Cincinnati Children's

Laboratory Requisition

CLINICAL LABORATORIES
Phone: 513.636.7355
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www.cincinnatichildrens.org/labs

Place Patient Label Here

PATIENT INFORMATION

Patient Name (Last, First) _____ , _____ **Date of Birth:** _____/_____/_____

Address _____ Phone: _____-_____-_____ Gender: ☐ Male ☐ Female

Medical Record Number: _____ **Collection Date:** _____/_____/_____ **Collection Time:** _____ Priority: ☐ Stat ☐ Routine

Diagnosis (REQUIRED): _____ Bill To: ☐ Pt Self Pay ☐ Insurance ☐ Client (client code:_____)

BILLING INFORMATION

Insurance: _____

Subscriber ID: _____ Group No._____

Address: _____

City/State/ZIP: _____

Phone: _____-_____-_____ Subscriber DOB_____

Subscriber Name/Rel. _____

ORDERING PROVIDER

Ordering Provider Name & Credentials:_____

Phone: (_____) _____ Fax: (_____) _____

_____ _____

Ordering Provider Signature (REQUIRED) Date Time

MEDICAL NECESSITY REGULATIONS: At the government's request, the Clinical Laboratories would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the tests must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

BLOOD

- ☐ 17- OH Progesterone
- ☐ Albumin
- ☐ ALT
- ☐ Alkaline Phosphatase (ALP)
- ☐ Amino Acids, Serum
- ☐ Amylase*
- ☐ ANA Screen
- ☐ Anti-DNAse B
- ☐ APTT*
- ☐ ASO
- ☐ AST
- ☐ Bile Acids, Serum
- ☐ Bilirubin, Direct*
- ☐ Bilirubin, Total*
- ☐ Basic Metabolic Panel (BMP)* *(BUN, Calcium, Creatinine, Electrolytes, Glucose)*
- ☐ Blood Urea Nitrogen (BUN)*
- ☐ Calcium
- ☐ CBC*
- ☐ CBC w/diff*
- ☐ Cholesterol
- ☐ Creatine Kinase (CK)
- ☐ Comp Metabolic Panel (CMP)* *(BMP + Albumin,ALP, ALT, AST, Total Bilirubin, Total Protein)*
- ☐ CMV IgG
- ☐ CMV IgM
- ☐ Creatinine*
- ☐ C-Reactive Protein (CRP)
- ☐ DHEAS
- ☐ EBV IgG
- ☐ EBV IgM
- ☐ EBV Profile *(EBV IgG, EBV IgM, EBNA)*
- ☐ Electrolytes* *(Carbon Dioxide, Chloride, Potassium, Sodium)*
- ☐ Ferritin
- ☐ Fibrinogen*
- ☐ Folate
- ☐ FSH
- ☐ GGT*
- ☐ Glucose*
- ☐ H & H*
- ☐ Hep A IgM
- ☐ Hep B Core Ab
- ☐ Hep B Surface Ab
- ☐ Hep B Surface Ag
- ☐ Hep C Ab
- ☐ Hepatic Profile* *(Albumin, ALT, AST, Total Protein, Total Bili, Direct Bili, ALP)*
- ☐ Hgb A1C
- ☐ Hgb Electrophoresis
- ☐ Hgb S Level
- ☐ HIV 1 RNA PCR
- ☐ HIV Ag/Ab
- ☐ IgA
- ☐ IgE
- ☐ IgG
- ☐ IgG Subclasses
- ☐ IgM
- ☐ Immunoglobulin Profile *(IgA, IgG, IgM)*
- ☐ Insulin
- ☐ Iron
- ☐ LDH*
- ☐ Lead Blood
  - ☐ Capillary
  - ☐ Venous
- ☐ LH
- ☐ Lipase*
- ☐ Lipid Profile *(Cholesterol, HDL, LDL, (Triglycerides)*
- ☐ Magnesium*
- ☐ Mono Spot
- ☐ Phosphorus
- ☐ Potassium*
- ☐ Prealbumin
- ☐ Pregnancy, Serum*
- ☐ Prolactin
- ☐ PT/INR*
- ☐ Renal Profile* *(Albumin, BUN, Calcium, Creatinine, Electrolytes, Glucose, Phosphorus)*
- ☐ Reticulocyte Count*
- ☐ Rheumatoid Factor
- ☐ RPR
- ☐ Sed Rate (ESR)
- ☐ Sodium*
- ☐ T3, Total
- ☐ T4, Total
- ☐ T4 Free by Direct Dialysis
- ☐ Testosterone, Total
- ☐ Testosterone, Free & Total w/SHBG
- ☐ TIBC
- ☐ TPN Profile *(Renal Profile + Magnesium, Total Protein, Globulin, ALT, ALP, AST, GGT, Triglycerides, Total Bili, Direct Bili)*
- ☐ Triglycerides
- ☐ TSH
- ☐ TSH w/reflex to T4 Free
- ☐ TTG IgA
- ☐ Uric Acid*
- ☐ Vitamin B12
- ☐ Vitamin D 25 OH

URINE

- ☐ Amino Acids, Urine
- ☐ Creatinine, Random Urine
- ☐ Drugs of Abuse, Urine 46 Analytes
- ☐ Electrolytes, Urine *(Chloride, Potassium, Sodium)*
- ☐ Organic Acids, Urine
- ☐ Pregnancy, Urine*
- ☐ Urinalysis*
- ☐ Urine Culture
  - ☐ Catheterization
  - ☐ Clean Catch

THERAPEUTIC DRUG MONITORING

- ☐ Amikacin
- ☐ Cyclosporin
- ☐ Gentamicin*
- ☐ Phenobarbital*
- ☐ Sirolimus
- ☐ Tacrolimus
- ☐ Tobramycin*
- ☐ Vancomycin*

MICROBIOLOGY

Source_____

- ☐ Adenovirus Qual
- ☐ Adenovirus Quant
- ☐ B Pertussis/Parapertussis PCR
- ☐ Blood Culture
- ☐ C Diff Toxin
- ☐ Cytomegalovirus Qual
- ☐ Cytomegalovirus Quant
- ☐ Epstein-Barr Virus Qual
- ☐ Epstein-Barr Virus Quant
- ☐ Fecal Calprotectin
- ☐ Flu A/B Ag
- ☐ Fungal Culture
- ☐ GC DNA/Chlamydia DNA
- ☐ Herpes Simplex Vir 1&2 Qual
- ☐ Herpes Simplex Vir 1&2 Quant
- ☐ Occult Blood, Stool
- ☐ Ova and Parasite
- ☐ Ova and Parasite DFA
- ☐ Rotavirus
- ☐ Staph Screen
- ☐ Strep A Molecular Detection
- ☐ Strep Screen Culture, Throat
- ☐ Stool Culture w/ Shigatoxin
- ☐ Wound Culture

BLOOD BANK

All specimens require two identifiers: full name and medical record number or date of birth. Blood Bank collection: WITNESS must observe the patient identification and collection processes in the presence of the patient and certify that labeled specimen matches the requisition for correct patient identification.

Collector Signature/Credentials Printed Name Witness Signature/Credentials Printed Name

- ☐ ABO/Rh Only*
- ☐ Direct Antiglobulin Test (DAT)*
- ☐ Isotiter
- ☐ Type & Screen (ABO/Rh, Ab Screen)

OTHER TESTS/SPECIAL INSTRUCTIONS:

*Available for STAT testing

Total Tests	LAB USE ONLY: FIN#