*Please submit completed forms to Kendra Schmidt or e-mail to* *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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_