KAISER PERMANENTE

Northwest Regional Laboratory
13705 NE Airport Way
Portland, OR 97230
Client Services (503) 258-6900 Fax: (503)258-6865

Affix Patient Label Here

Ambulatory Requisition Form

PROVIDER INFORMATION

Ordering Provider (Last, First, MI)

NPI: | Fax Number:

Contact Information for Critical Results:

Ordering Provider Clinic Address:

Suite #

City/State | Zip | Phone

PATIENT

Legal Name (Last, First MI)

HRN:

Date of Birth: ____/____/____

Sex: ☐ Male ☐ Female

DIAGNOSIS CODE(S)

1. | 2. | 3. | 4. | 5.

COLLECTION

Collector Name or NUID:

Collection Date:

Collection Time:

CONTACT NUMBER: (If collected outside of Kaiser) (____)

Last Date_____ Time_____ | Fasting Hrs:_____ | Clinical Information:

Specimens Collected:
☐ LAV x__ ☐ BLU x___ ☐ Grn PST x___ ☐ Red x___ ☐ SST x___ ☐ Urine x___ ☐ Other_____

GYN CYTOLOGY

SPECIMEN SOURCE:
☐ Cervix ☐ Vaginal/Hyst
Date of Last Menstrual Period:_____

☐ PAP Only ☐ PAP + CoTest (Includes HVP)

☐ PAP + Triage (Reflex to HVP) *Dx:* _____

Mark associated Dx code next to selected test **S**= STAT **T**= Trough **P**= Peak

PANELS

- **Basic Metabolic Panel** *Dx:*___ ☐ S
  (Na, K+, CL, C_02,Glu BUN, Creat, Ca)
- **Comprehensive Metabolic Panel** *Dx:*___ ☐ S
  (Na, K+, Cl, C_02, Glu, BUN, Creat, Ca, TP, Alb, Tbili, ALK, AST, ALT)
- **Lipid Panel** *Dx:*___
  (Chol, Trig, HDL, LDL)

CHEMISTRY

- **A1C (Hbg A1C)** *Dx:*___
- **Albumin** *Dx:*___ ☐ S
- **Alk Phos** *Dx:*___ ☐ S
- **Allergy IgE** *Dx:*___ ☐ S
  Specify Allergen:_____
- **ALT (SGPT)** *Dx:*___ ☐ S
- **Amylase** *Dx:*___ ☐ S
- **ANA Screen** *Dx:*___
- **Anti-dsDNA** *Dx:*___ ☐ S
- **AST (SGOT)** *Dx:*___ ☐ S
- **Bilirubin, Direct** *Dx:*___ ☐ S
- **Bilirubin, Total** *Dx:*___ ☐ S
- **BUN** *Dx:*___ ☐ S
- **Calcium** *Dx:*___ ☐ S
- **CCP** *Dx:*___ ☐ S
- **Chloride** *Dx:*___ ☐ S
- **Cholesterol** *Dx:*___
- **Cortisol** *Dx:*___ ☐ S
- **Creatinine** *Dx:*___
- **CRP** *Dx:*___ ☐ S

CHEMISTRY

- **Ferritin** *Dx:*___ ☐ S
- **Folate** *Dx:*___
- **Free T4** *Dx:*___
- **FSH** *Dx:*___ ☐ S
- **Glucose** *Dx:*___ ☐ S
- **Haptoglobin** *Dx:*___ ☐ S
- **Hemoglobin Evaluation** *(Sickle Cell Testing)* *Dx:*___ ☐ S
- **Hepatitis A IgG** *Dx:*___
- **Hepatitis A IgM** *Dx:*___
- **Hepatitis B Testing** *Dx:*___
  Specify Test:_____
- **Hepatitis C AB** *Dx:*___
- **HIV 1/2 Screen** *Dx:*___
- **HSV 1/2 Ab** *Dx:*___
- **HSV, NAA** *Dx:*___
- **Iron** *Dx:*___ ☐ S
- **Iron + TIBC** *Dx:*___ ☐ S
- **Lipase** *Dx:*___ ☐ S
- **Luteinizing Hormone (LH)** *Dx:*___
- **Magnesium** *Dx:*___ ☐ S
- **Methylmalonic Acid** *Dx:*___ ☐ S
- **Parathyroid** *Dx:*___ ☐ S
- **Phosphorus** *Dx:*___ ☐ S
- **Potassium** *Dx:*___ ☐ S
- **Progesterone** *Dx:*___
- **Protein, Total** *Dx:*___ ☐ S

CHEMISTRY

- **PSA** *Dx:*___ ☐ S
- **Rheumatoid Factor** *Dx:*___
- **RPR Qual** *(For Syphilis Positive Patients)* *Dx:*___
- **Rubella IgG** *Dx:*___ ☐ S
- **Rubella IgM** *Dx:*___ ☐ S
- **Serum Protein Electrophoresis** *Dx:*___
- **Sodium** *Dx:*___ ☐ S
- **Syphilis Screen** *(TrepPal IgG w/ Rflx RPR /TPPA)* *Dx:*___
- **T-Spot** *(Mycobacterium Tuberculosis Stimulated Gamma Interferon)* *Dx:*___
- **Testosterone, Total** *Dx:*___
- **Thyroperoxidase (TPO)** *Dx:*___
- **Total T3** *Dx:*___
- **Triglycerides** *Dx:*___
- **TSH** *Dx:*___
- **TTG** *Dx:*___ ☐ S
- **Uric Acid** *Dx:*___ ☐ S
- **Vit B12** *Dx:*___
- **Vit D 25, OH** *Dx:*___

