*Please submit completed forms to Kendra Schmidt or e-mail to* [*labcustomerservice@hcmed.org*](mailto:labcustomerservice@hcmed.org)

**New Test Revision**

**Test Name:** Click here to enter text.

**Epic Test Number:** Click here to enter text.

**Start Date:** Click here to enter a date.

**Patient Preparation Information:** Click here to enter text.

**Specimen Type:**

Serum  Plasma  Whole Blood

Urine, Clean Catch  Urine, Random  Urine, 24 Hour Collection

Other: Click here to enter text.

**Preferred Collection Container:** (Choose ONE)

Serum Separator Tube (SST)  Green (Lithium Heparin)  Red (No Additive)  Lt. Blue (Sodium Citrate)

Lavender (EDTA)  Lavender (EDTA) – 10cc  Plasma Separator Tube  Gray (Sodium Fluoride/Potassium Oxalate)

Royal Blue (EDTA)  Lt. Yellow (ACD Solution A or B)  Sodium Heparin

Sterile Specimen Container  Syringe (needle removed, capped)

White (No Additive)  Gray (Boric Acid)

Rayon or Dacron Swab  Flocked Swab  Flocked Swab in Viral Transport Media

Bactec Resin Bottles  Yellow (Isolator)  Aptima Unisex Swab (Purple)

Aptima Vaginal Self –Collect Swab (Orange)  Aptima Urine Collection Tube (Yellow)

Other: Click here to enter text.

**Other Acceptable Collection Containers:**

Serum Separator Tube (SST)  Green (Lithium Heparin)  Red (No Additive)  Lt. Blue (Sodium Citrate)

Lavender (EDTA)  Lavender (EDTA) – 10cc  Plasma Separator Tube  Gray (Sodium Fluoride/Potassium Oxalate)

Royal Blue (EDTA)  Lt. Yellow (ACD Solution A or B)  Sodium Heparin

Sterile Specimen Container  Syringe (needle removed, capped)

White (No Additive)  Gray (Boric Acid)

Rayon or Dacron Swab  Flocked Swab  Flocked Swab in Viral Transport Media

Bactec Resin Bottles  Yellow (Isolator)  Aptima Unisex Swab (Purple)

Aptima Vaginal Self –Collect Swab (Orange)  Aptima Urine Collection Tube (Yellow)

Other: Click here to enter text.

**Specimen Preparation Instructions:** Click here to enter text.

**Specimen Transport Instructions:** Click here to enter text.

**Minimum Volume:** Click here to enter text.

**Specimen Rejection Criteria:** Click here to enter text.

**Stability:**

Ambient: Click here to enter text.

Refrigerated: Click here to enter text.

Frozen: Click here to enter text.

**Ordering Recommendations:** Click here to enter text.

**Notes:** Click here to enter text.

**Add-On Information:** Click here to enter text.

**Reference Interval:** Click here to enter text.

**Interpretive Data:** Click here to enter text.

**Estimated Turnaround Time:** Click here to enter text

**Days of Week/Times Test Performed:** Click here to enter text.

**Performing Department:**

Chemistry  Hematology  Coagulation  Toxicology  Microbiology  Molecular Biology

Virology  Urinalysis  Transfusion Services

Anatomic Pathology  Surgical Pathology  Cytology  Cytogenetics

Electron Microscopy  Histology

**Reference Laboratory:** Click here to enter text.

**CPT Code(s):** Click here to enter text.

**LOINC:** Click here to enter text.

**LIS Test Code:** Click here to enter text.

**Methodology:** Click here to enter text.

**Person Completing Form:** Click here to enter text. **Phone:** Click here to enter text.

***Office Use Only:***

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed in Database: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_