UCHealth
University of Colorado Hospital
Clinical Laboratory

Patient's
Full Name

Place Sticker

MRN #

Collection time: _____

Collection date: _____

Location _____

Collected by: _____

Location Phone # _____

Location Tube Station # _____

Ordering Provider Name & # _____

☒ CODE STAT

CODE LABORATORY PANEL TEST REQUEST
(FOR DOWNTIME USE ONLY)

Protocol:

1) Phone x85555 to call the Code. This will also alert Lab Shift Supervisor.
2) Access Code Cart to obtain Code Lab collection containers, Code Lab Flyer and specimen transport bag.
3) **Collect 1 purple top, 1 green top with gel, 1 blue top and 1 ABG blood gas syringe.**
4) Label blood tubes with patient identification.
5) Enter a non-pager call back number below on this form.
6) Place requisition, flyer, and blood tubes in the biohazard shipping bag.
7) Tube to laboratory using location 132 or 142.
8) Laboratory will order code laboratory panel tests and call all results.

REQUIRED RESULT CALL BACK INFORMATION

Call Results to Extension: _____
(No Pager Numbers)