



**University of Colorado Hospital  
Clinical Laboratory Operating Room Lab Request**

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

Ordering physician (required)	UPI# (required)	Collection date (required)	Time	Collected by
		Room #	Patient Temp	FIO2

**AIP OR → Send to OR Lab** **AOP OR/CVC/Pre-Op/PACU → Send to Main Lab 24/7**

**Sample Requirements – Heparinized syringe**

- LAB8176 ART BLOOD GAS, LYLES, ICA, GLU, HGB
- LAB8177 VEN BLOOD GAS, LYLES, ICA, GLU, HGB
- LAB8168 ART BLOOD GAS, HGB
- LAB8172 VEN BLOOD GAS, HGB
- LAB8170 GLUCOSE *WHOLE BLOOD*
- LAB8171 IONIZED CALCIUM *WHOLE BLOOD*
- LAB8169 ELECTROLYTES (NA, K, CL) *WHOLE BLOOD*
- LAB8175 POTASSIUM
- LAB8178 HEMOGLOBIN *ARTERIAL*
- LAB8179 HEMOGLOBIN *VENOUS*

**Sample Requirements – Blue top tube DO NOT TUBE TO LAB**

- For TEGs after hours & weekends, call 85309 to coordinate.
- TEG orders outside of AIP OR, call 83169 or 85309 to coordinate.

- LAB4604 TEG *W/O HEPARINASE*
- LAB4604 TEG *W/ HEPARINASE*

**Sample Requirements – Heparinized syringe**

- O190957 ART BLOOD GAS, LYLES, ICA, GLU, HGB
- O190959 VEN BLOOD GAS, LYLES, ICA, GLU, HGB
- LAB76 ART BLOOD GAS
- LAB79 VEN BLOOD GAS
- LAB3563 HEMOGLOBIN *ARTERIAL*
- LAB3564 HEMOGLOBIN *VENOUS*
- LAB3027 GLUCOSE *WHOLE BLOOD*
- LAB54 IONIZED CALCIUM *WHOLE BLOOD*
- LAB3000 ELECTROLYTES (NA, K, CL) *WHOLE BLOOD*
- LAB3025 POTASSIUM *WHOLE BLOOD*

**ICD-10 codes here** (required for outpatient)

**Phone # for Critical Values HERE**