# CLINICAL LABORATORY TEST PROCEDURE REQUEST

(For use of this form, see the Madigan Contingency Operations Manual, the proponent agency is Department of Pathology.)
(SEE REVERSE FOR ADDITIONAL INSTRUCTIONS)

## PATIENT INFORMATION *REQUIRED FIELD

| PATIENT NAME (Last, First, Middle Initial) * | GENDER * | DATE OF BIRTH (DD/MM/YYYY) * | DOD ID or MRN * |
|---|---|---|---|
| | ■ M ☐ F | | |

| REQUESTING PHYSICIAN NAME & SIGNATURE | PHONE # /FAX #/ PAGER# * | WARD/CLINIC * |
|---|---|---|
| MAJ COLLINS, ELLIOTT PA-C | 253-512-7608 | WAARNG MEDCOM |

| COLLECTION DATE/TIME * | SPECIMEN SOURCE * | REQUESTED TESTING URGENCY |
|---|---|---|
| | BLOOD/URINE | ✓ ROUTINE 12-24 HRS ☐ ASAP < 2 HRS ☐ STAT < 1 HR |

## TEST REQUESTED

**CHEMISTRY PANELS**

- ■ BASIC METABOLIC (BMP) ANION GAP W/K+, BUN/CREATININE RATIO, CHLORIDE, CO2, CREATININE, GFR (CALCULATED), GLUCOSE, OSMOLALITY (CALC), POTASSIUM, SODIUM AND UREA NITROGEN.
- ☐ NEONATAL- BILIRUBIN DIRECT BILIRUBIN, TOTAL BILIRUBIN
- ☐ COMP METABOLIC TOTAL (CMP) INCLUDES BMP AND HFP, CALCIUM AND PHOSPHORUS DOES NOT INCLUDE BILIRUBIN DIRECT
- ☐ ELECTROLYTE
- ☐ HEPATIC FUNCTION (HFP) ALBUMIN, TOTAL PROTEIN, ALK PHOS, AST, ALT, DIRECT BILIRUBIN AND TOTAL BILIRUBIN
- ☐ IRON PANEL IRON, TIBC, TRANSFERRIN SAT(CALC)
- ■ LIPID PANEL
- ☐ OB PANEL ALBUMIN, ALK PHOS, AST, A/G RATIO, TOTAL BILIRUBIN , CREATININE, LDH, TOTAL PROTEIN, UREA NITROGEN AND URIC ACID
- ☐ RENAL PANEL (RFP) INCLUDES BMP, ALB AND PHOS

**DRUGS / TOXICOLOGY**
INDICATE PEAK TROUGH OR RANDOM, IF APPLICABLE

- ☐ ACETAMINOPHEN
- ☐ CARBAMAZEPINE
- ☐ DIGOXIN
- ■ DRUG SCREEN (URINE)
- ■ ETOH
- ☐ GENTAMICIN
- ☐ LITHIUM
- ☐ PHENYTOIN
- ☐ SALICYLATES
- ☐ VANCOMYCIN

**CEREBROSPINAL FLUID (CSF) ***

- ☐ CRYPTOCOCCUS AG (MICRO)
- ☐ CSF CULTURE (MICROBIOLOGY)
- ☐ CSF MENINGITIS PANEL
- ☐ GLUCOSE PROTEIN (SPEC CHEM)
- ☐ VDRL (CSF) (MICROBIOLOGY)

**CHEMISTRY**

- ☐ AMMONIA
- ☐ AMYLASE
- ☐ CREATININE KINASE(CK)
- ☐ CREATININE KINASE-MB
- ☐ CRP
- ☐ DIRECT BILIRUBIN
- ☐ FERRITIN
- ☐ GGT
- ☐ GLUCOSE
- ☐ HCG, QUANT (SERUM)
- ☐ IRON
- ☐ KETONES
- ☐ LACTATE
- ☐ LDH
- ☐ LIPASE
- ☐ MAGNESIUM
- ☐ PHOSPHORUS
- ☐ POTASSIUM
- ☐ PRO-BNP
- ☐ PROCALCITONIN
- ☐ PTH-INTACT
- ☐ TOTAL BILIRUBIN
- ☐ TOTAL PROTEIN
- ☐ TROPONIN-T
- ☐ TSH, SENSITIVE
- ☐ URIC ACID

**SPECIAL CHEMISTRY**

- ☐ 24-HR URINE CALCIUM
- ☐ 24-HR URINE PHOSPHORUS
- ☐ 24-HR URINE TOTAL PROTEIN
- ☐ 24-HR URINE URIC ACID
- ☐ FETAL FIBRINECTIN
- ☐ GLUCOSE (BODY FLUID) *
- ☐ PROTEIN (BODY FLUID) *
- ☐ SPOT URINE PROT/CREAT
- ☐ PROT, CREAT W/RATIO

