

Requisition completed by: _____
 Sample collected by: _____
 Physician Name (REQUIRED): _____

Date/Time of Collection: ____/____/____ / ____:____:____
 yyyy mm dd hhmm

Material Submitted: Blood Urine Fluid: _____ (specify)

Light Green (Li Heparin PST)

- Albumin
- Alcohol (Ethanol)
- Alkaline Phosphatase (ALP)
- ALT
- Bilirubin, Total
- Calcium, Total
- Cholesterol, Total
- CK, Total
- Cortisol AM PM
- Creatinine (includes eGFR)
- CRP (High Sensitivity)
- Electrolytes (Na, K, Cl, TCO₂)
- Estradiol
- Ferritin
- FSH
- GGT (γ-Glutamyl Transferase)
- Glucose, Fasting
- Glucose, Random
- Glucose Tolerance Tests***
- 50 g Screen for Gestational Diabetes
 1 hour
- 75 g Confirmation of Gestational Diabetes
 fasting 1 hour 2 hour
- 75 g test for Non-Pregnant Adults
 fasting 2 hour
- *multiple collections require individual requisitions**
-
- Glucose Meter Split Sample**
GM result _____ Operator ID: _____
- Haptoglobin
- Iron**
- Iron % Saturation** (Iron & Transferrin)
- Lactate Dehydrogenase (LDH)
- LH (luteinizing hormone)
- Lipase
- Lipid Profile, Fasting (Chol/Trig/HDL/LDL)
- Magnesium
- PTH (Parathyroid Hormone – Intact)
- Phosphate
- Prolactin
- Protein, Total
- Triglycerides
- Troponin (includes CK)
- Thyroxine, Free (FT4)
- TSH
- Transferrin
- Urea
- Uric Acid

** AM collection recommended

Gold (Gold Top SST)

- AFP
- Beta 2 Microglobulin
- Beta Hydroxybutyrate
(BOHB/Ketones)
- BHCG, Total (HCG)
- Calcium, Ionized
(needs separate tube)
- CA 15-3 (breast)
- CA 19-9 (pancreas)
- CA 125 (ovarian)
- CEA
- C3
- C4
- DHEAS
- Folate, Serum
- IgE (allergy)
- Immunoglobulin, IgG
- Immunoglobulin, IgA
- Immunoglobulin, IgM
- Insulin, Fasting
- Osmolality
- Protein Electrophoresis (SPE)
(needs separate tube)
-
- Progesterone
- PSA, Total
- PSA, Free
- Rheumatoid Factor
- Testosterone**
- Testosterone**, Bioavailable (calculated)
- Thyroid Peroxidase Antibodies
- Thyroglobulin
- Thyroglobulin Antibodies
- Vitamin B12

**Hep Syringe on Ice
or Pediatric Capillary Tube on Ice**

- Blood Gases
FiO₂ _____
- Arterial
- Capillary
- Venous _____

**Hep Syringe on Ice
or Dark Green (Li Heparin, No Gel)
or Pediatric Capillary Tube on Ice**

- Carboxyhemoglobin
- Methemoglobin
- Lactate

Order of Draw

- Blue (Na Citrate) _____
- Black (Na Citrate) _____
- Gold (gel) _____
- Red (no gel) _____
- Lt Green (Li Hep) _____
- Venous Blood Gas (Hep) _____
- Dark Green (Li Hep) _____
- Dark Green (Na Hep) _____
- Lavender (EDTA) _____
- Pink (EDTA) _____
- Royal Blue (K2 EDTA) _____
- Gray (Na Fluoride) _____

Lavender (EDTA)

- (Needs separate tube for each test)
- Ammonia (on ice)
 - Cyclosporin *
 - Cyclosporin 2hr *
 - Folate, RBC
 - HbA1C
 - Tacrolimus (FK506) *
 - Sirolimus *
- * Indicate date and time of last dose
 ____/____/____ / ____:____:____
 yyyy mm dd hhmm

ROUTINE HEMATOLOGY (Lavender)
(Specials on back)

- CBC
- Differential
- ESR (Black)
- Retic Count
- Body Fluid Cell Count & Diff
_____ (collection site)

ROUTINE HEMOSTASIS (specials on back)
(Blue 2.7or 4.5 mL draw)

