



RUH SCH SPH Other _____

NAME: _____

HSN: _____

D.O.B.: _____

DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE
MISCELLANEOUS SPECIMEN REQUISITION

Clinical diagnosis: _____

Requesting physician: _____

Additional copies of report to: 1. _____
2. _____

Collected date/time: _____ Collected by: _____

Priority: Routine STAT

CHECK OFF TESTS REQUIRED:

<p>TIMED URINES (specify):</p> <p><input type="checkbox"/> 24 HOUR</p> <p><input type="checkbox"/> INTERDIALYTIC</p> <p><input type="checkbox"/> OTHER</p> <p>Started (date/time): _____</p> <p>Finished (date/time): _____</p> <p><input type="checkbox"/> NAKUD Sodium/Potassium</p> <p><input type="checkbox"/> UREUD Urea</p> <p><input type="checkbox"/> CREUD Creatinine</p> <p><input type="checkbox"/> CRCL Creatinine Clearance</p> <p><input type="checkbox"/> CRCLC Creatinine Clearance (BSA corrected)</p> <p>ht _____ cm wt _____ kg</p> <p>Height/Weight in metric units only</p> <p><input type="checkbox"/> TPUD Protein</p> <p><input type="checkbox"/> CAUD Calcium</p> <p>Other (specify): _____</p>	<p>RANDOM URINE:</p> <p><input type="checkbox"/> Voided <input type="checkbox"/> Catheterized</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> AUA Urinalysis</p> <p><input type="checkbox"/> HCGU HCG</p> <p><input type="checkbox"/> UTOX Toxicology screen</p> <p><input type="checkbox"/> OSMOU Osmolality</p> <p><input type="checkbox"/> NAKUR Sodium/Potassium</p> <p><input type="checkbox"/> CLUR Chloride</p> <p><input type="checkbox"/> UREUR Urea</p> <p><input type="checkbox"/> CREUR Creatinine</p> <p><input type="checkbox"/> TPUR Protein</p> <p>Other (specify): _____</p>	<p>BLOOD GASES:</p> <p>Specimen type:</p> <p><input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Capillary</p> <p><input type="checkbox"/> ABGM Arterial blood gas & metabolites*</p> <p><input type="checkbox"/> VBGM Venous blood gas & metabolites*</p> <p><input type="checkbox"/> BGVT Blood gas venous tube*</p> <p><input type="checkbox"/> BGCM Capillary blood gas & metabolites*</p> <p><input type="checkbox"/> BGAC Blood gas arterial, cord</p> <p><input type="checkbox"/> BGVC Blood gas venous, cord</p> <p><input type="checkbox"/> CAIS Ionized calcium, serum</p> <p><input type="checkbox"/> CAIB Ionized calcium, whole blood</p> <p><input type="checkbox"/> LA Lactate, whole blood</p> <p><input type="checkbox"/> COMET Carboxyhemoglobin & metabolites</p> <p><input type="checkbox"/> COHB Carboxyhemoglobin</p> <p>* - Creatinine & bilirubin included</p>
<p><u>FOR LAB USE ONLY</u></p> <p>Volume (mL): _____</p>	<p>STOOL</p> <p><input type="checkbox"/> OBFT Occult Blood Fecal</p>	
<p>Other tests (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>CSF</p> <p><input type="checkbox"/> CSFH Cell Count (& diff)</p> <p><input type="checkbox"/> CSFC Glucose/Protein</p> <p>Other (specify): _____</p> <p>Other fluids:</p> <p>Specify type: _____</p> <p>Test required: _____</p> <p>Stones:</p> <p><input type="checkbox"/> CALC Calculus Analysis</p>