

CALL ALERT RESULTS TO :		<input checked="" type="checkbox"/> STAT	PATIENT DEMOGRAPHICS (Emboss Patient Card)
ORDERING PHYSICIAN (REQUIRED):	UPI# (REQUIRED):		
ORDERING PHYSICIAN CLINIC/SERVICE AND CONTACT NUMBER:			
<input checked="" type="checkbox"/> Whole Blood (purple top tube)			
COLLECTION DATE (REQUIRED):	TIME:	COLLECTED BY:	ORDERING UNIT/CLINIC: Enter ICD10 Code(s) here:

Physicians should only order tests medically necessary for the treatment or diagnosis of the patient. For outpatient services only, enter the appropriate ICD9 Codes which demonstrate the medical necessity of each test ordered (REQUIRED).

Intraoperative PTH Protocol

1. Collect **1 Pre Sample** and **1 Post Sample** in purple top tubes.
2. Clearly mark tubes as "PRE" and "POST".
3. Ship the samples using the PTS to the lab, station 132 or 142.
4. **Immediately**, as the carrier leaves your tube station, **CALL EXTENSION 86935**
and tell them you have just shipped an Intraoperative PTH sample.

REQUIRED INFORMATION:

LAB4866 ☒ Intraoperative PTH - PRE

Draw Time PRE: _____

LAB4866 ☒ Intraoperative PTH - POST

Draw Time POST: _____

Time Sent in Pneumatic Tube: _____ *Remember to Call 86935*

Call Results to Extension: _____

Requests may require additional laboratory testing to conform to standards of practice.