St Luke's

Use this QR Code for Collection Instructions, Ordering Recommendations and Reference Ranges

Clinical Laboratory – Outpatient/Verbal/Downtime Order Request

*Note: This order is intended to be used during a short downtime. Extended downtimes use TX09-095xa SLHS

Patient Name:	Ordering Provider: Please print full name
DOB: ❑ Male ❑ Female *Gender assigned at birth	Provider Address: Only necessary if provider address is different than receiving lab
MRN:	**Provider Signature** (Req):
Specimen Collection Date/Time:	Referring Phone:
Collection Nurse/Phleb: Please print full name	❑ Phone ❑ Fax
	CC Results to:
Indicate Number of Tubes Submitted: Blue [ ] Gold [ ] Red [ ] Green [ ] Lav [ ] Gray [ ] Urine [ ] Swab [ ]	
Unit/Floor/Dept:	Tube Station:
Patient Insurance (Req):	Name of person taking verbal order:
Indications, Diagnosis, SX, ICD-10:	❑ STAT Order ❑ Downtime ❑ Verbal Order ❑ Readback

**In accordance with CLIA '88 regulations, all verbal orders must be followed up with the ordering provider's signature.
Please sign this verbal order and return to the Laboratory _____ at fax# _____
Physician Signature Attempts: Please document Date, Time and your Initials. 1)_____ 2)_____
3)_____

Place downtime labels in this space

New System Connect Fax numbers:
Lab Orders Only fax: (208) 381-9006
Lab and Imaging Orders Fax: (208) 706-5855

When ordering tests for which Medicare reimbursement will be sought, licensed Providers should only order tests that are medically necessary for the diagnosis or treatment of a patient.

Chemistry	Chemistry	Chemistry	Chemistry Panels
❑ Acetaminophen	❑ Estradiol	❑ Salicylate	❑ Electrolytes (Na, K, Cl, CO2)
❑ Alcohol (ETOH)	❑ Ferritin	❑ Tacrolimus **Time/Dose:** _____	❑ Basic Metabolic Panel (Na, K, Cl, CO2, Glu Crea, BUN, Ca)
❑ Alpha 1 Anti-Trypsin	❑ Fetal Fibronectin	❑ Tegretol Level	
❑ Ammonia	❑ Folate	❑ Tobramycin **Time/Dose:** _____	❑ Comprehensive Metabolic Panel (Na, K, Cl, CO2, Glu, Crea, BUN, Ca, Alb, Tot Bili, Tot Protein, Alk Phos, ALT, AST)
❑ Amylase	❑ FSH	❑ Testosterone	
❑ ANA Screen by IFA w/reflex to Titer and Pattern	❑ Gentamicin **Time/Dose:** _____	❑ Testosterone Free and Total	
	❑ Glucose, Fasting	❑ Troponin I	❑ Hepatic Function (Alb, Bili, Total and Direct, Alk Phos, Tot Protein, ALT, AST)
❑ Anti-Peroxidase Ab (Anti TPO)	❑ Glucose, Non-Fasting (PP)	❑ Treponemal Ab with Reflex	
❑ Anti-Thyroglobulin Ab	❑ Glycohemoglobin/A1C	❑ TSH (Thyroid Stim. Hormone)	❑ Renal Function (NA, K, Cl, CO2, Crea, BUN, Glu, Alb, Ca, Phos)
❑ B-12	❑ HIV (4th gen) with Reflex	❑ TSH Reflexing Cascade	
❑ Beta HCG, Serum Quantitative	❑ Homocysteine	❑ T3, Free	❑ Lipid Profile (Chol, Trig, HDL, CLDL, VLDL, Chol/HDL ratio) with reflex to dLDL if Trig >400
❑ Beta HCG Screen, Serum	Immunoglobulin ❑ IgA ❑ IgG ❑ IgM	❑ T3, Total	
❑ Beta-hydroxybutyrate	❑ Iron/TIBC	❑ T4, Free	
❑ Bilirubin, Direct	❑ Lactic Acid	❑ T4, Total	**Hematology**
❑ Bilirubin, Total	❑ LDH	❑ TTG, IgA	❑ CBC with Auto Diff
❑ Blood Gases (Select Source)	❑ Lipase	❑ Uric Acid	❑ ESR/Sed Rate
❑ Arterial ❑ Venous ❑ Cord	❑ Lithium Level	❑ Vancomycin **Time/Dose:** _____	❑ Hemoglobin/Hematocrit
❑ BNP NT Pro	❑ Luteinizing Hormone	❑ Valproic Acid	❑ Hemogram
❑ C-Reactive Protein	❑ Magnesium	❑ Vitamin D 25 OH	❑ Platelet Count
❑ C-Reactive Prot, High Sensitivity	❑ Mono Screen	**Prenatal**	❑ Retic Count
❑ CA 125 (Ovarian)	❑ Osmolality, Blood	❑ Amnisure	**Coagulation**
❑ CA 19-9	❑ Phosphorus	❑ Prenatal Workup w/ HIV	❑ APTT
❑ Calcium, Ionized	❑ Prealbumin	❑ Progesterone	❑ AT3
❑ CEA	❑ Procalcitonin	❑ Prolactin	❑ Antiphospholipid Panel
❑ CK	❑ PSA, Total (Diagnostic)	**Prenatal Risk Profiles**	❑ D-Dimer, Quantitative
Complement ❑ C3 ❑ C4	❑ PSA, Total (Screening)	❑ AFP, Maternal Serum Screen	❑ Fibrinogen
Cortisol ❑ Random ❑ AM ❑ PM	❑ PSA, Total w/ reflex to Free	❑ PRP4/Quad Screen (AFP, HCG, Estriol, Inhibin, + Risk Assessment) *Requires Form Completion*	❑ Heparin, Unfractionated
❑ Cyclosporin **Time/Dose:** _____	❑ PSA, Free and Total		❑ Heparin, LMW
❑ Digoxin	❑ PTH, Intact & Calcium		❑ Protime/INR
❑ Dilantin	❑ Rheumatoid Factor		
❑ Epstein Barr Antibody Panel	❑ Rubella Screen		

