

Patient Instructions

All patients must go to Patient Registration prior to going to Laboratory.

FASTING TESTS: *Patient should not eat or drink after previous evening meal - sips of water only. **12-14 hour fast necessary.
ALL TESTS REQUIRING AN ABN WILL BE HIGHLIGHTED IN RED

Pt. Name, Last		First	Init.	SSN#	D.O.B.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Unit No.
Street Address		Town			State and Zip Code		
Home Tel. No.		Work Tel. No.			Employer		
Requesting Office		PCP Name Tel. No.			Copy of Report To:		
Primary Insurance	Policy No.	Subscriber Name		Employer			

Collection Date: _____ **Collection Time:** _____ **Collected By:** _____

DIAGNOSIS AND OTHER CLINICAL INFORMATION:

TEST PANELS - Tests Included in the Panel are Listed Below the Panel		INDIVIDUAL TESTS (cont d)		INDIVIDUAL TESTS (cont d)		INDIVIDUAL TESTS (cont d)	
PST	BASIC METABOLIC PANEL (BAS) Sodium, Potassium, Chloride, CO2, Creatinine, Glucose, BUN, Calcium	L	CBC (w/o Diff) (CBC)	PST	Iron/TIBC (IRON/TIBC)	PST	Valproic Acid (VALP) Next dose _____
**8-10HRS		L	CBC (w/Diff) (CBCD)	PST	LDH (LDH)	PST	Vancomycin Trough (VANCTR) Dose time: _____
PST	COMPREHENSIVE METABOLIC PANEL (COMP) Albumin, T. Bilirubin, Chloride, Creatinine, Glucose, T. Protein, Alk. Phos, AST, ALT, BUN, Calcium, Potassium, Sodium, CO2	PST	Carbamazepine (CARB) Next dose _____	L	Lead, Pediatric (LEADP)	PST	Vitamin B12 (V12)
**8-10HRS		PST	CEA (CEA)	PST	Leutinizing Hormone (LH)	PST	Vitamin B12 and Folate (V12F)
PST	HEPATIC FUNCTION PANEL (HEP) Albumin, T. Bilirubin, D. Bilirubin, AST, ALT, Alk. Phos, T. Protein	PST	Cholesterol (CHOL)	SST	Lithium (LI) Last dose _____	PST	Vitamin D, 25 Hydroxy (VD25OH)
		PST	CK (CK)	PST	Lyme IGG/IGM (LYME)	SST	Vitamin D1, 25 Dihydroxy (VD125DOH)
PST	ELECTROLYTE PANEL (LYTE) Sodium, Potassium, Chloride, CO2	PST	C-Reactive Protein Cardiac (CRPC)	UR	Microalbumin Urine (MICR)		
		PST	C-Reactive Protein Inflammation (CRPI)	SST	Mono Screen (MONO)		
PST	LIPID PANEL (LIP) Cholesterol, Triglycerides, High Density Cholesterol, Calculated LDL	PST	Creatinine (CREA)	R	Myoglobin (MYGS)		
**12-14HRS		PST	Cystic Fibrosis DNA (CFDNA)	STL	Occult Blood (OB)		
L + SST (x2) +R	OBSTETRICS PANEL (OBS) (order set) CBC, HbsAG, Rubella, RPR, Antibody Screen, ABO/RH	B	D-Dimer (DD)	PST	Phenobarbital (PHNB) Next dose _____		MICROBIOLOGY
		PST	Digoxin (DIG) Next dose	PST	Phenytoin (PHEN) Next dose _____	S	Acid Fast Culture (AFC)
R	Acute Hepatitis Panel (AHP) HbsAG, Hepatitis C Ab, HbcAblgM, Hepatitis AlgM	UR	Drug of Abuse Screen (DOAS) Chain	PST	Phosphorus (PHOS)	S	Anaerobe Culture (ANAER)
