

## DOWNTIME Clinical Laboratory

|                 | Patient Identification Label |
|-----------------|------------------------------|
| Name            |                              |
| MRN             |                              |
| DOB             |                              |
| Date of service |                              |

| DOWNTIME Clinical Laboratory  |   | Date of service                             |   |
|---|---|---|---|
| Stabilize & Hold Request  |   |   |   |
| Patient's full name   |   | Collection time                             | Collection date   |
|   |   |   |   |
| Location  |   | -   | Sharing of tubes will cause delays in testing.  |
| Location phone  |   | COLLECT ONE COMPLETE SET OF BLOOD TUBES PER | Routine samples will be stabilized and performed  |
| Location tube station #   |   |   | after downtime.   |
|   |   | REQUEST FORM                                | Consider delaying specimen collection until after   |
| Ordering provider name/#  |   |   | downtime.   |
| Physicians should only order tests medically necessa<br>Codes which demonstrate the medical necessity of ea |   |   | patient services only, enter the appropriate ICD10  |
| ICD-10 Code(s)  |   | /-  |   |
| PURPLE/LAVENDER TOP TUBE  | CREEN T   | OP TUBE                                     | BLUE TOP TUBE   |
| LAB1748 CBC with Autodiff, No Manual Diff   |   |   | LAB320 Prothrombin Time (PT/INR)  |
| LAB210 ☐ CBC with Manual Diff if Auto fails   |   | bolic Panel (BMP)                           | LAB325 D PTT  |
| LAB1749 ☐ Manual Differential   | LAB20 ☐ Hepatic Fur                               | ` '   | LAB313 □ D-dimer  |
| LAB3322 ☐ Erythrocyte Sedimentation Rate (ESR)  |   |   | LAB314 ☐ Fibrinogen   |
| LAB511 ☐ Adrenocorticotropic Hormone (ACTH)   |   | Panel                                       | LAB317  Unfractionated Heparin Level (Anti-Xa)  |
| LAB90 ☐ Hemoglobin A1c (Glycohemoglobin)  | LAB3582 ☐ Beta-hydrox                             | xybutyrate (BHB)                            | LAB316 ☐ Low Molecular Weight Heparin Level   |
| LAB106 ☐ Natriuretic peptide (BNP)  | LAB4413 ☐ Bilirubin Dir                           | ect Panel                                   | LAB306 ☐ Factor VIII Activity (VIII ACT)  |
|   | LAB50   Bilirubin, To                             | otal (neonates only)                        | URINE / BODY FLUID / CSF  |
| GOLD TOP TUBE   | LAB149 ☐ C-reactive p                             | orotein                                     | Specify sample type   |
| LAB535 ☐ 25 Hydroxyvitamin D  | LAB62 ☐ Creatine kir                              | nase  |   |
| LAB557 ☐ Aldosterone  | LAB68 ☐ Ferritin                                  |   | Timed urine volume  |
| LAB57   | LAB127  Free T4                                   |   |   |
| LAB5336 ☐ Celiac Disease Reflex   | LAB81   | •   | Timed urine start time  |
| LAB61   | LAB82   | andom                                       | Timed urine stop time   |
| LAB86 ☐ Follicle Stimulating Hormone (FSH) LAB471 ☐ Hepatitis B Surface Antigen                             | LAB94 ☐ Iron<br>LAB96 ☐ Lactate deh               | nydrogenase (LDH)                           | LAB347 ☐ Urinalysis w/Reflex to Microscopic Exam  |
| LAB868  Hepatitis C Virus Antibody  | LAB99   Lipase                                    | iyurogenase (LDI I)                         | LAB553 ☐ Urine Dip Only   |
| LAB4706  HIV 1/2 Ag/Ab Screen**   | LAB103  |   | LAB384   Creatinine, Urine, Random  |
| LAB73 □ Immunoglobulin A  | LAB113 □ Phosphorus                               |   | LAB4846  Creatinine, Timed Urine  |
| LAB71 ☐ Immunoglobulin G  | LAB3451 ☐ Pregnancy,                              |   | LAB3289 ☐ Urine Drugs of Abuse Screen   |
| LAB72 ☐ Immunoglobulin M  | LAB5112 ☐ Procalcitoni                            |   | LAB439 Protein, Urine, Random   |
| LAB526 ☐ Insulin-like GF1 (Somatomedin-C)   | LAB531 ☐ Prolactin                                |   | LAB4853 ☐ Protein, Urine, Timed  LAB212 ☐ Cell Count and Differential, CSF                    |
| LAB29 ☐ Lithium   | LAB108 □ PTH                                      |   | LAB3330 Cell Count, CSF   |
| LAB87   Luteinizing Hormone (LH)  | LAB4016 ☐ Total Iron B                            | Sinding Capacity (IBC)                      | LAB185 Glucose, CSF   |
| LAB144   Pregnancy, Blood, Qualitative  | LAB747   Troponin I (                             |   | LAB195 D Protein, CSF   |
| LAB578 ☐ Prostate Specific Ag (PSA), Dx   | LAB2030 ☐ HS Troponi                              | n I (UCH Lab Only)                          | LAB3475 ☐ Cell Count and Diff, Body Fluid   |
| LAB124 ☐ Testosterone   | LAB129 □ TSH                                      |   | LAB209 ☐ Cell Count, Body Fluid   |
| LAB5516  Thyroglobulin  | LAB141 ☐ Uric Acid                                |   | LAB186 ☐ Glucose, body fluid  |
| LAB3023 ☐ Thyroid antibodies  | LAB40 ☐ Vancomycir                                |   | LAB196 ☐ Protein, body fluid  |
| LAB126  Thyroxine (T4)  |   | S DISEASE                                   |   |
| LAB1197 ☐ Treponema pallidum Ab**   | Specify sample type                               |   |   |
| LAB136 ☐ Triiodothyronine (T3)  RED TOP (PLAIN, NO SEPARATOR GEL)   | I ———   |   |   |
| LAB529 Progesterone   | LAB8664 ☐ Group A Sti                             | •   | **Unless this testing meets an exception under<br>Colorado law, by authorizing this order you |
| LAB329 D Flogestelone   | LAB4739 ☐ Chlamydia/                              | •   | understand that Colorado law requires you to inform   |
| BLOOD GAS SYRINGE   | LAB8918  Trichomona                               | as Genprobe**                               | the patient that (1) you have ordered testing for   |
| Use STAT "CRITICAL FOR CARE"  | OR  | CC/Trials Community **                      | sexually transmitted infections; (2) the results may  |
| DOWNTIME REQUEST FORM FOR   | LAB8915 ☐ Chlamydia/<br>LAB3252 ☐ Influenza A     | •   | be reported to Colorado's health department; and (3) the patient can opt out of testing.      |
| BLOOD GAS AND LACTATE TESTING   |   | •   | and patient carropt out or tooling.   |
| LAB54 ☐ Ionized Calcium Whole Blood   |   | INICAL LABORATORY QUEST" form for Bacterial |   |
|   | Culture, Gram Stain, and other Microbiology tests |   |   |
| OTHER TESTS, PLEASE SPECIFY   |   |   |   |
| Please use Transfusion Service form for requesting c  | ompatibility testing and bloom                    | od products.)                               |   |
|   |   |   | ·   |
|   |   |   |   |
|   | Some test results may ge                          | enerate additional testing.                 |   |

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