

# LABORATORY REQUISITION

**FACILITY:** \_\_\_\_\_  
**CONTACT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**PHONE #:** \_\_\_\_\_  
**FAX #:** \_\_\_\_\_  
Numbers of ☐ G ☐ GRN ☐ GY ☐ LB ☐ L ☐ R  
Specimens: ☐ Urine ☐ Stool ☐ Swab Other: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PATIENT'S NAME:**

\_\_\_\_\_  
(Last) (First) (MI)  
☐ Male ☐ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ MR#: \_\_\_\_\_  
SS#: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider's Signature: \_\_\_\_\_  
Numeric ICD-10 Diagnosis Codes (Medical necessity to support each test is required.): \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION** (Specimens must be registered at NOMC Admissions before testing can be performed and reported if insurance is to be billed.)

Medicare number: \_\_\_\_\_  
Is the patient in a Skilled Nursing Facility bed? ☐ Yes ☐ No If yes, facility assumes financial responsibility for labs ordered.  
Has medical necessity been verified for each test ordered? ☐ Yes ☐ No If no, has a signed ABN been provided? ☐ Yes ☐ No  
Medicaid number: \_\_\_\_\_  
Managed Care: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

**GUARANTOR INFORMATION** (Use only when the patient is NOT responsible for payment.)

Guarantor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	Description		Preferred Specimen Key: G = Gold Tube GRN = Green/Tiger Tube GY = Gray Tube L = Lavender Tube LB = Light Blue Tube	
	Acetaminophen – GRN		Hemoglobin – L	PSA, Screening– G
	Albumin – GRN		Hemoglobin, Glycated (A1C) – L	PSA, Diagnostic - G
	Alcohol – GRN		Hepatic Function-Panel – GRN	PTT – LB
	Alkaline Phosphatase – GRN		Hep A Scrn [HAlG, HAlGM] - G	RA – G
	ALT – GRN		Hep B Scrn [HBcAb, HBsAb, HBsAg] - G	Renal Function Panel – GRN
	Ammonia – GRN Only, Iced, STAT		Hep C Scrn [HCab, HCRNA] - G	Reticulocyte Count – L
	Amylase – GRN		Iron Binding Capacity/% Sat. – GRN	Sedimentation Rate, Auto – L
	AST – GRN		Iron – GRN	Sodium – GRN
	Basic Metabolic-Panel – GRN		Iron Binding Capacity - GRN	Syphilis TP, Reflex to RPR w/titer - G
	Bilirubin/Direct – GRN		Lactic Acid – GY, Iced, STAT	T3 Uptake – GRN
	Bilirubin/Total – GRN		LDH – GRN	T3 Free, GRN
	BUN – GRN		Lipase – GRN	T4 – GRN
	Calcium, Serum – GRN		Lipid Profile - GRN	T4 Free – GRN
	Carbamazepine – GRN		Lithium – G	Thyroid Stimulating Hormone – GRN
	CBC w/Auto Diff – L		Magnesium – GRN	Total Protein Serum – GRN
	CK-MB – GRN Only		Mono Test – G	Troponin I – GRN Only
	Comprehensive Metabolic-Panel – GRN		Natriuretic Peptide Assay (BNP) – L	Uric Acid – GRN
	CPK – GRN		Osmolality/Serum – G	Vancomycin/Random – GRN
	Creatinine – GRN		Phenobarbital – GRN	Vitamin B12 – GRN
	CRP - GRN		Phenytoin – GRN	Vitamin D, 25 - Hydroxy - GRN
	Digoxin – GRN		Phosphorus – GRN	Vitamin D, 1, 25 - Dihydroxy - GRN
	Ferritin – GRN		Potassium – GRN	<b>ADD'L TESTS / SPECIAL INSTRUCTIONS:</b>
	Fibrinogen - LB		Prealbumin – G	
	Folic Acid – GRN		Pregnancy Test/Serum – G	
	Glucose – GRN		PT/INR (On Coumadin) – LB	
	Hematocrit – L		PT/INR ( Not On Coumadin) – LB	

**URINE TESTING**

☐ 24 hr ☐ Random  
☐ CC ☐ Cath

Creatinine Clearance

Creatinine/Random Urine

Drug Screen/Urine

Osmolality/Urine

Potassium/Urine Random

Pregnancy Test/Urine

Protein/Creatinine Ratio

Protein Total Urine

Urinalysis w/ Reflex to Microscopic and Culture

**MICROBIOLOGY**

C. Diff. Antigen/Toxin, Reflex to PCR

Cryptosporidium/Giardia Antigen

Culture/Blood:

Culture/Respiratory Source:

Culture/Stool:

Culture/Urine Source:

Culture/Aerobic Source:

COVID-19/Flu/RSV

COVID-19/Flu/RSV w/ Reflex RVP

Culture/Body Fluid (NO SWABS) Source:

Culture/Tissue (NO SWABS) Source:

Occult Blood/Fecal

Strep A Screen