



# Laboratory Requisition

Patient Identification Label	
Name	_____
MRN	_____
DOB	_____
Date of service	_____

Bill to: <input type="checkbox"/> Provider office <input type="checkbox"/> Patient/Insurance (please attach a copy of the insurance card front and back)	
Patient name (Last, First, Middle) Full legal name	
Requesting provider	

Sex	Date of birth	Collection date	Collector initials	Collection time

Diagnosis/ICD 10 Codes			Requesting provider's signature & date		

Street address		Patient phone #		Alternate phone #	

City	State	Zip Code	Guarantor	Guarantor DOB	Guarantor Relationship

STAT (if STAT is not marked, testing will be performed as Routine.)

Phone critical results to: (phone number) \_\_\_\_\_  FAX results to: (FAX number) \_\_\_\_\_

### PANELS (Tests in a panel can be ordered individually)

LAB551	<input type="checkbox"/> Acute Hepatitis Panel* - Hep B Surf Ag, Hep C Ab, Hep B Core Ab IgM
LAB15	<input type="checkbox"/> Basic Metabolic Panel (BMP) – Na, K, Cl, CO2, Glu, BUN, Creat, Ca
LAB17	<input type="checkbox"/> Comprehensive Metabolic Panel (CMP) – BMP + Alb, Alk Phos, AST (SGOT), ALT (SGPT), T Bil, TP
LAB3791	<input type="checkbox"/> CMP, Neonatal (<1 yo) – CMP + NBil, BU, BC, TRIG, MG, PHOS
LAB20	<input type="checkbox"/> Hepatic Function Panel – ALB, Alk Phos, AST, ALT, T Bil, D Bil, TP
LAB4016	<input type="checkbox"/> Iron Panel (Iron Binding) – Iron, TIBC, UIBC, Transferrin, % Saturation
LAB18	<input type="checkbox"/> Lipid Panel **Fasting – Chol, HDL, TRIG, Calculated LDL, Non-HDL
O1230000005	<input type="checkbox"/> Obstetric Panel* - CBCD, HBSAg, Rubella IgG, AB Screen, ABO/Rh, Treponema Ab
LAB19	<input type="checkbox"/> Renal Panel* - Na, K, Cl, CO2, Glu, BUN, Creat, Ca, Phos, Alb

