

Laboratory Add-On Request Form

Ordering Physician (Must Print Legibly): _____

Date: _____ Time: _____ CWID: _____

Call Back Number (Must Print Legibly): _____

Patient Name (Must Print Legibly): _____

Patient MRN (Must Print Legibly): _____

***Add-on of the approved tests below allowed within 12 hours of collection unless otherwise noted below.

Beta HCG Quantitative

LDH

CK

Lipase

CK-MB

Magnesium

Cortisol

Parathyroid Intact

CRP (Inflammation)

Phosphorus

Cardiac CRP (hsCRP)

Triglycerides

Direct Bilirubin

TSH without Reflex

Haptoglobin

Ferritin

Hepatic Panel

Reticulocyte Count

BMP (add-on allowed within 2 hours of collection)

CMP (add-on allowed within 2 hours of collection)

Request Slide/Smear (Department Affiliation: _____)

Please contact Microbiology directly for add on requests (718-780-3660).