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Glucose Tolerance Testing

- ❑ Gestational GTT 1 hr (50 gm)
- ❑ Gestational GTT 2 hr (75 gm)
- ❑ Gestational GTT 3 hr (100 gm)
- ❑ Non-Gestational GTT 2 hr (75 gm)

Hepatitis Testing

- ❑ Acute Hepatitis (Hep A IgM, Hep B Core IgM, Hep B Surface Ag, HCV Ab)
- ❑ Hepatitis A Antibody, Total
- ❑ Hepatitis A Ab, IgM (Anti-HAV)
- ❑ Hepatitis B Core Ab, IgM
- ❑ Hepatitis B Core Ab, Total
- ❑ Hep B Surface Antigen (HbsAg) with Reflex
- ❑ Hep B Surface Antibody (HbsAb)
- ❑ Hepatitis C Antibody (Anti-HCV)

Urinalysis & Culture

- ❑ Urinalysis with Reflex to Micro
  - ❑ With C&S if indicated
- ❑ Urine Culture

Source:

- ❑ Clean Catch ❑ Straight/Mini Cath
- ❑ Indwelling Catheter ❑ Pedi Bag
- ❑ Other:_____

Random Urine Testing

- ❑ Beta HCG Urine Pregnancy
- ❑ Drug Screen
- ❑ Microalbumin
- ❑ Urine Creatinine
- ❑ Urine Osmolality
- ❑ Urine Total Protein
- ❑ Legionella AG
- ❑ Strep pneumoniae Ag

24 Hour Urine Testing

- ❑ Creatinine Clearance

HT: WT:

- ❑ Total Protein

Body Fluid/CSF

- ❑ BF Culture/Gram

Source: ❑ Ascites ❑ Peritoneal ❑ Pleural ❑ Other:_____

- ❑ BF Cell Count/Differential
- ❑ BF Total Protein
- ❑ BF LDH
- ❑ BF Crystals
- ❑ CSF Culture/Gram

Source: ❑ Lumbar ❑ Other: _____

- ❑ CSF Cell Count/Differential
- ❑ CSF Glucose
- ❑ CSF Protein

Blood Bank Testing

- ❑ ABO, Rh
- ❑ ABO, Rh, Antibody Screen
- ❑ Antibody Titer

RHIG Workup

- ❑ <20 Weeks Gestation
- ❑ >= 20 Weeks Gestation
- ❑ Postpartum

Molecular/Miscellaneous

- ❑ Chlamydia & GC Aptima
- ❑ Chlamydia Aptima only
- ❑ GC Aptima only
- ❑ HSV 1 & 2 (PCR) ❑ VZV (PCR)
- ❑ Influenza A&B (NAAT)
- ❑ MRSA/SA Screen (PCR)
- ❑ Rapid Respiratory Panel (PCR)
- ❑ Rapid RSV (NAAT)
- ❑ Rapid Strep A (NAAT)
- ❑ Vaginitis Panel (Candida (x3), BV Trichomonas)

Additional Tests

Indicate any additional tests. Many panel tests may be ordered individually.

Acid Fast Bacilli

- ❑ Acid Fast Bacilli Cult & Smear
- ❑ Acid Fast Bacilli Smear only

Source: _____

- ❑ QuantiFERON TB Gold Plus

Stool Testing

- ❑ *Clostridium difficile* Stool
- ❑ Enteric Bacterial Screen (PCR) (Salmonella, Shigella, E. coli (EHEC & EIEC), Shiga Toxin 1&2, Campylobacter)
- ❑ Enteric Parasitic Screen (PCR) (Cryptosporidium, Giardia & E. histolytica)
- ❑ Enteric Viral Screen (PCR) (Norovirus, Rotavirus, Adenovirus Sapovirus, Human Astrovirus)
- ❑ Occult Blood
- ❑ Pinworm

Miscellaneous Microbiology

- ❑ Cryptococcal Ag ❑ Serum ❑ CSF
- ❑ Lactoferrin
- ❑ Pneumocystis DFA
- ❑ Wet Mount (KOH)

- ❑ Parasitology Exam with Travel History Concentration and Trichrome indicated for patients with the following history:
  - ❑ Persistent undiagnosed diarrhea
  - ❑ Immunosuppressed
  - ❑ Travel or immigration from developing country

Specify Country:_____

- ❑ FIT Testing

Bacteriology

- ❑ Aerobic (Routine) Culture/Gram *Source*: _____
- ❑ Anaerobic Culture *Source*: _____
- ❑ Blood Culture *Source*: _____
- ❑ Catheter Tip Culture *Source*: _____
- ❑ CF Respiratory Culture *Source*: _____
- ❑ Culture for Specific Organism

List Organism: _____ *Source*: _____

- ❑ Fungal Culture *Source*: _____
- ❑ Group A Strep Culture *Source*: ❑ Rectal ❑ Throat
- ❑ Group B Strep Culture *Source*: _____
- ❑ Respiratory Culture/Gram *Source*: _____
- ❑ Throat Culture *Source*: _____

Additional Comments