESTS – LL</b>		<b>CHEMISTRY TESTS (cont'd) – SST</b>		<b>HEMATOLOGY TESTS – LAV</b>	
	<input type="checkbox"/> ABO/Rh		<input type="checkbox"/> Potassium		<input type="checkbox"/> CBC, with Platelets*
	<input type="checkbox"/> Antibody Screen		<input type="checkbox"/> Progesterone		<input type="checkbox"/> CBC, Platelets, Auto Diff*
<b>CHEMISTRY PANELS – SST</b>			<input type="checkbox"/> Prolactin		<input type="checkbox"/> HGB*
	<input type="checkbox"/> Panel, Basic Metabolic		<input type="checkbox"/> Prostate Specific Antigen*		<input type="checkbox"/> HCT*
	<input type="checkbox"/> Panel, Comprehensive Metab		<input type="checkbox"/> Screen <input type="checkbox"/> Diagnostic		<input type="checkbox"/> WBC*
	<input type="checkbox"/> Panel, Electrolyte		<input type="checkbox"/> Rheumatoid Factor		<input type="checkbox"/> Platelet*
	<input type="checkbox"/> Panel, Hepatic		<input type="checkbox"/> RPR Syphilis Screen		<input type="checkbox"/> Glycosylated Hgb A1c
	<input type="checkbox"/> Panel, Lipid*, <input type="checkbox"/> Fasting		<input type="checkbox"/> Rubella		<input type="checkbox"/> Hemoglobin ELP
	<input type="checkbox"/> Panel, Renal		<input type="checkbox"/> Sodium		<input type="checkbox"/> Morphology, Attach Morph Request
<b>CHEMISTRY TESTS – SST</b>			<input type="checkbox"/> Testosterone, Total		<input type="checkbox"/> Peripheral Fingerstick Slides
	<input type="checkbox"/> Alk Phosphatase		<input type="checkbox"/> T3, Total*		<input type="checkbox"/> Reticulocyte Count
	<input type="checkbox"/> ALT		<input type="checkbox"/> T4, Free*		<input type="checkbox"/> Sedimentation Rate
	<input type="checkbox"/> Amylase, pancreatic		<input type="checkbox"/> T4, Total*	<b>TOXICOLOGY TESTS – SST</b>	
	<input type="checkbox"/> Anti-Nuclear Antibodies		<input type="checkbox"/> Thyroid Stim Hormone* (TSH)		<input type="checkbox"/> Acetaminophen
	<input type="checkbox"/> AST		<input type="checkbox"/> Transferrin+Calc IBC*		<input type="checkbox"/> Carbamazepine
	<input type="checkbox"/> Beta-HCG, Quant*		<input type="checkbox"/> Triglyceride*		<input type="checkbox"/> Digoxin
	<input type="checkbox"/> Bilirubin, Total		<input type="checkbox"/> Urea Nitrogen		<input type="checkbox"/> Dilantin, Free
	<input type="checkbox"/> Bilirubin, Newborn		<input type="checkbox"/> Uric Acid		<input type="checkbox"/> Ethanol
	<input type="checkbox"/> BNP (natriuretic peptide) – GRN		<input type="checkbox"/> Vitamin B12		<input type="checkbox"/> Phenobarbital
	<input type="checkbox"/> Calcium	<b>HEPATITIS/HIV TESTS – SST</b>			<input type="checkbox"/> Salicylate
	<input type="checkbox"/> Cholesterol, Total*		<input type="checkbox"/> Hepatitis A Antibody, Total		<input type="checkbox"/> Theophylline
	<input type="checkbox"/> Cortisol		<input type="checkbox"/> Hepatitis A Antibody, IgM		<input type="checkbox"/> Urine Drug Screen, Comp
	<input type="checkbox"/> Creatinine		<input type="checkbox"/> Hepatitis B Antibody	<b>URINE TESTS</b>	
	<input type="checkbox"/> C-reactive Protein		<input type="checkbox"/> Hepatitis B Antigen		<input type="checkbox"/> Macroscopic, Only
	<input type="checkbox"/> Ferritin*		<input type="checkbox"/> Hepatitis B Core IgM Antibody		<input type="checkbox"/> Creatinine Clearance (24 Hr)
	<input type="checkbox"/> Folate, RBC		<input type="checkbox"/> Hepatitis C Antibody		<input type="checkbox"/> Microalbumin
	<input type="checkbox"/> Folate, Serum		<input type="checkbox"/> Hepatitis C Genotype		<input type="checkbox"/> Screen <input type="checkbox"/> 24 Hour
	<input type="checkbox"/> Follicle Stim Hormone (FSH)		<input type="checkbox"/> Hepatitis C Quant (PCR)		<input type="checkbox"/> Total Protein (24 Hr)
	<input type="checkbox"/> Glucose		<input type="checkbox"/> HIV1/HIV2 antibody		<input type="checkbox"/> Urinalysis
	<input type="checkbox"/> HDL Cholesterol*		<input type="checkbox"/> HIV Genotype – LAV	<b>MICROBIOLOGY</b>	
	<input type="checkbox"/> Iron*		<input type="checkbox"/> HIV Viral Load, RNA Quant-LL	Transport all within 4 hours	
	<input type="checkbox"/> Lead <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	<b>COAGULATION TESTS – BL</b>		<b>Culture Site:</b>	
	<input type="checkbox"/> Leutinizing Hormone (LH)		<input type="checkbox"/> APTT, Activated	<input type="checkbox"/> AFB Culture	
	<input type="checkbox"/> Lipase		<input type="checkbox"/> Protime, INR	Includes Acid Fast Smear	
	<input type="checkbox"/> Lithium				
Dose Date/Time _____					

