



NAME: _____

PHN: _____

CHART #: _____

D.O.B.: _____ (DD/MM/YYYY)

ADDRESS: _____

PHONE #: _____

MALE FEMALE

DOWNTIME ORDER COMMUNICATION REQUISITION/REFERRAL

WARD: _____ ROOM #: _____

SELECT ONLY ONE SERVICE/FORM: Lab Occupational Therapy Social Work Radiology Physical Therapy
 Admitting/Housekeeping Ultrasound Speech-language Pathology
 Dietics Nuclear Medicine ECG Other _____

PRIORITY: Urgent STAT Routine Today

TRANSPORT: Bed Carry Isolette Portable Stretcher Walk Wheelchair

N/S/CLINIC	DATE/TIME REQ. COMPLETED	HEIGHT	WEIGHT
ORDERING PHYSICIAN (Print first and last name)	ORDERING PHYSICIAN PHONE #	FAX # IF NO PHYSICIAN EMR	
PRECAUTIONS/ISOLATION		MRN	
SPECIMEN COLLECTED BY	DATE/TIME COLLECTED	FOR RADIOLOGY REQUISITION ONLY PREGNANT: <input type="checkbox"/> Yes <input type="checkbox"/> No LMP: _____	
PATIENT ARRIVAL/DEPARTURE TIME		PORTER INITIAL	
ALLERGIES - Refer to <i>Allergy/Intolerance Record</i>	MEDICATIONS (If pertinent to test)		
DIAGNOSIS AND PERTINENT CLINICAL INFORMATION (Required for triage)			

✓	Biochemistry	✓	Biochemistry	✓	BLOOD GASES:	✓	Microbiology (Inpatient and Long Term Care only)
	Albumin (ALB)		Glucose (GLUCR)		Arterial Blood Gas (BGM)		Blood Culture
	Alkaline Phosphate (ALP)		Lipase (LIP)		pO ₂ , pCO ₂ , pH		Urine Culture
	ALT (ALT)		Magnesium (MG)		Venous Blood Gas - Syringe (BGVM)		Aspirate
	AST (AST)		Osmality - Blood (OSMO)		Venous Blood Gas - Tube (BGVT)		CSF
	Beta-Ketone (KETOB)		Osmality - Urine (OSMOU)		Ionized Calcium (CAIS)		Sputum
	BHCG Quantitative (BHCG)		Phosphate (PHOS)		Lactate (LA)		C-Difficile
	Bilirubin, Direct (BILID)		Protein, Total (TP)				Transplant Work-up
	Bilirubin, Total (BILIT)		Toxicology Screen - Urine (UTOX)				
	Calcium (CA)		Troponin (TNTHS)				
	CK (CK)		TSH (THYSA)				
	Cortisol (CORTI)		Urea (UREA)		Hematology		
	Creatinine (CREAT)		Uric Acid (URIC)		Complete Blood Count (CBC)		
	Electrolytes (LYTE4) Na, K, HCO ₃ , Cl		Urinalysis (AUA)		D-Dimer (DDIM)		
			Urine Pregnancy Test (HCGU)		Fibrinogen (FIB)		
					INR (PT)		
					PTT		

Transfusion Medicine, Surgical Pathology, Cytology, Cytogenetics, and HLA: Use current requisitions. Only STAT and URGENT requests will be approved.

OTHER TEST FOR SPECIAL CONSIDERATION: _____

TESTS/SERVICES/ITEMS REQUESTED: _____