St Luke's

CLINICAL PATHOLOGY (LAB) – Outpatient Verbal Order Request

Patient Name:	Ordering Provider: Please print full name
DOB: ❑ Male ❑ Female	**Provider Signature** (Req):
MRN:	Referring Phone:
Specimen Collection Date/Time:	❑ Phone ❑ Fax
Collection Nurse/Phleb: Please print full name	CC Results to:
Indicate Number of Tubes Submitted: Lav [ ] Blue [ ] Green [ ] Gold [ ] Red [ ] 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

**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

Lab Orders main fax: (208)706-5855
Lab Orders 2nd Fax: (208)706-9812

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.

TEST	TEST	TEST	TEST
CHEMISTRY	**CHEMISTRY**	**THYROID TESTING**	**BLOOD BANK**
❑ Albumin	❑ HIV (4th gen)	❑ TSH Reflexing Cascade	❑ ABO
❑ Alkaline Phosphatase	❑ Immunoglobulin IgA, IgG, IgM	❑ T3, Total	❑ ABO, Rh, Antibody Screen
❑ Alpha 1 Anti-Trypsin	❑ Iron/TIBC	❑ T4, Total	❑ Antibody Screen
❑ ANA Screen	❑ LH	❑ Free T3	❑ Rh
❑ ANA Screen by IFA w/reflex to Titter and Pattern	❑ Lithium Level	❑ Free T4	
	❑ Magnesium	❑ TSH (Thyroid Stim. Hormone)	**COAGULATION**
	❑ Mono Screen	❑ Anti-Thyroglobulin Ab	❑ APTT
❑ B-12	❑ Potassium	❑ Anti-Peroxidase Ab (Anti TPO)	❑ AT3
❑ Beta HCG, Serum Quantitative	❑ Prealbumin	❑ Transferrin	❑ Cardiolipin Antibodies
❑ Beta HCG Screen, Serum	❑ Pro-BNP	❑ Treponemal Ab	❑ D-Dimer, Quantitative
❑ Bilirubin, Direct	❑ PSA, Total (Diagnostic)	❑ TTG, IgA	❑ Lupus Anticoagulant
❑ Bilirubin, Total	❑ PSA, Total (Screening)	**CHEMISTRY PANELS**	❑ Protime/INR
❑ BNP NT Pro	❑ PSA, Total w/ reflex to Free	❑ Electrolytes (Na, K, Cl, CO2)	
❑ BUN	❑ PSA, Free and Total	❑ Basic Metabolic Panel (Na, K, Cl, CO2, Glu Crea, BUN, Ca),	**HEMATOLOGY**
❑ C3 & C4 Complement	❑ Rheumatoid Factor		❑ CBC with Platelet/Auto diff
❑ C-Reactive Protein	❑ Rubella Screen	❑ Comprehensive Metabolic Panel (Na, K, Cl, CO2, Glu, Crea, BUN, CA Alb, Bili,Tot, Tot Protein, Alk Phos, SGPT/ALT, SGOT/AST)	❑ ESR/Sed Rate
❑ CA 125 (Ovarian)	❑ SGOT/AST		❑ Hemoglobin/Hematocrit
❑ Calcium	❑ SGPT/ALT		❑ Hemogram
❑ Creatinine	❑ Sodium		❑ Retic Count
❑ Digoxin	❑ Tacrolimus	❑ Hepatic Function (Alb, Bili, Total and Direct, Alk Phos, Tot Protein, SGPT/ALT, SGOT/AST)	
❑ Dilantin	❑ Tegretol Level		
❑ Epstein Barr Antibody Panel	❑ Testosterone		
❑ Estradiol	❑ Testosterone Free and Total	❑ Renal Function (NA, K, Cl, CO2, Crea, BUN, Glu, Alb, Ca, Phos)	**PRENATAL**
❑ Ferritin	❑ Vitamin D 25 OH		❑ Prenatal Profile w/HIV
❑ Folate	**HEPATITIS TESTING**	❑ Lipid Profile (Chol, Trig, HDL, CLDL, VLDL, Chol/HDL ratio) wit reflex to DLDL if Trig >400	❑ With UA
❑ FSH	❑ Acute Hepatitis (Hep A IgM, Hep B Core IgM, Hep B Surface Ag, HCV Ab)		❑ Progesterone
❑ Glucose, Fasting			❑ Prolactin
❑ Glucose, Non-Fasting (PP)	❑ Hepatitis A Ab, IgM (Anti-HAV)	**ADDITIONAL TESTING**	**PRENATAL RISK PROFILES**
Glucose Tolerance testing	❑ Hepatitis B Core Ab, IgM		❑ PRP1 (AFP only)
❑ Gestational GTT 1 hour (50 gm)	❑ Hepatitis B Core Ab, Total		❑ PRP4 (AFP, HCG, Estriol, Inhibin, + Risk Assessment) (requires form completion)
❑ Gestational GTT 2 hour (75 gm)	❑ Hepatitis B e Antigen(HbeAG)		
❑ Gestational GTT 3 hour(100 gm)	❑ Hepatitis B e Antibody (HbeAb)		
❑ Non-Gestational Glucose Tolerance (GTT)- 2 Hour (75 gm)	❑ Hep B Surface Antigen (HbsAg)		
	❑ Hep B Surface Antibody (HbsAb)		
❑ Glycohemoglobin/A1C	❑ Hep B Surface Antibody Quant		
	❑ Hepatitis C Antibody (Anti-HCV)		

