



Laboratory Order Form

Requested Test Date: Routine: _____ Urgent within the next 48 hours STAT

Prep Instructions Given: Yes (Specify): _____ No N/A

Patient Information

Name: _____ **Date of Birth:** ____/____/____

Insurance/Policy #: _____ **Pre-Authorization #/Date Range:** _____

Ordering Physician (Please Print): _____ **Clinic:** _____

Physician Signature: _____ **NPI #:** _____ **Date:** _____

Phone Number: _____ **Fax Number for Results:** _____ **Other:** _____

Clinical Reason for Exam (including ICD 10 codes): _____

Hematology	Chemistry Panel (Cont.)	Urine Tests
<input type="checkbox"/> CBC <input type="checkbox"/> D-dimer <input type="checkbox"/> PT/INR <input type="checkbox"/> Sed Rate	<input type="checkbox"/> Chem 8+ BUN, Creatinine, Calcium, CO2, Chloride, Hemoglobin, Hematocrit, Glucose, Potassium, Sodium <input type="checkbox"/> CG8+ pH, pCO2, PO2, Sodium, Potassium, iCA, Glucose, Hemoglobin, Hematocrit, HCO3, TCO2, BE, sO2 <input type="checkbox"/> CG4+ pH, pCO2, PO2, Lactic acid, HCO3, TCO2, BE, sO2	<input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Urine Pregnancy
Chemistry Tests <input type="checkbox"/> Cholesterol <input type="checkbox"/> CK-MB <input type="checkbox"/> Glucose ○ Fasting ○ Random <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Uric Acid	<input type="checkbox"/> Hepatic Function Panel Albumin, Alk phos, ALT, AST, Direct Bilirubin, Total Bilirubin, Total Protein <input type="checkbox"/> Lipase <input type="checkbox"/> Lipid Panel Total Cholesterol, HDL, Triglycerides, LDL, Total Cholesterol/HDL Ratio, VLDL	Rapid Test <input type="checkbox"/> Influenza A/B Screening <input type="checkbox"/> Mononucleosis Test <input type="checkbox"/> RSV <input type="checkbox"/> Strep A
Chemistry Panels <input type="checkbox"/> BNP (Basic Natriuretic Peptide) <input type="checkbox"/> BMP (Basic Metabolic Panel) BUN, Creatinine, Calcium, CO2, Chloride, Glucose, Potassium, Sodium <input type="checkbox"/> BMP + BUN, Creatinine, Calcium, CO2, Chloride, Glucose, Lactate Dehydrogenase, Magnesium, Potassium, Sodium <input type="checkbox"/> CMP (Complete Metabolic Panel) Albumin, Alk phos, ALT, AST, BUN, Creatinine, Calcium, CO2, Chloride, Glucose, Potassium, Sodium, Total Bilirubin, Total Protein	<input type="checkbox"/> Magnesium <input type="checkbox"/> MetLac 12 Albumin, BUN, Creatinine, CO2, Chloride, Glucose, Lactic Acid, Magnesium, Phosphorus, Potassium, Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Qualitative hCG <input type="checkbox"/> Quantitative hCG - up to 2000 IU/L <input type="checkbox"/> Troponin I	Other If there are any requests for individual labs to be completed, please list below: _____ _____ _____ _____ _____

This form must be completed, signed by physician, and presented to the Phoenix ER and Medical Hospital outpatient registration desk prior to any test being performed. Thank You!