**BLOOD GAS**

- ☐ BLOOD GAS, ARTERIAL *
- ☐ BLOOD GAS, VENOUS *
- ☐ CO-OXIMETRY
- ☐ IONIZED CALCIUM

**ANATOMIC PATHOLOGY**
DO NOT USE THIS FORM FOR CYTOLOGICAL OR SURGICAL TISSUE EXAM REQUESTS

**URINE, RANDOM**

- ☐ HCG, QUAL (HEMATOLOGY)
- ☐ PROTEIN (CHEMISTRY)
- ☐ SPOT URINE PROT/CREAT
- ■ URINALYSIS (HEMATOLOGY)
- ☐ URINE CULTURE (MICRO)

**HEMATOLOGY ***

- ☐ BODY FLUID CELL COUNT AND DIFFERENTIAL
- ■ CBC WITH DIFFERENTIAL
- ☐ CRYSTAL EXAM (SYNOVIAL FLUID)
- ☐ ERYTHOCYTE SED RATE (ESR)
- ■ G-6-PD
- ☐ HGB AND HCT
- ☐ KLEIHAUER TEST
- ☐ MONOSPOT
- ☐ RETICULOCYTES
- ☐ SEMEN ANALYSIS
- ■ SICKLE CELL SCREEN
- ☐ SPERM COUNT, POST VAS

**COAGULATION**

- ☐ D-DIMER
- ☐ FIBRINOGEN
- ☐ LOW MOLEC WEIGHT HEPARIN
- ☐ PT (PROTHROMBIN / INR)
- ☐ PTT (APTT)

**BLOOD BANK**

- ☐ ABO / RH GROUP
- ☐ ANTIBODY ID
- ☐ ANTIBODY SCREEN
- ☐ CORD BLOOD
- ☐ DAT
- ☐ FETAL CELL SCREEN

**MICROBIOLOGY ***

- ☐ AEROBIC C&S
- ☐ AFB CULTURE W/SMEAR
- ☐ ANAEROBIC C&S
- ☐ BLOOD CULTURE
- ☐ C-DIFF
- ☐ CT/GC
- ☐ FECAL LEUKOCYTES
- ☐ FUNGAL CULTURE
- ☐ GBS SCREEN
- ☐ GC CULTURE
- ☐ GIARDIA/CRYPTO
- ☐ GRAM STAIN
- ☐ HPV
- ☐ HSV PCR
- ☐ LOWER RESP CULTURE
- ☐ MACROSCOPIC STOOL EXAM
- ☐ MALARIA PANEL
- ☐ MRSA
- ☐ OCCULT BLOOD
- ☐ PIN WORM PREP
- ☐ RAPID FLU
- ☐ RAPID STREP A
- ☐ REDUCING SUBSTANCES-STOOL
- ☐ RESPIRATORY PCR PANEL
- ☐ RPR
- ☐ RAPID RSV
- ☐ STOOL CULTURE
- ☐ THROAT CULTURE
- ☐ UPPER RESP CULTURE
- ☐ WET PREP

**MOLECULAR/OTHER*****

- ■ HIV
- ☐
- ☐
- ☐

## ORDER COMMENTS

Use one form per specimen source (blood and urine specimens may be combined on one form). Indicate both source and site for applicable Micro specimens.
** Commercially performed tests may require additional forms and approvals.

## LAB USE ONLY RETURN

TEMPORARY ACCESSION ID:

## CLINICAL LABORATORY TEST PROCEDURE REQUEST
## *INSTRUCTIONS FOR USE*

Use this form during automated system failures or downtimes (by, electronic health record or lab information system). The form may also be used in areas where access to automated systems is limited (i.e mass casualty triage, cardiopulmonary resuscitation efforts outside of normal clinic/ward locations).

Use standard forms (SF, DD, DA, MAMC, ect.) to the fullest extent possible to request Laboratory Test. SF 518, Blood or Blood Component Transfusion record, must be used during downtime procedures.

This form does not replace forms used for Anatomic Pathology (Cytological and Surgical Tissue Examination Request). Blood or Blood Component Transfusion and Workup of Suspected Transfusion Reactions.

Certain test require prior collection and handling arrangements, additional forms, justification and pathologist approval prior to submission of samples for commercial testing.

### PATIENT INFORMATION -

Requesting Ward/Clinic Health Care Provider must validate patient information and print all information completely and legibly.
Invalid, incomplete or illegible information may result in delayed testing or rejection of request.

Requesting Physician Phone/FAX Numbers are vital for notification in cases of critical test results and/or when patient care issues arise.

Collection Date and Time are required to determine specimen viability.

Specimen Source is required. When submitting specimens from multiple sources, use one request form per specimen source. Blood and urine may be combined on one form. For Microbiology specimens, indicate "Site" of specimen source, if applicable.

Select appropriate Testing Urgency (test from Surgical Services will be upgraded to "Pre-Op" testing urgency).

### TEST REQUESTED -

Test selections are itemized by Testing Section (i.e., Chemistry, Hematology, etc.). (NOTE: Two common specimen sources have been listed for ordering CSF and Urine, Random specimens. The test located under these two categories are also within each of the respective Testing Sections).

For the Drugs/Toxicology Test selection, indicate "Peak", "Trough" or "Random".

If a test is not listed, use the "Other Test" area and/or the "Order Comment". (NOTE: Commercially performed tests may require additional approvals and forms).

### ORDER COMMENT -

Use this area for pertinent clinical comments. May also be used for requesting tests not listed.