Medicare/Medicaid Patients

\* only order tests that are medically necessary for diagnostic treatment of patient

See back of form for ordering instructions and information



## ORDERING INSTRUCTIONS

This requisition has been designed to facilitate the ordering of laboratory tests from our facility. Please fill out top section of form completely providing all information necessary for us to perform and report laboratory results.

- ICD codes or diagnosis **MUST** be provided to meet federal regulations.
- Put a check mark on right side of menu to select a test.
- Write tests not on the menu under “Other Testing.” Call if you have questions: 612-873-3012.

KEY FOR TUBE TYPE TO BE DRAWN	
AM	Amniotic Fluid
SST	Serum Separator (Red/Yellow or Yellow)
R	Red
LL	Large 10 mL Lavender (Blood Bank)
Lav	Lavender 5 mL
BL	Light Blue
A	Room Temperature
F	Freeze Serum
U	Urine
GRN	Lithium Heparin
*	Test may require Notice of Non-coverage ABN (Medicare only)
▲	Protect from Light

PANEL NAME	TESTS INCLUDED		
<b>Basic Metabolic Panel</b>	Sodium Potassium Chloride	Total CO <sub>2</sub> Glucose Urea Nitrogen	Creatinine Total Calcium Anion Gap
<b>Comprehensive Metabolic Panel</b>	Sodium Potassium Chloride Total CO <sub>2</sub> Anion Gap	Glucose Urea Nitrogen Creatinine Total Calcium Albumin	Total Protein Alk Phosphatase ALT AST Total Bilirubin
<b>Electrolyte Panel</b>	Sodium Potassium	Total Carbon Dioxide Chloride	Anion Gap
<b>Hepatic Panel</b>	Albumin Total Protein Alk Phosphatase	ALT AST Total Bilirubin	Direct Bilirubin
<b>Lipid Panel</b>	Cholesterol Triglyceride	HDL Cholesterol Calc LDL	
<b>Renal Panel</b>	Sodium Potassium Chloride Total CO <sub>2</sub>	Anion Gap Glucose Urea Nitrogen Creatinine	Total Calcium Albumin Phosphorus

HCMC CLINICAL LABORATORIES REFLEX TESTS		
Initial Test	Reflex Criteria	Reflex Test(s)
Hepatitis A viral antibody	If positive	Hepatitis anti-hepatitis A viral IgM
Hepatitis B surface antigen	First positive for patient (HCMC history)	Hepatitis B surface antigen neutralization
HIV antibody screen	If positive	Western blot
Prenatal Triple Screen	15–20 week gestation	AFP, B-HCG, Unconjugated Estriol
AFP Amniotic	> 25 MoM	Acetylcholinesterase
RPR	If positive	FTA
ANCA	If positive	ANCA titer includes ID
FANA (ANA)	If positive	FANA titer
Calculated LDL	If Triglycerides > 300 mg/dL	Measured LDL
Anti-Native DNA	If positive	Anti-Native DNA antibody titer
Lymes Screen	If positive	Lymes Western Blot

SPECIAL HANDLING INSTRUCTIONS (SHADED TESTS)	
BNP GC/Chlamydia Urine Urine Culture	Transport within 2 hours or separate and freeze plasma. Use Protect™ tube. Stable at room temperature for 6 days. Transport within 2 hours or refrigerate.