



University of Colorado Hospital

Clinical Laboratory Intraoperative PTH Request

STAT

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

Call Alert Results to	Ordering Unit/Clinic	
Ordering Physician (required)	UPI # (Required)	
Ordering Physician Clinic/Service	Ordering Physician Contact Number	
Collection Date (Required)	Collection Time	Collected by
Enter ICD-10 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 ICD-10 codes which demonstrate the medical necessity of each test ordered (REQUIRED).

Green top tube with gel (lithium heparin)

Intraoperative PTH Protocol

1. Collect **1 pre sample** and **1 post sample** in green top with gel (lithium heparin) tubes.
2. Clearly mark tubes at **“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.