

Outpatient Laboratory Requisition

Palm Drive Hospital
501 Petaluma Ave
Sebastopol, CA 95472
Phone: (707) 829-4365
Fax: (707) 829-4312

STAT
 Fasting Random
Date Drawn: _____
Time Drawn: _____
Collected By: _____

Ordering Physician:

Phone: _____
Fax: _____
CC Physicians: _____

Laboratory Hours: Sat & Sun 8 – Noon, Mon-Fri 7a.m. – 6p.m.
Laboratory Director: Steve Mertens, M.D.

PATIENT NAME: LAST FIRST M.I. MALE FEMALE
DOB: _____ DATE: _____

NARRATIVE DIAGNOSIS / ICD9 CODES: *REQUIRED*

PANELS

<input type="checkbox"/> COMPREHENSIVE METABOLIC (S OR PL) GLU, BUN, CREAT, CA, Na ⁺ , K ⁺ , CL ⁻ , CO ₂ , ALB, ALP, ALT, AST, BILI total., PROT total,	<input type="checkbox"/> LIPID (S OR PL) CHOL, HDL, LDL (Calc), TRIGLYCERIDES	<input type="checkbox"/> RENAL (S OR PL) GLU, BUN, CREAT, CA, Na ⁺ , K ⁺ , CL ⁻ , CO ₂ , ALB, PO ₄ ,
<input type="checkbox"/> BASIC METABOLIC (S OR PL) GLU, BUN, CREAT, CA, Na ⁺ , K ⁺ , CL ⁻ , CO ₂ .	<input type="checkbox"/> OBSTETRIC/PRENATAL (S & EDTA) ABO, Rh, AB SCREEN, CBC, HbSAg, RPR, RUBELLA AB-IgG	<input type="checkbox"/> STD (URINE & SERUM) CHLAMYDIA, GC, HEPATITIS PANEL, HIV 1 / 2 AB, RPR
<input type="checkbox"/> ELECTROLYTES (S OR PL) Na ⁺ , K ⁺ , CL ⁻ , CO ₂	<input type="checkbox"/> RHEUMATOID (S OR EDTA) ANA, RF (RA), ESR, URIC ACID, CRP INF	<input type="checkbox"/> URINE DRUG SCREEN AMPH, APAP, BARB, BENZO, COC, METHADONE, METHAMPH, OPIATE, PCP, TCA, THC
<input type="checkbox"/> HEPATIC (S OR PL) ALB, ALP, ALT, AST, BILI direct, BILI total, PROT total,		

