

University of Colorado Hospital
DOWNTIME Clinical Laboratory
Stabilize & Hold Request

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 _____

COLLECT ONE COMPLETE SET OF BLOOD TUBES PER REQUEST FORM

Sharing of tubes will cause delays in testing.
 Routine samples will be stabilized and performed after downtime.
 Consider delaying specimen collection until after downtime.

Physicians should only order tests medically necessary for the treatment or diagnosis of the patient. For outpatient services only, enter the appropriate ICD10 Codes which demonstrate the medical necessity of each test ordered (REQUIRED).

ICD-10 Code(s) _____

PURPLE/LAVENDER TOP TUBE	GREEN TOP TUBE	URINE / BODY FLUID / CSF
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- LAB1748 CBC with Autodiff, No Manual Diff
- LAB210 CBC with Manual Diff if Auto fails
- LAB1749 Manual Differential
- LAB3322 Erythrocyte Sedimentation Rate (ESR)
- LAB511 Adrenocorticotropic Hormone (ACTH)
- LAB90 Hemoglobin A1c (Glycohemoglobin)
- LAB106 Natriuretic peptide (BNP)

GOLD TOP TUBE

- LAB535 25 Hydroxyvitamin D
- LAB557 Aldosterone
- LAB57 Carcinoembryonic Ag (CEA)
- LAB5336 Celiac Disease Reflex
- LAB61 Cortisol
- LAB86 Follicle Stimulating Hormone (FSH)
- LAB471 Hepatitis B Surface Antigen
- LAB868 Hepatitis C Virus Antibody
- LAB4706 HIV 1/2 Ag/Ab Screen**
- LAB73 Immunoglobulin A
- LAB71 Immunoglobulin G
- LAB72 Immunoglobulin M
- LAB526 Insulin-like GF1 (Somatomedin-C)
- LAB29 Lithium
- LAB87 Luteinizing Hormone (LH)
- LAB144 Pregnancy, Blood, Qualitative
- LAB578 Prostate Specific Ag (PSA), Dx
- LAB124 Testosterone
- LAB5516 Thyroglobulin
- LAB3023 Thyroid antibodies
- LAB126 Thyroxine (T4)
- LAB1197 Treponema pallidum Ab**
- LAB136 Triiodothyronine (T3)

RED TOP (PLAIN, NO SEPARATOR GEL)

- LAB529 Progesterone

BLOOD GAS SYRINGE

Use STAT "CRITICAL FOR CARE" DOWNTIME REQUEST FORM FOR BLOOD GAS AND LACTATE TESTING

- LAB54 Ionized Calcium Whole Blood

- LAB17 Comprehensive Metab Panel (CMP)
- LAB15 Basic Metabolic Panel (BMP)
- LAB20 Hepatic Function Panel
- LAB18 Lipid Panel
- LAB16 Electrolytes Panel
- LAB3582 Beta-hydroxybutyrate (BHB)
- LAB4413 Bilirubin Direct Panel
- LAB50 Bilirubin, Total (neonates only)
- LAB149 C-reactive protein
- LAB62 Creatine kinase
- LAB68 Ferritin
- LAB127 Free T4
- LAB81 Glucose, Fasting
- LAB82 Glucose, Random
- LAB94 Iron
- LAB96 Lactate dehydrogenase (LDH)
- LAB99 Lipase
- LAB103 Magnesium
- LAB113 Phosphorus
- LAB3451 Pregnancy, Quantitative
- LAB5112 Procalcitonin
- LAB531 Prolactin
- LAB108 PTH
- LAB4016 Total Iron Binding Capacity (IBC)
- LAB747 Troponin I (Cherry Creek Lab Only)
- LAB2030 HS Troponin I (UCH Lab Only)
- LAB129 TSH
- LAB141 Uric Acid
- LAB40 Vancomycin

INFECTIOUS DISEASE

- Specify sample type _____
- LAB8664 Group A Strep PCR
 - LAB4739 Chlamydia/GC Genprobe**
 - LAB8918 Trichomonas Genprobe**
- OR
- LAB8915 Chlamydia/GC/Trich Genprobe**
- Use LAB 20023 "CLINICAL LABORATORY MICROBIOLOGY REQUEST" form for Bacterial Culture, Gram Stain, and other Microbiology tests

Specify sample type _____

Timed urine volume _____
 Timed urine start time _____
 Timed urine stop time _____

- LAB347 Urinalysis w/Reflex to Microscopic Exam
- LAB553 Urine Dip Only
- LAB384 Creatinine, Urine, Random
- LAB4846 Creatinine, Timed Urine
- LAB3289 Urine Drugs of Abuse Screen
- LAB439 Protein, Urine, Random
- LAB4853 Protein, Urine, Timed
- LAB212 Cell Count and Differential, CSF
- LAB3330 Cell Count, CSF
- LAB185 Glucose, CSF
- LAB195 Protein, CSF
- LAB3475 Cell Count and Diff, Body Fluid
- LAB209 Cell Count, Body Fluid
- LAB186 Glucose, body fluid
- LAB196 Protein, body fluid

**Unless this testing 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.

OTHER TESTS, PLEASE SPECIFY

(Please use Transfusion Service form for requesting compatibility testing and blood products.)

Some test results may generate additional testing.

Visit **Compliance** at <https://www.uhealth.org/professionals/Pages/Clinical-Laboratory.aspx> to see our Reflex Testing Protocols.