



Ward \_\_\_\_\_ Room \_\_\_\_\_  
 HSN \_\_\_\_\_  
 Chart # \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Male  Female  
 D.O.B (dd/mm/yyyy) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

RUH  SCH  SPH  Other \_\_\_\_\_

**DEPARTMENT OF PATHOLOGY AND  
 LABORATORY MEDICINE  
 PHLEBOTOMY REQUISITION**

Clinical Diagnosis: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_

Additional Copies of Report to: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Collection (date & time): \_\_\_\_\_ (Print your Initials)

Priority:  ROUTINE  URGENT  STAT  TIMED (specify): \_\_\_\_\_ (hours)

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