- *MUST indicate the medication patient is on
- Apixaban (Eliquis)
 - Argatroban
 - Bivalirudin
 - Dabigatran (Pradaxa)
 - Fondaparinux
 - LMWH Heparin (Innohep Tinzaparin, Fragmin Dalteparin, Lovenox Enoxaparin)
 - Rivaroxaban (Xarelto)
 - Unfractionated Heparin
 - Warfarin/Coumadin
 - None of those listed
 - Meds unknown
 - PT (includes INR)
 - PTT
 - PT 50/50 mix
 - PTT 50/50 mix
 - D-Dimer
 - Fibrinogen
 - Thrombin Time

SPECIAL HEMATOLOGY (1-Lavender, unless stated otherwise)

- Eosinophil Smear (Urine)
- G-6-PD, Screen
- Hemosiderin, (Urine)
- Hemoglobinopathy Invest (*please provide ethnic origin for accurate interpretation*): _____
- Heinz Body, Stain (Dark Green- Sodium Heparin)
- Heinz Body, Assay (Dark Green- Sodium Heparin)
- Malarial Smear (Provide Travel History) _____

- Sickle Cell Screen

Pre-Booking Required (call Lab)

- Bone Marrow
- G-6-PD, Assay
- Osmotic Fragility (*on wet ice*)
- Plasma Hemoglobin (Dark Green- Sodium Heparin)
- Pyruvate Kinase, Assay

SPECIAL HEMOSTASIS

(2 Blue 4.5 mL draw - for 1 or more tests)

Von Willebrand Disease (VWD) Testing :

- VWS (*Screening study for VWD includes: FVIII, vWF:Ag, vWF:RCoF*)
- vWF: Multimer

Thrombophilia Testing

- Antithrombin
- Lupus Anticoagulant (LA) testing (*includes DRVVT and PNP*)
- Protein C (Functional)
- Protein S Free (Ag)

(Note: Consult Molecular Genetics for Factor V Leiden)

Other Investigations

- Factor Assay _____ (*please specify clearly*)
- Specific Factor Inhibitor Assay (Bethesda) _____ (*please indicate specific factor*)
- Platelet Aggregation Studies (*must be pre-booked & collected in lab provided collection tubes*)
- HIT (Heparin Induced Thrombocytopenia) (1Blue & 1Red)

Anti-Xa Assay (must indicate heparin type):

- Anti Xa Assay- Unfractionated Heparin
- Anti Xa Assay- Low Molecular Weight Heparin (*Sample MUST be drawn 4hrs after last dose*)
- Anti-Xa Assay- Fondaparinux

Other tests

(Print clearly) _____

URINE TESTING

- Random (*sterile urine container*)
- Timed Start _____ / _____ / _____ Finish _____ / _____ / _____
yyyy/mm/dd hhmm yyyy/mm/dd hhmm

- Amylase
- Calcium §
- Chloride
- Cortisol, Free
- Creatinine
- Creatinine Clearance Test
- Magnesium §
- Albumin/Creatinine Ratio (Microalbumin) (*random preferred*)
- Osmolality
- Oxalate §
- Phosphate §
- Potassium
- Pregnancy Test
- Protein, Total (Protein Creatinine Ratio) (*random preferred*)
- Sodium
- Urea
- Uric Acid
- Urinalysis
- Urine Protein Electrophoresis (*first morning sample preferred*)

OTHER: _____

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> HVA [§] | <input type="checkbox"/> 24 hr [§] | <input type="checkbox"/> Random |
| <input type="checkbox"/> VMA [§] | <input type="checkbox"/> 24 hr [§] | <input type="checkbox"/> Random |
| <input type="checkbox"/> Metanephrines [§] | <input type="checkbox"/> 24 hr [§] | <input type="checkbox"/> Random |
| <input type="checkbox"/> Catecholamines [§] | <input type="checkbox"/> 24 hr [§] | <input type="checkbox"/> Random |

§ Preservative = HCl

Urine Drug Screen

Suspected Drugs (list): _____

Red Tubes: (No gel)

- Acetaminophen
- Carbamazepine*
- Digoxin*
- Gentamicin * Pre Post
 Traditional Dosing Extended Dosing
- Lithium
- Methotrexate (*protect from light*) Dose start time: _____ hhmm
- Phenobarbital*
- Phenytoin*
- Salicylate
- Theophylline*
- Tobramycin* Pre Post
 Traditional Dosing Extended Dosing
- Tissue Transglutaminase (TTG)
- Valproic Acid*
- Vancomycin* Pre Post
 Traditional Dosing Extended Dosing
- Cryoglobulin (*maintain at 37°C and deliver immediately to the Lab*)
- Serum Viscosity

* Indicate date and time of last dose

____ / ____ / ____ / ____
yyyy mm dd hhmm