

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

133 Route 3, Dededo, Guam 96929

Tel: (671) 645-5500 | Lab Fax: 969-4813

DLS ACCOUNT: 70127

Hours of Operation: Monday - Friday: 8AM - 5PM



ORDERING DATE: _____

FASTING

STAT

VISIT NUMBER: _____

NON-FASTING

NON-STAT

DIAGNOSIS: _____

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)

Blood Coagulation Panel (BCP)

Complete Blood Count with Manual Differential (CBCMD)

PT + INR, Plasma (PTINR)

Hemoglobin (HGB)

Platelet Count (PLT)

Hemoglobin + Hematocrit (HH)

D-Dimer Assay, Plasma (DIME)

Reticulocyte Count, Manual (RETIC)

Fibrinogen Assay (FIB)

Sedimentation Rate (ESR)

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 Thyroxine (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 Dehydrogenase (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)



N.0193

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MICROBIOLOGY

- | | |
|---|--|
| <input type="checkbox"/> Blood Culture (CULBLD) | <input type="checkbox"/> Stool Culture Screen, VRE (VRE) |
| <input type="checkbox"/> Directigen Meningitis (DIRGN1) | <input type="checkbox"/> 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

- | | |
|---|---|
| <input type="checkbox"/> Heparin Induced Antibody (HEPDAB) | <input type="checkbox"/> Alpha-fetoprotein Non-Maternal (AFPTM) |
| <input type="checkbox"/> Hepatitis A AB, Total (ZHEPAB) | <input type="checkbox"/> Antinuclear Antibody (ANAAB) |
| <input type="checkbox"/> Hepatitis A AB, IGM (HEPAM) | <input type="checkbox"/> Beta-2- Glycoprotein I: <input type="checkbox"/> IgG <input type="checkbox"/> IgA <input type="checkbox"/> IgM |
| <input type="checkbox"/> Hepatitis B Core Antibody, Total (HEPBCT) | <input type="checkbox"/> Beta-2- Microglobulin, Serum (B2MS) |
| <input type="checkbox"/> Hepatitis B Core IgM, Antibody (HEPBCM) | <input type="checkbox"/> C Citrullinated Peptide, IGG / CCP Antibody (MISCOR) |
| <input type="checkbox"/> Hepatitis B DNA, Quant (HBVDNA) | <input type="checkbox"/> C Peptide, Serum (CPEPS) |
| <input type="checkbox"/> Hepatitis B DNA, Quant, PCR (HBVPCR) | <input type="checkbox"/> Cancer Antigen (CA): <input type="checkbox"/> 125 <input type="checkbox"/> 15.3 <input type="checkbox"/> 19-9 <input type="checkbox"/> 27.29 |
| <input type="checkbox"/> Hepatitis B Surface Ab, Quant (HBSABQ) | <input type="checkbox"/> Carcinoembryonic Antigen (CEA) |
| <input type="checkbox"/> Hepatitis B Surface Antibody (HBSAB) | <input type="checkbox"/> Cortisol: |
| <input type="checkbox"/> Hepatitis B Surface Antigen (HBSAG) | <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Free <input type="checkbox"/> No Time <input type="checkbox"/> Free Urine |
| <input type="checkbox"/> Hepatitis B Viral Load Genotype (MISCOR) | <input type="checkbox"/> Factor V Leiden Mutation (FVLMUT) |
| <input type="checkbox"/> Hepatitis B Viral Load & Resistance Testing (MISCOR) | <input type="checkbox"/> Flow Cytometry, Leukemia Lymphoma Panel (SP) |
| <input type="checkbox"/> Hepatitis Be Antibody (HBEAB) | <input type="checkbox"/> Homocysteine: <input type="checkbox"/> Serum(HMSTS) or <input type="checkbox"/> Urine(HMSTU) |
| <input type="checkbox"/> Hepatitis Be Antigen (HBEAG) | <input type="checkbox"/> Immunoglobulins: <input type="checkbox"/> IgA <input type="checkbox"/> IgE <input type="checkbox"/> IgG <input type="checkbox"/> IgM |
| <input type="checkbox"/> Hepatitis C Antibody (HCVABS) | <input type="checkbox"/> Immunofixation Electrophoresis, Serum (IFEPSP) |
| <input type="checkbox"/> Hepatitis C RNA, Quant, PCR / Hep. C Viral Load (HCVPCR) | <input type="checkbox"/> Jak 2 Mutation Analysis Profile (JAK2P) |
| <input type="checkbox"/> Hepatitis C Genotype (HCVGEN) | <input type="checkbox"/> Liver Fibrosis Panel, FibroTest (LIVFIB) |
| <input type="checkbox"/> HIV 1/2 Ag/Ab with Reflex (HIVSCR) | <input type="checkbox"/> Kappa & Lambda Light Chains, Serum: |
| <input type="checkbox"/> HIV-1 RNA, Quantitative / HIV Viral Load (HIVRQT) | <input type="checkbox"/> Free(KCHF) <input type="checkbox"/> Total(KCHT) |
| <input type="checkbox"/> HIV-1 DNA, Qualitative, PCR (MISCOR) | <input type="checkbox"/> Prostate Specific Antigen, Total (PSA) |
| <input type="checkbox"/> HIV Resistance Testing (MISCOR) | <input type="checkbox"/> Prostate Specific Antigen w/ Reflex to Free PSA (MISCOR) |
| <input type="checkbox"/> HIV Genotype & Resistance Testing (HIV1GR) | <input type="checkbox"/> Protein Electrophoresis: |
| | <input type="checkbox"/> Serum(PRTEPS) <input type="checkbox"/> Urine(PRTEPU) |
| | <input type="checkbox"/> Vitamin B12 + Folate (B12FOL) |
| | <input type="checkbox"/> Vitamin B12, Serum (VB12) |

COMMENTS OR ADDITIONAL LABORATORY TESTS NOT LISTED:

PROVIDER: PRINT NAME & SIGNATURE

ORDERING UNIT/ CLINIC & PHONE NUMBER