

LABORATORY REQUISITION

FACILITY: _____

CONTACT: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

Numbers of Specimens: G GRN GY LB L R
 Urine Stool Swab Other: _____

Collection Date	Time	Comments

Contract Lab
FAX ORDERS TO (985) 230-6781

Outpatient Lab (Insurance)
REGISTER AT NOMC ADMISSIONS FIRST

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.)

Policy Number: _____ Policy Holder 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			URINE TESTING
Acetaminophen – GRN	Hep A Scrn [HAIG, HAlGM] - G	Sodium – GRN		<input type="checkbox"/> 24 hr <input type="checkbox"/> Foley Cath <input type="checkbox"/> CC
Albumin – GRN	Hep B Scrn [HBCAb, HBSAb, HBSAg] - G	Syphilis TP, Reflex to RPR w/titer - G		<input type="checkbox"/> In & Out Cath Type: _____
Alcohol – GRN	Hep C Scrn [HCAb, HCRNA] - G	T3 Uptake – GRN		
Alkaline Phosphatase – GRN	Iron Binding Capacity/% Sat. – GRN	T3 Free, GRN		Creatinine Clearance
ALT – GRN	Iron – GRN	T4 – GRN		Creatinine/Random Urine
Ammonia – GRN Only, Iced, STAT	Iron Binding Capacity - GRN	T4 Free – GRN		Drug Screen/Urine
Amylase – GRN	Lactic Acid – GY, Iced, STAT	Thyroid Stimulating Hormone – GRN		Osmolality/Urine
AST – GRN	LDH – GRN	Total Protein Serum – GRN		Potassium/Urine Random
Basic Metabolic-Panel – GRN	Lipase – GRN	HS Troponin – GRN		Pregnancy Test/Urine
BhCG – GRN	Lipid Profile - GRN	Uric Acid – GRN		Protein/Creatinine Ratio
Bilirubin/Direct – GRN	Lithium – G	Vancomycin/Random – GRN		Protein Total Urine
Bilirubin/Total – GRN	Magnesium – GRN	Vitamin B12 – GRN		Urinalysis w/ Reflex to Microscopic and Culture
BUN – GRN	Mono Test – G	Vitamin D, 25 - Hydroxy - GRN		Microbiology
Calcium, Serum – GRN	Natriuretic Peptide Assay (BNP) – L	Vitamin D, 1, 25 - Dihydroxy - GRN (In-House)		C. Diff. Antigen/Toxin, Reflex to PCR
Carbamazepine – GRN	Osmolality/Serum – G	ADD'L TESTS / SPECIAL INSTRUCTIONS:		Cryptosporidium/Giardia Antigen
CBC w/Auto Diff – L	Phenobarbital – GRN	Type & Screen		Culture / Anaerobic Source:
CK-MB – GRN Only	Phenytoin – GRN	Chlamydia / Gonorrhea PCR – Urine or Swab		Culture/Blood:
Comprehensive Metabolic-Panel – GRN	Phosphorus – GRN	Crossmatch # _____		Culture/Respiratory Source:
CPK – GRN	Potassium – GRN	Fetal Bleed Screen		Culture/Stool:
Creatinine – GRN	Prealbumin – G	Gastrointestinal PCR – Stool		Culture/Urine Source:
CRP - GRN	Pregnancy Test/Serum – G	Meningitis Encephalitis PCR		Culture/Aerobic Source:
Digoxin – GRN	PT/INR (On Coumadin) – LB	Nasal MRSA, PCR		COVID-19/Flu/RSV
Ferritin – GRN	PT/INR (Not On Coumadin) – LB			COVID-19/Flu/RSV w/ Reflex RVP
Fibrinogen - LB	PSA , Screening – G			Culture/Body Fluid (NO SWABS) Source:
Folic Acid – GRN	PSA, Diagnostic - G			Culture/Tissue (NO SWABS) Source:
Glucose – GRN	PTT – LB			Occult Blood/Fecal
Hematocrit – L	RA – G			Strep A Screen
Hemoglobin – L	Renal Function Panel – GRN			
Hemoglobin, Glycated (A1C) – L	Reticulocyte Count – L			Laboratory Receive Date / Time / Initials:
Hepatic Function-Panel – GRN	Sedimentation Rate, Auto – L			_____