REQUIRED INFORMATION

URINALYSIS: C&S IF INDICATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> FOLEY <input type="checkbox"/> VOID <input type="checkbox"/> STRAIGHT CATH	MICROBIOLOGY: STERILE SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO SOURCE _____ ANTIBIOTICS _____	COAGULATION: COAG THERAPY? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE _____ TIME OF LAST DOSE: _____
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CARDIAC <input type="checkbox"/> BNP <input type="checkbox"/> CKMB <input type="checkbox"/> CK <input type="checkbox"/> MYOGLOBIN <input type="checkbox"/> TROPONIN I <input type="checkbox"/> D-DIMER	CHEMISTRY (CONT.) <input type="checkbox"/> CHOLESTEROL <input type="checkbox"/> CREATININE <input type="checkbox"/> DIGOXIN <input type="checkbox"/> GENTAMICIN <input type="checkbox"/> GLUCOSE <input type="checkbox"/> HDL <input type="checkbox"/> LACTATE <input type="checkbox"/> MAGNESIUM <input type="checkbox"/> PHENYTOIN <input type="checkbox"/> PHOSPHORUS <input type="checkbox"/> POTASSIUM <input type="checkbox"/> PROTEIN, TOTAL <input type="checkbox"/> SALICYLATE <input type="checkbox"/> SODIUM <input type="checkbox"/> TRIGLYCERIDES <input type="checkbox"/> URIC ACID <input type="checkbox"/> VANCOMYCIN	MICROBIOLOGY <i>Indicate Source Above</i> <input type="checkbox"/> AEROBIC CULTURE <input type="checkbox"/> ANAEROBIC CULTURE <input type="checkbox"/> AFB CULTURE/SMEAR <input type="checkbox"/> BLOOD CULTURE <input type="checkbox"/> CHLAMYDIA - DNA PROBE <input type="checkbox"/> FUNGUS CULTURE <input type="checkbox"/> GC - DNA PROBE <input type="checkbox"/> GC SCREEN (CULTURE) <input type="checkbox"/> GRAM STAIN <input type="checkbox"/> MRSA SCREEN NARES SWAB <input type="checkbox"/> RAPID H. PYLORI AG - CLO TEST <input type="checkbox"/> STOOL CULTURE <input type="checkbox"/> STREP SCREEN (CULTURE) <input type="checkbox"/> URINE CULTURE	HEMATOLOGY <input type="checkbox"/> CBC & Pits (Auto Diff) <input type="checkbox"/> CBC & Pits (No Diff) <input type="checkbox"/> MANUAL DIFFERENTIAL <input type="checkbox"/> HEMATOCRIT <input type="checkbox"/> HEMOGLOBIN <input type="checkbox"/> PLATELET COUNT <input type="checkbox"/> RETICULOCYTE COUNT <input type="checkbox"/> SEDIMENTATION RATE (ESR) RAPID TESTS <input type="checkbox"/> C. DIFFICILE <input type="checkbox"/> DIRECT STREP <input type="checkbox"/> CULTURE IF NEG: <input type="checkbox"/> AEROBIC or <input type="checkbox"/> SCREEN <input type="checkbox"/> HIV 1/2 RAPID (Auto Reflex to WB if Positive) <input type="checkbox"/> INFLUENZA A+B <input type="checkbox"/> MONOSPOT <input type="checkbox"/> OCCULT BLOOD <input type="checkbox"/> PREGNANCY <input type="checkbox"/> SERUM <input type="checkbox"/> URINE <input type="checkbox"/> Drug Screen Urine	SENDOUT TESTS Use Additional Testing Field below for more tests. <input type="checkbox"/> ANA <input type="checkbox"/> CA 125 <input type="checkbox"/> CEA <input type="checkbox"/> CRP CARDIAC RISK <input type="checkbox"/> CRP INFLAMMATION EVALUATION <input type="checkbox"/> ESTRADIOL <input type="checkbox"/> FERRITIN <input type="checkbox"/> FOLATE (FOLIC ACID) <input type="checkbox"/> FSH <input type="checkbox"/> GIARDIA AG <input type="checkbox"/> H. PYLORI <input type="checkbox"/> HIV 1 / 2 AB SCREEN <input type="checkbox"/> HEMOGLOBIN A1C <input type="checkbox"/> HEPATITIS B SURFACE AB <input type="checkbox"/> HEPATITIS B SURFACE AG <input type="checkbox"/> HEPATITIS C AB <input type="checkbox"/> HEPATITIS C RNA QUANT <input type="checkbox"/> INFLUENZA A - PCR <input type="checkbox"/> IRON & TIBC <input type="checkbox"/> LH	SENDOUTS (CONT.) <input type="checkbox"/> LYME AB SCREEN <input type="checkbox"/> MICROALBUMIN - URINE <input type="checkbox"/> OVA & PARASITES <input type="checkbox"/> PROGESTERONE <input type="checkbox"/> PROLACTIN <input type="checkbox"/> PSA <input type="checkbox"/> PTH INTACT <input type="checkbox"/> RA (RF) QUANT <input type="checkbox"/> RPR <input type="checkbox"/> T3 FREE <input type="checkbox"/> T3 TOTAL <input type="checkbox"/> T4 FREE <input type="checkbox"/> T4 TOTAL <input type="checkbox"/> TACROLIMUS <input type="checkbox"/> TESTOSTERONE, TOTAL <input type="checkbox"/> THYROID AUTO AB <input type="checkbox"/> THYROID PEROXIDASE AUTO AB <input type="checkbox"/> TSH <input type="checkbox"/> VAP CHOLESTEROL <input type="checkbox"/> VITAMIN B12 <input type="checkbox"/> VITAMIN D 25 HYDROXY
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ADDITIONAL TESTING:

PHYSICIAN SIGNATURE (REQUIRED): _____ DATE: _____