

**University of Colorado Hospital
Clinical Laboratory Code Lab Request**

CODE STAT

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

Patient's full name _____
 MRN # _____
 Location _____
 Location phone _____
 Location tube station # _____
 Ordering provider name/# _____

Collection time _____ Collection date _____
 Collected by _____

FOR DOWNTIME USE ONLY

CODE LABORATORY PANEL TEST

<input type="checkbox"/> Arterial-Code Labs Panel	<input type="checkbox"/> Venous-Code Labs Panel
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Arterial-Code Labs Panel includes:

- LAB76 Arterial Blood Gas (ABG)
- LAB54 Ionized Calcium, Whole Blood (ICA WB)
- LAB3563 Hemoglobin Arterial
- LAB3637 Lactate Whole Blood Arterial
- LAB3025 Potassium Whole Blood
- LAB3001 Sodium Whole Blood
- LAB3027 Glucose Whole Blood

Venous-Code Labs Panel includes:

- LAB79 Venous Blood Gas (VBG)
- LAB54 Ionized Calcium, Whole Blood (ICA WB)
- LAB3564 Hemoglobin Venous
- LAB3638 Lactate Whole Blood Venous
- LAB3025 Potassium Whole Blood
- LAB3001 Sodium Whole Blood
- LAB3027 Glucose Whole Blood

PROTOCOL:

1. Call emergency number for Code Blue. 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 blood gas syringe (Arterial or Venous).
4. Label blood tubes with patient identification per Specimen Labeling Policy.
5. Enter a non-pager call back number below on this form.
6. Place requisition, flyer, and sample 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): _____