



**DOWNTIME Clinical Laboratory
STAT Critical for Care 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.

PURPLE/LAVENDER TOP TUBE	GREEN TOP TUBE
LAB294 <input type="checkbox"/> CBC No Auto Diff	LAB17 <input type="checkbox"/> Comprehensive Metabolic Panel (CMP)
LAB210 <input type="checkbox"/> CBC with Manual Diff if Auto fails	LAB15 <input type="checkbox"/> Basic Metabolic Panel (BMP)
LAB106 <input type="checkbox"/> Natriuretic peptide (BNP)	LAB20 <input type="checkbox"/> Hepatic Function Panel
LAB874 <input type="checkbox"/> Cyclosporine	LAB3043 <input type="checkbox"/> Acetaminophen
LAB875 <input type="checkbox"/> Sirolimus Level (Rapamycin)	LAB50 <input type="checkbox"/> Bilirubin, Total (neonates only)
LAB876 <input type="checkbox"/> Tacrolimus	LAB99 <input type="checkbox"/> Lipase
BLUE TOP TUBE	RED TOP PLAIN NO GEL TUBE
LAB320 <input type="checkbox"/> Prothrombin Time (PT/INR)	LAB103 <input type="checkbox"/> Magnesium
LAB325 <input type="checkbox"/> PTT	LAB113 <input type="checkbox"/> Phosphorus
LAB314 <input type="checkbox"/> Fibrinogen	LAB3451 <input type="checkbox"/> Pregnancy, Quantitative
LAB313 <input type="checkbox"/> D-Dimer	LAB3049 <input type="checkbox"/> Salicylates
LAB317 <input type="checkbox"/> Unfractionated Heparin Level (Anti-Xa)	LAB747 <input type="checkbox"/> Troponin I (Cherry Creek Lab Only)
LAB316 <input type="checkbox"/> Low Molecular Weight Heparin (LMWH) Level (Anti-Xa)	LAB2030 <input type="checkbox"/> HS Troponin I (UCH Lab Only)
LAB306 <input type="checkbox"/> Factor VIII Activity (VIII ACT)	LAB40 <input type="checkbox"/> Vancomycin, Random
URINE / CSF / BODY FLUID	LAB41 <input type="checkbox"/> Vancomycin, Peak
LAB347 <input type="checkbox"/> Urinalysis with Reflex to Microscopic Exam	LAB39 <input type="checkbox"/> Vancomycin, Trough
LAB3289 <input type="checkbox"/> Urine Drugs of Abuse Screen	BLOOD GAS SYRINGE
LAB212 <input type="checkbox"/> Cell Count and Differential, CSF	Patient temperature _____
LAB3330 <input type="checkbox"/> Cell Count, CSF	LAB76 <input type="checkbox"/> Arterial Blood Gas
LAB185 <input type="checkbox"/> Glucose, CSF	LAB79 <input type="checkbox"/> Venous Blood Gas
LAB195 <input type="checkbox"/> Protein, CSF	LAB54 <input type="checkbox"/> Ionized Calcium Whole Blood
LAB3475 <input type="checkbox"/> Cell Count and Diff, Body fluid	LAB3637 <input type="checkbox"/> Lactate Whole Blood Arterial
LAB209 <input type="checkbox"/> Cell Count, Body fluid	LAB3638 <input type="checkbox"/> Lactate Whole Blood Venous
LAB186 <input type="checkbox"/> Glucose, Body fluid	MICROBIOLOGY
LAB196 <input type="checkbox"/> Protein, Body fluid	Specify source and site _____
Specify body fluid source _____	LAB8619 <input type="checkbox"/> Blood Culture
GOLD TOP TUBE	LAB250 <input type="checkbox"/> Gram stain
LAB3036 <input type="checkbox"/> Amikacin, Random	To order Blood Parasites, use Microbiology Request (#LAB20023)
LAB3037 <input type="checkbox"/> Amikacin, Peak	
LAB3038 <input type="checkbox"/> Amikacin, Trough	

Use DOWNTIME Clinical Laboratory Transfusion Services Request (#LAB29022) when ordering compatibility testing and blood products.