		PST	Estradiol (ESTS)	L	Platelet (PLT)	YS	Beta Strep Grp B Screen (BSB)
		PST	Ethanol (ETOH)	PST	Potassium (K)	S	Blood Culture (BLOOD)
		MEDIA	Fetal Fibronectin (FFIB)	SST	Progesterone (PROG)	S	Body Fluid Culture (BF)
		PST	Ferritin (FER)	PST	Prolactin (PROL)	STL	C.Diff Toxin (CDIFF)
		PST	Folate (FOL)	SST	PSA (PSA) monitoring screening <input type="checkbox"/>	MEDIA	Chlamydia/GC Gen Probe (CG)
		PST	Follicle Stimulating Hormone (FSH)	B	PT (PTINR)	S	CSF Culture (CSF)
		PST	Free T4 (T4FRE)	B	PTT (PTI)	S	Ear Culture (EAR)
		PST	Gamma-Glutamyl Transferase (GGT)	L	RETIC (RETIC)	S	Eye Culture (EYE)
		PST	Glucose, Fasting (FBS)	PST	Rheumatoid Factor (RF)	S	Fungus Culture (FUN)
		** 8-10HRS	Glucose, Random (GLU)	SST	RPR (RPR)	S	Genital Culture (GEN)
		PST	Glucose, 50 Gram (50GMGLU)	SST	Rubella (RUB)	S	Gram Stain (GS)
		** 8-10HRS	Glucose Tolerance _____ Hrs.	L	Sed Rate (ESR)	MEDIA	Influenza (FLU)
		L	H+H (H+H)	SST	Special Serology (SS) <input type="checkbox"/> Consent Obtained	S	KOH Prep (KOH)
		PST	H. Pylori (HPYA)	PST	T3 Uptake (T3UP)	STL	Nasopharyngeal Culture (NAS)
		SST	HB Core Ab (HBCAB)	PST	Testosterone (TTS)	MEDIA	Ova & Parasite (O+P)
		SST	HB Surface Ab (HBSAB)	PST	Total T3 (TT3)	MEDIA	Respiratory Syncytial Virus (RSV)
		SST	HBsAg (HBSAG)	PST	Total T4 (T4)	S	Sputum Culture (SPUT)
		PPT	HCP by PCR (HCPCR)	PST	Theophylline (THEO) Last dose _____	STL	Stool Culture (STOOL)
		SST	HCG (HCG)	PST	Total Protein (TPRO)	S	Stool WBC Smear (STWBC)
		L	Hemoglobin A1C (HA1C)	PST	Troponin (TI)	S	Throat Culture (THR)
		SST	Hep A Profile (HAP)	PST	TSH (TSH)	S	Throat Beta Grp A Screen (THRbeta)
		SST	Hep C Profile (HCP)	PST	TSH REFLEX (TSHR)	UC	Urine Culture (UR)
		MEDIA	Herpes Simplex Culture (HSVC)	PST	Uric Acid (URIC)	MEDIA	Wet Prep (WET)
				UR	Urinalysis Routine (UA) reflexes to microscopic and/or culture when protocol met	S	Wound (WOU) Source: _____
				UR	Urine Pregnancy (URHCG)		

PATHOLOGY

THIN PREP PAP W/HPV REFLEX TO HPV(PAP) HPV DNA ONLY (HPV DNAHR)
 PAP SMEAR (PAT) (PAP) ROUTINE DIAGNOSTIC SOURCE: VAGINAL ENDO CX
 PREVIOUS SMEAR DATE _____ PREVIOUS SMEAR RESULTS _____ LMP _____
 PREGNANT _____ POST PARTUM _____ POST MENOPAUSAL _____ CONTRACEPTIVE _____
 IUD? _____ HYSTERECTOMY _____ HORMONE REPLACEMENT THERAPY _____
 BREAST FEEDING? _____ DIESTHYSTIL BESTROL? _____ RADIATION _____ CHEMO? _____
 PREVIOUS ABNORMAL SMEARS? _____ IF YES, WHEN? _____ COMMENTS _____

PATHOLOGY EXAM (PAT) (TIS) SPECIMEN: _____
 OPERATION/PROCEDURE: _____

OTHER EXAMS/TESTS REQUESTED: _____

ORDERING PHYSICIAN SIGNATURE: _____ DATE: _____

