LAB ORDER FORM

PATIENT NAME: _____ **DOB:** _____ **MRN :** _____

TO ALL PATIENTS: PLEASE CHECK IN WITH CENTRAL ADMISSIONS BEFORE LABWORK.
INFUSION / RADIOLOGY ONCOLOGY PATIENTS: PLEASE CHECK IN AT YOUR CLINIC
Hours of Operation: Monday - Friday: 8AM - 5PM

133 Route 3, Dededo, Guam 96929
Tel: (671) 645-5500 | Lab Fax: 969-4813
DLS ACCOUNT: 70127

GUAM REGIONAL MEDICAL CITY
Where Patients are Partners

ORDERING DATE: _____
VISIT NUMBER: _____
DIAGNOSIS: _____

☐ **FASTING** ☐ **STAT**
☐ **NON-FASTING** ☐ **NON-STAT**

URINALYSIS & BODY FLUID ANALYSIS

☐ Urinalysis Microscopic Examination + Dipstick (U)
☐ Urine Pregnancy Test (URPREG)
☐ Urine Drug Screen of Abuse (DRUGSC)
☐ WBC Count, Stool
☐ Fecal Occult Blood
☐ Fecal Occult Blood x3

HEMATOLOGY & COAGULATION

☐ Complete Blood Count With Auto Differential (CBC)
☐ Complete Blood Count with Manual Differential (CBCMD)
☐ Hemoglobin (HGB)
☐ Hemoglobin + Hematocrit (HH)
☐ Reticulocyte Count, Manual (RETIC)
☐ Sedimentation Rate (ESR)
☐ Blood Coagulation Panel (BCP)
☐ PT + INR, Plasma (PTINR)
☐ Platelet Count (PLT)
☐ D-Dimer Assay, Plasma (DIME)
☐ Fibrinogen Assay (FIB)
☐ Peripheral Blood Smear (PERSEV)

CHEMISTRY

☐ Basic Metabolic Panel (BMP) *Includes: LYTES, Anion Gap, CA, OSMO, GLU, BUN, CREA, BUN/CREA Ratio, GFR*

☐ Comprehensive Metabolic Panel (CMP)
Includes: BMP + PHOS, ALP, ALT, AST, TBIL, DBIL, IBIL, ALB, GLOB, ALB/GLOB Ratio. TP, CHOL, TRIG, URCA

☐ Cardiac Panel (CARD) *Includes: % CPK, CK, CKMB, TROPI*
Additional: ☐ B-type Natriuretic Peptide (BNP)

☐ Hepatic Function Panel (HEPA)
Includes: ALB, GLOB, ALB/GLOB Ratio, ALP, ALT, AST, GGT, OSMO, TBIL, DBIL, IBIL, TP)

☐ Iron Studies (TIBC) *Includes: Iron Saturation. Iron Serum, Total Iron Binding Capacity.*
Additional: ☐ Ferritin (FER)

☐ Lipid Panel (LIPID) *Includes: CHOL, HDL, CHOL/HDL Ratio, LDL-Calculated, TRIG*
HCG**:** ☐ Serum Quantitative (BHCGQ) or ☐ Serum Qualitative (BHCG)

☐ Renal Function Panel (RFP) *Includes: LYTES, CA, GLU, BUN, CREA, BUN/CREA Ratio, GFR, MG, PHOS, ALB*

☐ Thyroid Cascade Profile (THCP) *Includes: FT4, TSH*
Additional: ☐ Free Thyroxinc (FT4) ☐ Thyroid Stimulating Hormone (TSH)

☐ Ammonia (NH3)
☐ Amylase (AMY)
☐ C Reactive Protein (CRP)
☐ Calcium (CA)
☐ Uric Acid (URAC)
☐ Hemoglobin A1C (A1C)
☐ Lactic Acid (LACT)
☐ Lactate Dehyderogenase (LDH)
☐ Lipase (LIP)
☐ Magnesium (MG)
☐ Phosphorus (PO4)
☐ Ethanol Level (ALCO)

BLOOD BANK

☐ Type + Screen (TNS) Blood Type & Antibody Screen
☐ Blood Typing (ABORH)
☐ Antibody Screen (ABSC)
☐ Crossmatch Interpretation (XMINT)
☐ DAT Polyspecific / Direct Coombs (DATPLY)

