

LABORATORY MEDICINE PHLEBOTOMY REQUISITION

Legend – Tube Draw Order for Vacutainer Method (Top to Bottom)

- Blue (Sodium Citrate) Tube
- Red (Clot Activator) Tube
- Tiger (Gel) Tube
- Gold (Gel) Tube
- Light Green (Lithium Heparin Gel) Tube
- Dark Green (Lithium Heparin No Gel) Tube
- Lavender (EDTA) Tube

Clinical Diagnosis: _____

Requesting Physician: _____

Additional Copies of Report to: 1. _____

Collection (date & time): _____

Priority: ROUTINE URGENT STAT TIMED (spec)

Check off Test Required	*These Test Require a 10 hr. Fast	Aminoglycosides/TDM's
CBC <input type="checkbox"/> CBC	CK <input type="checkbox"/> CK – Total only	Date of last dose: _____
PT <input type="checkbox"/> PT (INR)	CORT <input type="checkbox"/> Cortisol	Time of last does: _____
APTT <input type="checkbox"/> PTT (APTT)	CREAT <input type="checkbox"/> Creatinine	Dosage administered: _____
FIB <input type="checkbox"/> Fibrinogen Level	LYTE4 <input type="checkbox"/> Electrolytes (Na, K, Cl, CO ₂)	CARBZ <input type="checkbox"/> Carbamazepine (Tegretol)
DDIM <input type="checkbox"/> D-Dimer	FER <input type="checkbox"/> Ferritin	CYCL <input type="checkbox"/> Cyclosporin (Pre)
ALB <input type="checkbox"/> Albumin	GGT <input type="checkbox"/> Gamma GT	CY2 <input type="checkbox"/> Cyclosporin (Post)
ALC <input type="checkbox"/> Alcohol (Ethanol)	GLUFA <input type="checkbox"/> Glucose – Fasting*	DIGI <input type="checkbox"/> Digoxin
ALP <input type="checkbox"/> Alkaline Phosphatase	GLUCR <input type="checkbox"/> Glucose – Random	GENTC <input type="checkbox"/> Gentamicin
AFP <input type="checkbox"/> Alpha-Fetoprotein	HMA1C <input type="checkbox"/> HbA1C	PHENB <input type="checkbox"/> Phenobarbital
ALT <input type="checkbox"/> ALT	IRONB <input type="checkbox"/> Iron and TIBC*	PTNY <input type="checkbox"/> Phenytoin (Dilantin)
LIP <input type="checkbox"/> Lipase	LITH <input type="checkbox"/> Lithium	SIRO <input type="checkbox"/> Sirolimus
AST <input type="checkbox"/> AST	MG <input type="checkbox"/> Magnesium	TACR <input type="checkbox"/> Tacrolimus
BHCG <input type="checkbox"/> Quantitative HCG	OSMO <input type="checkbox"/> Osmolality	TOBRM <input type="checkbox"/> Tobramycin
BILIT <input type="checkbox"/> Bilirubin – Total	PHOS <input type="checkbox"/> Phosphate	VALPR <input type="checkbox"/> Valproic Acid (Epival)
BILIFR <input type="checkbox"/> Bilirubin – Fractionation	TP <input type="checkbox"/> Protein – Total	VANMC <input type="checkbox"/> Vancomycin
CA <input type="checkbox"/> Calcium	PES <input type="checkbox"/> Protein Electrophoresis	<i>✓ one box only. For other Hepatitis markers, please order the 'other tests' section. New reactive results will trigger additional tests.</i>
CEA <input type="checkbox"/> CEA	RHF <input type="checkbox"/> Rheumatoid Factor	HEPPA <input type="checkbox"/> Acute viral hepatitis undefined etiology <i>[Hep A IgM, Hep B S Ag, Hep Bc IgM Ab, Hep C Ab]</i>
CHOL <input type="checkbox"/> Cholesterol – Total*	WASER <input type="checkbox"/> Syphilis Testing	Chronic Viral Hepatitis:
LIPID <input type="checkbox"/> Chol*, Trig*, HDL*, LDL*	TRIG <input type="checkbox"/> Triglyceride*	HPCHR <input type="checkbox"/> Hepatitis B <i>[Hep B S Ab, Hep B S Ag, Hep Bc Tot Ab]</i>
CRPH <input type="checkbox"/> High Sensitive CRPH	THYSA <input type="checkbox"/> TSH	HCAB <input type="checkbox"/> Hepatitis C <i>[Hep C Ab]</i>
IGA <input type="checkbox"/> Immunoglobulin – IgA	TNTHS <input type="checkbox"/> Troponin T HS	Hepatitis Immune Status:
IGG <input type="checkbox"/> Immunoglobulin – IgG	UREA <input type="checkbox"/> Urea	HAABT <input type="checkbox"/> Hepatitis A <i>[Hep A Total Ab]</i>
IGM <input type="checkbox"/> Immunoglobulin – IgM	URIC <input type="checkbox"/> Uric Acid	HBABS <input type="checkbox"/> Hepatitis B <i>[Hep B S Ab]</i>
MONOT/VMONO <input type="checkbox"/> Monotest		CMVA <input type="checkbox"/> Acute CMV <i>[CMV IgM]</i>
		CMV <input type="checkbox"/> Chronic or Past Exposure to CMV <i>[CMV IgG]</i>