LAB47	<input type="checkbox"/> Ammonia	LAB980	<input type="checkbox"/> Estrogen-Fractionated (E1, E2, E3)	LAB3792	<input type="checkbox"/> PTH Intact & Calcium
LAB48	<input type="checkbox"/> Amylase	LAB68	<input type="checkbox"/> Ferritin	LAB325	<input type="checkbox"/> PTT
LAB4385	<input type="checkbox"/> ANA Reflex to Profile, if +*	LAB69	<input type="checkbox"/> Folate	LAB296	<input type="checkbox"/> Reticulocyte Count
LAB278	<input type="checkbox"/> Antibody Screen*	LAB86	<input type="checkbox"/> FSH	LAB206	<input type="checkbox"/> Rheumatoid Factor
LAB4431	<input type="checkbox"/> Antibody Titer (Prenatal) Patient with known _____ Ab	LAB82	<input type="checkbox"/> Glucose** (Fasting min. 8 hrs) <input type="checkbox"/> Glucose Tolerance** _____ hrs	LAB3785	<input type="checkbox"/> RPR**
LAB219	<input type="checkbox"/> ASO (Antistreptolysin O)	LAB4450	<input type="checkbox"/> Glucose 50 g Glucola given	LAB88	<input type="checkbox"/> RPR for Therapy**
LAB49	<input type="checkbox"/> Beta-2 Microglobulin	LAB3451	<input type="checkbox"/> hCG, Serum Quant (pregnancy)	LAB1197	<input type="checkbox"/> Treponema Ab (Syphilis)**
LAB67	<input type="checkbox"/> B12	LAB144	<input type="checkbox"/> hCG, Serum Qual (pregnancy)	LAB137	<input type="checkbox"/> T3, Free
LAB3769	<input type="checkbox"/> B12 & Folate	LAB289	<input type="checkbox"/> Hematocrit	LAB127	<input type="checkbox"/> T4, Free
LAB4311	<input type="checkbox"/> NT-Pro BNP	LAB90	<input type="checkbox"/> Hemoglobin A1C (glycohemoglobin)	LAB124	<input type="checkbox"/> Testosterone, Total
LAB52	<input type="checkbox"/> Bilirubin, Direct (Adult)	LAB472	<input type="checkbox"/> Hepatitis B Surface Antibody	LAB173	<input type="checkbox"/> Testosterone, Free & Total (Male)
LAB50	<input type="checkbox"/> Bilirubin, Total (Adult)	LAB471	<input type="checkbox"/> Hepatitis B Surface Antigen*	LAB8476	<input type="checkbox"/> Testosterone, Free & Total (Female / Child)
LAB7026	<input type="checkbox"/> Bilirubin, Total (Neonatal, <=1 y)	LAB868	<input type="checkbox"/> Hepatitis C Antibody	LAB5803	<input type="checkbox"/> Testosterone, Total (LCMS) (Female, Child/ Male <16 y)
LAB895	<input type="checkbox"/> Blood Type (ABO/Rh)*	LAB4706	<input type="checkbox"/> HIV** 1/2 Ag/Ab	LAB440	<input type="checkbox"/> Total Protein, timed urine
LAB140	<input type="checkbox"/> BUN (Blood Urea Nitrogen)	LAB3020	<input type="checkbox"/> IgG / IgA/ IgM Quant Panel	LAB129	<input type="checkbox"/> TSH
LAB155	<input type="checkbox"/> CA 125	LAB94	<input type="checkbox"/> Iron	LAB141	<input type="checkbox"/> Uric Acid, Plasma
LAB776	<input type="checkbox"/> CA 15-3	LAB96	<input type="checkbox"/> LDH	LAB347	<input type="checkbox"/> Urinalysis Dipstick w/ reflex to microscopic exam (no culture)
LAB777	<input type="checkbox"/> CA 19-9	LAB99	<input type="checkbox"/> Lipase	LAB348	<input type="checkbox"/> Urinalysis Microscopic (no culture)
LAB853	<input type="checkbox"/> CA 27-29	LAB29	<input type="checkbox"/> Lithium	LAB5026	<input type="checkbox"/> Urinalysis dipstick & microscopic w/ culture if indicated
LAB53	<input type="checkbox"/> Calcium	LAB87	<input type="checkbox"/> Luteinizing Hormone	LAB4438	<input type="checkbox"/> Urinalysis dipstick & microscopic (no culture)
LAB210	<input type="checkbox"/> CBC with Diff*	LAB103	<input type="checkbox"/> Mg	LAB239	<input type="checkbox"/> Urine Culture
LAB294	<input type="checkbox"/> CBC without Diff*	LAB410	<input type="checkbox"/> Albumin, Timed Urine	LAB24	<input type="checkbox"/> Valproic Acid
LAB57	<input type="checkbox"/> CEA	LAB3286	<input type="checkbox"/> Albumin, Random Urine	LAB39	<input type="checkbox"/> Vancomycin Trough
LAB62	<input type="checkbox"/> Creatinine Kinase (CK)	LAB689	<input type="checkbox"/> Albumin/Creatinine Ratio, Urine	LAB40	<input type="checkbox"/> Vancomycin Random
LAB3013	<input type="checkbox"/> Creatinine	LAB482	<input type="checkbox"/> Mononucleosis Screen (Monospot)	LAB535	<input type="checkbox"/> Vitamin D 25 Hydroxy, Total
LAB3552	<input type="checkbox"/> Creatinine Clearance	LAB5112	<input type="checkbox"/> Procalcitonin	<b>MISCELLANEOUS TESTS</b>	
LAB149	<input type="checkbox"/> CRP	LAB529	<input type="checkbox"/> Progesterone		
LAB3869	<input type="checkbox"/> CRPhs	LAB531	<input type="checkbox"/> Prolactin		
LAB523	<input type="checkbox"/> Estradiol (Estrogen/E2) Is patient receiving fulvestrant/Faslodex <input type="checkbox"/> Yes <input type="checkbox"/> No	LAB8010	<input type="checkbox"/> PSA Are there signs, symptoms, or disease? <input type="checkbox"/> Yes <input type="checkbox"/> No		
LAB322	<input type="checkbox"/> ESR (Sedrate)	LAB3020	<input type="checkbox"/> PT/INR		
LAB23	<input type="checkbox"/> Digoxin (Lanoxin)				

\* Indicates may reflex to additional testing. See reverse side for details.