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MICROBIOLOGY

- ☐ Blood Culture (CULBLD)
- ☐ Directigen Meningitis (DIRGN1)
- ☐ Stool Culture Screen, VRE (VRE)
- ☐ Gram Stain Only (GS)

RAPID TESTS

☐ Occult Blood ☐ HIV Blood ☐ Strep A ☐ Influenza A & B ☐ RSV

RESPIRATORY SERVICES (BLOOD GAS)

☐ Ph ☐ pCO2 ☐ pO2 ☐ Potassium ☐ Sodium ☐ Lactate ☐ Ionized Calcium

MISCELLANEOUS / SEND OUTS

- ☐ Heparin Induced Antibody (HEPDAB)
- ☐ Hepatitis A AB, Total (ZHEPAB)
- ☐ Hepatitis A AB, IGM (HEPAM)
- ☐ Hepatitis B Core Antibody, Total (HEPBCT)
- ☐ Hepatitis B Core IgM, Antibody (HEPBCM)
- ☐ Hepatitis B DNA, Quant (HBVDNA)
- ☐ Hepatitis B DNA, Quant, PCR (HBVPCR)
- ☐ Hepatitis B Surface Ab, Quant (HBSABQ)
- ☐ Hepatitis B Surface Antibody (HBSAB)
- ☐ Hepatitis B Surface Antigen (HBSAG)
- ☐ Hepatitis B Viral Load Genotype (MISCOR)
- ☐ Hepatitis B Viral Load & Resistance Testing (MISCOR)
- ☐ Hepatitis Be Antibody (HBEAB)
- ☐ Hepatitis Be Antigen (HBEAG)
- ☐ Hepatitis C Antibody (HCVABS)
- ☐ Hepatitis C RNA, Quant, PCR / Hep. C Viral Load (HCVPCR)
- ☐ Hepatitis C Genotype (HCVGEN)
- ☐ HIV 1/2 Ag/Ab with Reflex (HIVSCR)
- ☐ HIV-1 RNA, Quantitative / HIV Viral Load (HIVRQT)
- ☐ HIV-1 DNA, Qualitative, PCR (MISCOR)
- ☐ HIV Resistance Testing (MISCOR)
- ☐ HIV Genotype & Resistance Testing (MISCOR)
- ☐ Alpha-fetoprotein Non-Maternal (AFPTM)
- ☐ Antinuclear Antibody (ANAAB)
- ☐ Beta-2- Glycoprotein I: ☐ IgG ☐ IgA ☐ IgM
- ☐ Beta-2- Microglobulin, Serum (B2MS)
- ☐ C Citrullinated Peptide, IGG / CCP Antibody (MISCOR)
- ☐ C Peptide, Serum (CPEPS)
- ☐ Cancer Antigen (CA): ☐ 125 ☐ 15.3 ☐ 19-9 ☐ 27.29
- ☐ Carcinoembryonic Antigen (CEA)
- ☐ Cortisol:
  ☐ AM ☐ PM ☐ Free ☐ No Time ☐ Free Urine
- ☐ Factor V Leiden Mutation (FVLMUT)
- ☐ Flow Cytometry, Leukemia Lymphoma Panel (SP)
- ☐ Homocysteine: ☐ Serum(HMSTS) or ☐ Urine(HMSTU)
- ☐ Immunoglobulins: ☐ IgA ☐ IgE ☐ IgG ☐ IgM
- ☐ Immunofixation Electrophoresis, Serum (IFEPSP)
- ☐ Jak 2 Mutation Analysis Profile (JAK2P)
- ☐ Liver Fibrosis Panel, FibroTest (LIVFIB)
- ☐ Kappa & Lambda Light Chains, Serum:
  ☐ Free(KCHF) ☐ Total(KCHT)
- ☐ Prostate Specific Antigen, Total (PSA)
- ☐ Prostate Specific Antigen w/ Reflex to Free PSA (MISCOR)
- ☐ Protein Electrophoresis:
  ☐ Serum(PRTEPS) ☐ Urine(PRTEPU)
- ☐ Vitamin B12 + Folate (B12FOL)
- ☐ Vitamin B12, Serum (VB12)

COMMENTS OR ADDITIONAL LABORATORY TESTS NOT LISTED:

PROVIDER: PRINT NAME & SIGNATURE

ORDERING UNIT/ CLINIC & PHONE NUMBER