

Patient Name <i>Last name</i> <i>First name</i>		Patient MRN	Patient FIN	Patient DOB: (MM/DD/YYYY) / /
Ordering provider information <i>Last name</i> <i>First name</i>		Provider ID number		Patient Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Collection priority <input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Routine <input type="checkbox"/> Timed	Date of Collection	Time of Collection	Complete one order form for each collection date/time	Location (Unit and Bed)
Location <input type="checkbox"/> SGAH <input type="checkbox"/> WAH <input type="checkbox"/> ARHM-R <input type="checkbox"/> ARHM-T	Primary Nurse's Name	Phone or Vocera Number		

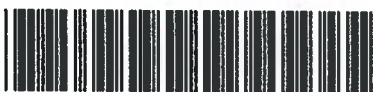
<b>Hematology</b>	<b>Coagulation</b>	<b>Urinalysis</b>	<b>Urine Chemistry</b>
<input type="checkbox"/> CBC w/o Diff	<input type="checkbox"/> PT/INR	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Creatinine, Urine
<input type="checkbox"/> CBC	<input type="checkbox"/> PTT	<input type="checkbox"/> Urine Pregnancy	<input type="checkbox"/> Osmolality, Urine
<input type="checkbox"/> Retic Count	<input type="checkbox"/> Thrombin Time		<input type="checkbox"/> Urine Drug Screen
<input type="checkbox"/> Sedimentation Rate (ESR)	<input type="checkbox"/> Fibrinogen	<b>Blood Bank</b>	<input type="checkbox"/> Potassium, Urine
<input type="checkbox"/> Kleihauer Betke (KBT)	<input type="checkbox"/> D-Dimer	<input type="checkbox"/> ABO/Rh (RhIG Candidate)	<input type="checkbox"/> Sodium, Urine
<input type="checkbox"/> Platelet Count	<input type="checkbox"/> Platelet Function Test	<input type="checkbox"/> ABO Confirmation (Retype)	<input type="checkbox"/> Total Protein, Urine
		<input type="checkbox"/> Cord Hold	
		<input type="checkbox"/> DAT (Direct Coombs)	
		<input type="checkbox"/> Fetal Cell Screen (RhIG Eval)	
		<input type="checkbox"/> Neonatal DAT	
		<input type="checkbox"/> Sickie Screen	
		<input type="checkbox"/> Type & Screen	
		Use Transfusion Orders form for blood products	

<b>Immunology</b>	<input type="checkbox"/> Clostridium difficile	<input type="checkbox"/> Rapid HIV Test	<b>Body Fluid</b>
<input type="checkbox"/> Gastrocult	<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Stool for WBC	# of tubes
<input type="checkbox"/> Influenza	<input type="checkbox"/> RSV	<input type="checkbox"/> Strep Group A (Rapid)	Fluid Type <input type="checkbox"/> CSF <input type="checkbox"/> Peritoneal <input type="checkbox"/> Synovial
<input type="checkbox"/> Malaria Smear	<input type="checkbox"/> Stool for WBC	<input type="checkbox"/> Wet Prep.	<input type="checkbox"/> Cell Count
<input type="checkbox"/> Mono Test	<input type="checkbox"/> Strep Group A (Rapid)		Tube #
<input type="checkbox"/> Occult Blood	<input type="checkbox"/> Wet Prep.		<input type="checkbox"/> Glucose
			<input type="checkbox"/> Protein
			<input type="checkbox"/> Fluid pH
			<input type="checkbox"/> Additional fluid tests:

<b>Chemistry Panels</b>	
<input type="checkbox"/> Basic Metabolic Panel:	Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Calcium, Glucose
<input type="checkbox"/> Comprehensive Metabolic Panel:	Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Glucose, Calcium, Albumin, Alk Phos., AST, ALT, Bilirubin total, Total Protein.
<input type="checkbox"/> Lipid Panel:	HDL, Triglycerides, Cholesterol
<input type="checkbox"/> Liver Panel:	Albumin, Alk. Phos., ALT, AST, Total Protein, Bilirubin total, Bilirubin direct
<input type="checkbox"/> Renal Panel:	Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Calcium, Glucose, Albumin, Phos.
<input type="checkbox"/> Cardiac Panel:	CK, CKMB, Troponin

<b>Chemistry</b>			
<input type="checkbox"/> Acetone	<input type="checkbox"/> Carbon Dioxide (CO <sub>2</sub> )	<input type="checkbox"/> HCG Quant, Plasma	<input type="checkbox"/> Potassium
<input type="checkbox"/> ALT (SGPT)	<input type="checkbox"/> CarboxyHb & MetHb	<input type="checkbox"/> HDL	<input type="checkbox"/> Salicylate
<input type="checkbox"/> Albumin	<input type="checkbox"/> Chloride	<input type="checkbox"/> Hemoglobin A1C	<input type="checkbox"/> Sodium
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Cholesterol	<input type="checkbox"/> iPTH	<input type="checkbox"/> T4, Free
<input type="checkbox"/> Alkaline Phosphatase	<input type="checkbox"/> CKMB	<input type="checkbox"/> Iron	<input type="checkbox"/> Theophylline
<input type="checkbox"/> Ammonia	<input type="checkbox"/> C-Reactive Protein (CRP)	<input type="checkbox"/> Lactate Dehydrogenase (LDH)	<input type="checkbox"/> Tobramycin (specify Random, Peak or Trough)
<input type="checkbox"/> Amylase	<input type="checkbox"/> Creatine Kinase (CK)	<input type="checkbox"/> Lactic Acid	<input type="checkbox"/> Total Iron Binding Capacity
<input type="checkbox"/> APT test (SGAH only)	<input type="checkbox"/> Creatinine, Serum	<input type="checkbox"/> Lipase	<input type="checkbox"/> Total Protein
<input type="checkbox"/> AST (SGOT)	<input type="checkbox"/> Digoxin	<input type="checkbox"/> Lithium	<input type="checkbox"/> Triglycerides
<input type="checkbox"/> Bilirubin, Direct	<input type="checkbox"/> Fetal Fibronectin	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Troponin
<input type="checkbox"/> Bilirubin, Total	<input type="checkbox"/> Gentamicin (specify Random, Peak or Trough)	<input type="checkbox"/> Myoglobin	<input type="checkbox"/> TSH
<input type="checkbox"/> BNP	<input type="checkbox"/> GGT	<input type="checkbox"/> Osmolality, Serum	<input type="checkbox"/> Uric Acid
<input type="checkbox"/> BUN (Urea Nitrogen)	<input type="checkbox"/> Glucose	<input type="checkbox"/> Phenobarbital	<input type="checkbox"/> Valproic Acid
<input type="checkbox"/> Calcium	<input type="checkbox"/> HCG Qual, serum	<input type="checkbox"/> Phenytoin (Dilantin)	<input type="checkbox"/> Vancomycin (specify Random, Peak or Trough)
<input type="checkbox"/> Carbamazepine		<input type="checkbox"/> Phosphorus	

<b>Additional Tests</b>			



S7400191

### General Lab Downtime Order Form

7400-191 (5/14)

Patient Identification