\*\* Fasting Instructions: Patients should have no food or drink other than water (no coffee, tea, or soda) for at least 8 hours prior to the start of any test for which fasting is required. Prescribed medications should still be taken with water.

• STI Counseling: Unless this test meets an exception under Colorado law, by authorizing this order you understand that Colorado law requires you to inform the patient that (1) you have ordered testing for sexually transmitted infections, (2) the results may be reported to Colorado's Health Department, and (3) the patient can opt out of testing.

<b>ANA Reflex to Profile if positive</b>	Positive	<ul style="list-style-type: none"> <li>If the ANA screen is reported as <u>negative</u> then ALL component tests are negative.</li> <li>If the ANA screen is reported as <u>positive</u> then the following component tests are processed and resulted: dsDNA, chromatin, SS-A, SS-B, Sm (Smith), RNP, Sm/RNP, Scl-70, Jo-1, Centromere B.</li> </ul>
<b>Antibody Screen (for prenatal testing)</b>	Positive	Antibody identification and titer
<b>Blood type (ABO/Rh)</b>	Discrepant	Cold antibody workup
<b>CBC with Automated Differential</b>	Flagged abnormal	Manual smear review or manual differential depending on criteria established by the Hematology Lab with the hematopathologist.
<b>Hepatitis A AB Total</b>	Positive	Hepatitis A Ab IgM
<b>Hepatitis B Surface Antigen</b>	Equivocal	Confirmation by neutralization
<b>HIV Screen</b>	Positive	Confirmation testing
<b>Treponema Pallidum IgG Antibodies</b>	Positive or Equivocal	RPR titer
	If discordant results with Trep	TP-PA (reference lab test)
<b>RPR</b>	Reactive	Trep antibodies
	If discordant results with Trep	TP-PA (reference lab test)
<b>RPR for Therapy</b>	Reactive	RPR Titer
<b>UA Dipstick w/Reflex to Microscopic Exam if indicated (no culture reflex)</b>	Positive for leukocytes, nitrite, protein, bilirubin, and/or blood OR child <6yo	UA Microscopic only (no culture reflex)
<b>ANY Urinalysis testing</b>	Cath specimen on child <18yo	Urine culture
<b>UA Complete Urinalysis w/culture reflex if indicated</b>	WBC >10/hpf and Epithelial Cells <10/hpf	Urine culture

## Laboratory Locations

### Fort Collins

- **UCHealth Laboratory – Poudre Valley Hospital**  
1024 S. Lemay Ave., Fort Collins, CO 80524
- **UCHealth Laboratory – Garfield**  
1025 Garfield St, Suite C, Fort Collins, CO 80524
- **UCHealth Laboratory – Harmony Campus**  
4630 Snow Mesa Drive, Fort Collins, CO 80528  
Also accepts appointments 970.495.8700

### Greeley

- **UCHealth Laboratory – Greeley Hospital**  
6767 W. 29<sup>th</sup> St. Greeley, CO 80634
- **UCHealth Laboratory – Greeley Emergency and Surgery Center**  
6906 10<sup>th</sup> St., Greeley, CO 80634
- **UCHealth Laboratory – Peakview**  
5881 W. 16<sup>th</sup> St., Greeley, CO 80634

### Longmont

- **UCHealth Laboratory – Longs Peak Hospital**  
1750 E. Ken Pratt Blvd., Longmont, CO 80504
- **UCHealth Laboratory – Longmont Clinic**  
1925 W. Mountain View Ave., Longmont, CO 80501
- **UCHealth Laboratory – Firestone Clinic**  
5965 Firestone Boulevard, Firestone, CO 80504

### Loveland

- **UCHealth Laboratory – Medical Center of the Rockies** and North Medical Office Building  
2500 Rocky Mountain Ave., Loveland, CO 80538

### Windsor

- **UCHealth Laboratory & Radiology – Windsor**  
1455 Main St., Suite 130, Windsor, CO 80550

**Contact us at 970.495.8700**