DOWNTIME REQUISITION

HOSPITAL SITE: _____

PATIENT INFORMATION

Pt Last Name	First	MI	Date Collected - -	Time Collected : ❍ AM ❍ PM	Collector ID:
Birthdate - -	Gender ❍ M ❍ F	FIN		Ordering Provider	
Floor Phone Number:	Patient Room:		Admit Date:		

CLINICAL LABORATORY AMA PANELS AND TEST REQUEST(S)

CODE	PANEL/TEST	TUBE	CODE	PANEL/TEST	TUBE	CODE	PANEL/TEST	TUBE	CODE	PANEL/TEST	TUBE
❍ ALCO	Alcohol	GRN	❍ CBCND	CBC/Platelet	LAV	❍ GLUF	Glucose, Fast	GRN	❍ APTT	PTT	BLUE
❍ ALP	Alk Phosphatase	GRN	❍ CK	CK/CPK	GRN	❍ GLU	Glucose, Random	GRN	❍ RFP	Renal Funct. Pnl	GRN
❍ ALT	ALT(SPGT)	GRN	❍ CMP	Comp. Met. Pnl	GRN	❍ HFP	Hepatic Funt. Pnl	GRN	❍ FT4	T4, Free	GRN
❍ AMMO	Ammonia	GRN	❍ CREA	Creatinine, Serum	GRN	❍ LA	Lactic acid	GRY	❍ CARB	Tegretol	GRN
❍ AMY	Amylase	GRN	❍ CRP	CRP	GRN	❍ LIP	Lipase	GRN	❍ TSH	TSH	GRN
❍ AST	AST(SGOT)	GRN	❍ CSF Count	CSF Count	CSF	❍ LITH	Lithium	SST	❍ TSHR	TSH w/Reflex	GRN
❍ BMP	Basic Met. Pnl	GRN	❍ CSF TP	CSF Protein	CSF	❍ MG	Magnesium	GRN	❍ BUN	Urea Nitrogen, Blood	GRN
❍ BHCG	Beta HCG Quant	GRN	❍ CSF GLU	CSF Glucose	CSF	❍ MONO	Monospot	SST	❍ UA	Urinalysis (UA)	URINE
❍ DBIL	Bilirubin, Direct	GRN	❍ DDIMER	d-Dimer, Quant	BLUE	❍ PHOS	Phosphorus	GRN	❍ UDS_7	Urine Drug Scr 7	URINE
❍ TBIL	Bilirubin, Total	GRN	❍ DIG	Digoxin	GRN	❍ K	Potassium	GRN	❍ UHCG	Urine HCG	URINE
❍ PROBNP	NTPROBNP	GRN	❍ DILA	Dilantin	GRN	❍ TP	Protein, Total	GRN			
❍ CA	Calcium, Total	GRN	❍ LYTES	Electrolytes Pnl	GRN	❍ PT	PT/INR (Protime)	BLUE			
❍ CBCD	CBC/Diff & Plt	LAV	❍ FIB	Fibrinogen	BLUE	❍ PTHI	PTH Intact	LAV			

CORPORATE LABORATORY TEST REQUEST(S)

CODE	PANEL/TEST	TUBE	CODE	PANEL/TEST	TUBE	CODE	PANEL/TEST	TUBE	CODE	PANEL/TEST	TUBE
❍ FERR	Ferritin	GRN	❍ HBSAB	Hep B Surface Ab	SST	❍ HIVAB24	HIV 1/2 p24	SST	❍ URIC	Uric Acid	GRN
❍ FOL	Folate	SST	❍ HBSAG	Hep B Surface Ag	GRN	❍ IRONIBC	Iron/TIBC/%Sat	GRN	❍ VITB12	Vitamin B12	GRN
❍ GGT	GGT	GRN	❍ HBCM	Hep B Core IgM	GRN	❍ LIPIDC	Lipid Pnl	GRN	❍ UTP24	Urine Tot Protein, 24 Hr	
❍ GLYCO	Hgb A1C	LAV	❍ HEPSCNM	Acute Hep. Pnl	GRN	❍ QTFC	Quant TB Plus Comp	GN	❍ UTPR	Urine Tot Protein, Random	
❍ HAVM	Hep A, IgM	GRN	❍ HBCT	Hep B Core Total	GRN	❍ RETICA	Retic Count	LAV			
❍ HAVT	Hep A, Total	GRN	❍ HCVAB	Hepatitis C, Ab	GRN	❍ TREPAB	Treponemal Ab	GRN			

MICROBIOLOGY/MOLECULAR *(● Specimen Source Required; ◆ Includes Gram Stain or AFB Smear)*

CODE	CULTURE/TEST NAME		CODE	CULTURE/TEST NAME		CODE	CULTURE/TEST NAME		CODE	CULTURE/TEST NAME	
❍ C AER	Aerobic	●◆	❍ C SPUT	Sputum		❍ COVID19	COVID (Roche)		❍ HPVHR	HPV by PCR	●
❍ C AER / ANA	Aer/Anaer	●◆	❍ C Stool	Stool		❍ COVFLUR	COVID/FLU/RSV		❍ KOHP	KOH Prep	
❍ C Blood	Blood		❍ C THROAT	Throat	◆	❍ CRYSP	Cryptosporidium Antigen		❍ LACTFEC	Fecal Lactoferrin	
☐ AER ☐ ANA ☐ PED			❍ C Tiss AerAna	Tissue	●◆	❍ GASPCR	Grp A Strep PCR		❍ MRSA by PCR	MRSA by PCR	
❍ C Body Fluid	Body Fluid	●◆	❍ C URINE	Urine Culture		❍ GBStNosens	Grp B Strep Screen		❍ ROTA	Rotavirus Antigen	
❍ C Bronch	Bronchial		❍ C VRE Scr	VRE (ONLY) Stool/Rectal		❍ GBStrWsens	Grp B Strep w/Sensitivity		❍ RPP by PCR	Resp. Path Panel	
❍ C GEN	Genital	●	❍ AFFIRM	Vaginosis Screen		❍ GBSPCR	Grp B Strep PCR		❍ TRICHAG	Trichomonas Antigen	
❍ C MRSA	MSRA (ONLY) Screen	●	❍ CDIFPCR	C. Difficile		❍ GCPCR	GC PCR	●	❍ ULEG	Legionella Antigen	
☐ Nasal ☐ Axilla ☐ Groin			❍ CHLAPCR	Chlamydia PCR	●	❍ GSA	Giardia Antigen		❍ VIRAL LOAD	HIV___HCV___HBV___	

SOURCE:

ADDITIONAL TESTING/COMMENTS