St Luke's

CLINICAL PATHOLOGY – Outpatient /Verbal Order Request

URINE TESTING

TEST		TEST		TEST	
RANDOM URINE TESTING		❑ Urinalysis		**24 HOUR URINE TESTING**	
❑ Drug Screen		❑ With C&S if indicated		❑ Creatinine Clearance	
❑ Microalbumin		❑ Urine Culture		HT: WT:	
ADDITIONAL TESTING		❑ Urine Pregnancy		❑ Total Protein	

MICROBIOLOGY TESTING

All Microbiology testing requires source information and current antibiotic usage

TEST	TEST	TEST
ACID FAST BACILLI	**STOOL TESTING**	**VIROLOGY**
❑ Acid Fast Bacilli (AFB) Culture and Smear	❑ Clostridium difficile Screen	❑ HSV/VZV PCR
❑ Acid Fast Bacilli Smear only	❑ Enteric Pathogen Screen (PCR) Includes: Salmonella, Shigella, E. coli (EHEC & EIEC), Shiga Toxin 1&2, Campylobacter	❑ Influenza A&B Direct
BACTERIOLOGY		❑ Rapid Respiratory Panel by PCR
❑ Aerobic (Routine) Culture		❑ Rapid RSV
❑ Anaerobic Culture		
❑ Blood Culture	Special Requests	**MISC**
❑ Bordetella Culture	❑ Aeromonas/Plesiomonas	❑ Legionella AG (urine)
❑ Chlamydia Culture	❑ Yersinia	❑ Strep pneumoniae AG (urine)
❑ CLO Test (Biopsy only)	❑ Vibrio	
❑ Gram Smear	❑ Ove and Parasite (Regional) PCR for Cryptosporidium, Giardia and Entamoeba histolytica	
❑ Group A Strep (rapid w/culture)		
❑ Group B Strep Culture	❑ Parasitology Exam with Travel History Concentration and Trichrome indicated for patients with the following history:	
❑ NP/Throat Culture		
❑ Urine Culture		
	Patient History	
MOLECULAR TESTING	❑ Persistent undiagnosed diarrhea	
❑ Chlamydia & GC Aptima	❑ Immunosuppressed	
❑ Chlamydia Aptima only	❑ Travel or immigration from developing country	
❑ GC Aptima only	Specify Country: _____	
❑ HSV 1 & 2 PCR		
❑ MRSA/SA Screen by PCR		
❑ Vaginitis Panel (Candida(3), Trichomonas, Gardnerella)		
FUNGAL/YEAST		
❑ Culture Yeast/Fungus	❑ Lactoferrin	
❑ KOH	❑ Occult Blood	
❑ Pneumocystis DFA	❑ Pinworm	
	❑ Rotavirus EIA	

MICROBIOLOGY SPECIMEN SOURCES

❑ Abdomen	❑ Catheter Tip_____	❑ Sputum
❑ Abscess_____	❑ Drainage_____	❑ Stool
❑ Appendix	❑ Ear	❑ Throat
❑ Aspirate_____	❑ Eye	❑ Tissue_____
❑ Biopsy	❑ Gastric	❑ Trachea
❑ Blood_____	**Genital**	❑ Ulcer_____
Body Fluid	❑ Cervix	**Urine**
❑ Ascites	❑ Endocervix	❑ Urine, Clean Catch
❑ CSF	❑ Penis	❑ Urine, Indwelling Catheter
❑ Peritoneal	❑ Urethra	❑ Urine, Straight/Mini Cath
❑ Pleural	❑ Vagina	❑ Other:_____
❑ Bone Marrow	❑ Lesion_____	❑ Wound_____
Lower Respiratory	❑ Mouth	**Other:**
❑ Bronchial Brushing	❑ Nasopharyngeal (NP)	
❑ Bronchoalveolar Lavage (BAL)	❑ Placenta	**Antibiotics:**
❑ Bronchial Washing	❑ Skin_____	