

## Chemistry/Hematology Requisition

1. PATIENT INFORMATION							
Patient Name (Last, First)				<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB ____ / ____ / ____	
2. BILLING INFORMATION				3. REPORT DELIVERY INFORMATION			
National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.				Attention			
				Account Name			
Account Name				Address			
Address				City		State	Zip
City		State	Zip	<input type="checkbox"/> Duplicate Report Requested			
Billing Contact Name				Name			
Phone		Fax	Phone		Secure Fax		
4. SPECIMEN INFORMATION							
Specimen Source: <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other				<input type="checkbox"/> Raw Specimen OR <input type="checkbox"/> Culture Medium:			
Submitted By				Phone		Fax	
Submitter Specimen #		Actual Specimen Collection Date			Collection Time		
5. CHEMISTRY PANELS				6. HEMATOLOGY			
<input type="checkbox"/> BMP	Basic metabolic panel	<input type="checkbox"/> LYTES	Electrolyte panel	<input type="checkbox"/> CBCND	CBC with no Differential	<input type="checkbox"/> ZG049	Reticulocytes
<input type="checkbox"/> CMP	Comprehensive metabolic panel	<input type="checkbox"/> RENAL	Renal function panel	<input type="checkbox"/> CBCWD	CBC with Differential	<input type="checkbox"/> NAEOS	Nasal eosinophils
<input type="checkbox"/> LIVER	Hepatic function panel	<input type="checkbox"/> ULYTE	Urine Electrolytes	<input type="checkbox"/> CEOSR	Circulating eosinophils	<input type="checkbox"/> SPEOS	Sputum eosinophils
<input type="checkbox"/> LIPID	Lipid panel	<input type="checkbox"/> IRONP	Iron Profile (iron & Iron binding)	<input type="checkbox"/> ESR	Erythrocyte sedimentation rate		
7. COAGULATION				8. THYROID			
<input type="checkbox"/> PPT	Act. partial thromboplastin time	<input type="checkbox"/> TSH	Thyroid stimulating hormone	<input type="checkbox"/> T4	Total T4		
<input type="checkbox"/> DIMER	D-dimer	<input type="checkbox"/> FT4	Free thyroxine (free T4)	<input type="checkbox"/> THYP	Thyroid Panel (Total T4, T3 Uptake, FTI)		
<input type="checkbox"/> PT	Prothrombin time/INR	<input type="checkbox"/> T3UP	T3-Uptake				
9. CHEMISTRY TESTS							
<input type="checkbox"/> ALB	Albumin	<input type="checkbox"/> CL	Chloride	<input type="checkbox"/> GGT	Gamma glutamyl transferase	<input type="checkbox"/> K	Potassium
<input type="checkbox"/> ALP	Alkaline phosphatase	<input type="checkbox"/> CHOL	Cholesterol	<input type="checkbox"/> GLU	Glucose, random	<input type="checkbox"/> NA	Sodium
<input type="checkbox"/> ALT	Alanine Amino Transferase	<input type="checkbox"/> CPK	Creatine phosphokinase	<input type="checkbox"/> GLUF	Glucose, fasting	<input type="checkbox"/> BILIT	Total bilirubin
<input type="checkbox"/> ZAMYL	Amylase	<input type="checkbox"/> CKMB	CKMB Quantitation	<input type="checkbox"/> HDL	HDL cholesterol	<input type="checkbox"/> TP	Total protein
<input type="checkbox"/> AST	Aspartate transaminase	<input type="checkbox"/> CREAT	Creatinine	<input type="checkbox"/> HBA1C	Hemoglobin A1c	<input type="checkbox"/> TRIG	Triglycerides
<input type="checkbox"/> BUN	Urea nitrogen	<input type="checkbox"/> BILID	Direct bilirubin	<input type="checkbox"/> LDH	Lactate dehydrogenase	<input type="checkbox"/> TROP	Troponin
<input type="checkbox"/> CA	Calcium	<input type="checkbox"/> FER	Ferritin	<input type="checkbox"/> MG	Magnesium	<input type="checkbox"/> URIC	Uric acid
<input type="checkbox"/> CO2	Carbon dioxide	<input type="checkbox"/> IRON	Iron	<input type="checkbox"/> PHOS	Phosphorus		
10. URINALYSIS							
<input type="checkbox"/> AUA	Urinalysis Automated (dipstick only)	<input type="checkbox"/> UPREG	Urine beta hCG	<input type="checkbox"/> UDRGS	Urine drug abuse screen	<input type="checkbox"/> UTPR	Urine total protein
		<input type="checkbox"/> UCAR	Urine calcium	<input type="checkbox"/> UKR	Urine potassium	<input type="checkbox"/> UUNR	Urine urea nitrogen
<input type="checkbox"/> UAMIC	Urinalysis Automated (w/ microscopic)	<input type="checkbox"/> UCLR	Urine chloride	<input type="checkbox"/> UPHOR	Urine phosphorus	<input type="checkbox"/> UUAR	Urine uric acid
		<input type="checkbox"/> UCRER	Urine creatinine	<input type="checkbox"/> UNAR	Urine sodium	<input type="checkbox"/> UEOS	Urine Eosinophils
11. MISCELLANEOUS TESTING					12. COMMENTS		
<input type="checkbox"/> FOLAT	Folate/Folic Acid	<input type="checkbox"/> B12	Vitamin B12	<input type="checkbox"/> A1AT	Alpha-1 Antitrypsin Level		
<input type="checkbox"/> PTHCA	Intact parathyroid Hormone + Calcium	<input type="checkbox"/> VITD	Vitamin D 25 Hydroxy Total	<input type="checkbox"/> RF	Rheumatoid Factor		
INTERNAL USE							
Received By		Date	Account#	MRUN		Accession	