HEMATOLOGY

- **Automated Diff** *Dx:* ☐ S
- **CBC** *Dx:*___ ☐ S
- **CBC w/ Auto Diff** *Dx:* ☐ S
- **ESR (Sed Rate)** *Dx:* ☐ S

COAG

- **PT INR** *Dx:*___ ☐ S
- **PTT** *Dx:* ☐ S

MICRO

- **Chalm/GC, Swab Amp Prob** *Dx:*____
  Source: _____
- **Fecal Immunoassay Tests (FIT)** *DX*___
- **H-Pylori (stool)** *Dx:*___
- **Rapid Strep** *Dx:*___ ☐ S
- **Throat Culture** *Dx:*___

THERAPEUTIC DRUGS

- **Digoxin** *Dx:*_____ ☐ S ☐ T ☐ P
- **Methadone Screen** *Dx:*_____ ☐ S ☐ T ☐ P
- **Phenytoin** *Dx:*_____ ☐ S ☐ T ☐ P

URINE TESTING

- **Urinalysis** *culture & micro if indicated* *Dx:*___ ☐ S
- **Urine Microscopic** *Dx:*___ ☐ S
- **Urine Chlam/GC** *Dx:*___ ☐ S
- **Urine Culture** *Dx:*___
- **Urine Drug Scn** *Dx:*___ ☐ S
- **Urine hCG** *Dx:*___ ☐ S
- **Urine Protein Electrophoresis** *Dx:*___ ☐ S

OTHER

- **Test:**_____ *Dx:*___ ☐ S
- **Test:**_____ *Dx:*___ ☐ S
- **Test:**_____ *Dx:*___ ☐ S
- **Test:**_____ *Dx:*___ ☐ S
- **Test:**_____ *Dx:*___ ☐ S

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For questions regarding Laboratory Services, contact Laboratory Client Services

Reflexed and Linked Tests

Additional laboratory testing may be performed and billed when initial tests requested require other testing to be performed due to initial results falling outside certain defined ranges or in order to meet accurate resulting criteria. Contact Laboratory Client Services for further details, if needed

Kaiser Permanente Medical Office Laboratory Locations

Please call for hours of operations

Battle Ground Medical Office
720 W Main St.
Suite 115
Battle Ground, WA 98604
PH: 360-687-6515

Beaverton Medical Office
4855 SW Western Ave
Beaverton, OR 97005
PH: 503-495-6508

Cascade Park Medical Office
12607 SE Mill Plain Blvd.
Vancouver, WA 98684
PH: 360-896-4477

Eugene Chase Gardens Medical Office
360 S Garden Way
Eugen, OR 97401
PH: 541-338-1242

Gateway Medical Office
1700 NE 102nd Ave
Portland, OR 97220
PH: 971-229-6810

Hillsboro Medical Office
5373 W Baseline Rd.
Hillsboro OR, 97123
PH: 503-547-1277

Interstate Medical Office (Central)
ONCOLOGY PATIENT ONLY
3600 N Interstate Ave.
Portland, OR 97227
PH: 503-331-6580

Interstate Medical Office (East)
3550 N Interstate Ave.
Portland, OR 97227
PH: 503-249-3437

Interstate Medical Office (South)
3550 N Interstate Ave.
Portland, OR 97227
PH: 503-331-6140

Keizer Station Medical Office
5940 Ulali Dr.
Keizer (Salem) OR, 97303
PH: 503-304-5630

Longview-Kelso Medical Office
1230 7th Ave.
Longview, WA. 98632
PH: 360-636-6223

Mt. Scott Medical Office
9800 SE Sunnyside Rd
Clackamas OR, 97015
PH: 503-571-3401

Mt. Talbert Medical Office
10100 SE Sunnyside Rd.
Clackamas, OR 97015
PH: 503-571-2636

Murrayhill Medical Office
11200 SW Murray Scholls Pl
Suite 100
Beaverton OR, 97007
PH: 503-590-2195

North Lancaster Medical Office
2400 Lancaster Dr. NE.
Salem, OR 97305
PH: 503-370-4909

Orchards Medical Office
7101 NE 137th Ave
Vancouver, WA 98682
PH: 360-944-4894

Rockwood Medical Office
19500 SE Stark St.
Portland, OR 97233
PH: 503-669-3959

Salmon Creek Medical Office
14406 NE 20th Ave.
Vancouver, WA 98686
PH: 360-571-3061

Skyline Medical Office
5125 Skyline Rd. S.
Salem, OR 97306
PH: 503-588-5990

Sunnybrook Medical Office
9900 SE Sunnyside Rd.
Clackamas OR 97015
PH: 503-571-9714

Tualatin Medical Office
19185 SW 90th Ave
Tualatin, OR 97062
PH: 503-885-7331

West Salem Medical Office
1160 Wallace Rd NW.
Salem, OR 97304
PH: 503-315-3043

Westside Medical Specialty
2875 NE Stucki Ave
Hillsboro, OR 97214
PH: 971-310-3160