

Yale New Haven Hospital Department of Laboratory Medicine General Laboratory Requisition

20 York Street, New Haven, Connecticut 06510-3202

HIC # _____ UNIT NO. _____ NAME _____ <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Known BIRTH DATE: _____ VISIT NUMBER: _____ (if handwritten, record name, unit no., birth date, and visit no.) Ordering Physician (First & Last Name) _____ <input type="checkbox"/> YNHH Phlebotomy draw Drawn By _____	Name of Clinic _____ Address _____ Telephone _____ Fax _____ <b style="text-align: center;">Specimen Info Date Collected _____ Time Collected _____ <input type="checkbox"/> Blood <input type="checkbox"/> Fluid _____ <input type="checkbox"/> Timed Urine <input type="checkbox"/> CSF <input type="checkbox"/> Spot Urine Start Date/Time _____ <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Other _____ End Date/Time _____ Diagnosis / ICD 10 Code _____ (required)
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X	Test Name	Lab #	X	Test Name	Lab #	X	Test Name	Lab #	X	Test Name	Lab #
PANELS			Cyclosporin			Occult Blood, StoolX3			Research Draw		
<i>*Any Panel component may be ordered separately</i>			Digoxin			Parvovirus B19 IgG			7158		
Electrolyte Panel			2941			Parvovirus B19 IgM			3328		
Hepatic Function Panel			2946			Parvovirus B19 PCR			6934		
Basic Metabolic Panel			873			Phenytoin			31		
Comp Metabolic Panel			68			Phosphate			113		
Lipid Panel			10535			Platelet Count			3682		
Acute Hepatitis Panel			69			Potassium			114		
Chronic Hepatitis Panel			81			Protein, CSF			195		
Hepatitis B Panel			9305			Protein, EP **			119		
ALPHABETICAL LIST			879			<i>** Interpretation by Clinical Pathologist</i>			Research Draw		
<i>*Any component may be ordered separately</i>			169			Protein, Total			118		
A1c Hemoglobin			164			Protein, Urine			439		
AFP (Tumor Marker)			89			Prothrombin Time/INR			320		
Albumin			7119			PSA, Free			171		
Alk Phos			798			PSA, Screening			116		
ALT			472			PSA, Total			3389		
ANA			471			PTT			2315		
Antibody Screen			3062			Reticulocyte			296		
AST			868			Rheumatoid Factor			206		
Bilirubin, Direct			915			Ristocetin Cofactor			4690		
Bilirubin, Total			887			Rubella, IgG			496		
Blood Grp & Rh			3037			Sirolimus			875		
Bone Marrow Stain			101			Tacrolimus			876		
BUN			3053			TEGHEP			8568		
CA 125			753			TEGNOHEP			8569		
CA 15.3			288			Thyroid Indices ¹			EFTP		
Calcium			8454			¹ Thyroxin, thyroxin binding capacity (TBC),			Processing:		
Carbamazepine			919			<i>Estimated free thyroxin (EFT)</i>			Processing:		
CBC w/ Diff			71			TSH, Thyrotropin			129		
CBCNO			73			Triglycerides			134		
CEA			72			Uric Acid			141		
Cholesterol			829			Urine Drugs of Abuse			5267		
CMV DNA PCR (Quant), Blood			96			<i>(see note 1 on reverse)</i>			Processing:		
<i>requires doc. of collection time, repl w/in 6hrs. of collection</i>			87			VDRL			3621		
CMV ,IgG			86			Vitamin B12			67		
CMV, IgM			99			VZV Ab, IgG			162		
Complement C3			4977			OTHER TESTS					
Complement C4			103			Spin & Save refrigerate			3520		
Cortisol			7768			Spin & Save frozen			6520		
CPK			657								
Creatinine			546								
C-Reactive Protein(hs)			3093								

SPECIMEN COLLECTION CODE: GR-GRAY R-RED G-GREEN B-LIGHT BLUE P-PINK L-LAVENDER LG-LIGHT GREEN UR-URINE

This requisition serves as documentation that these services were ordered by a health care professional authorized to order laboratory tests and are medically necessary. Documentation of medical necessity is contained within the healthcare professional's patient records. The signature of the ordering healthcare provider and diagnosis information (ICD 10 code or narrative) are REQUIRED.

Comments/Clinical Information _____
 Authorizing Physician Signature _____

Reflex Testing

HBsAg w/ reflex: HBeAg and anti-HBe done if HBsAg positive to assess infectivity. Anti-HBc total done if HBsAg positive to confirm specificity. Neutralization of positive samples done if necessary (i.e. first positive, low positive, and/or anti-HBc total negative)

anti-HBc total w/ reflex: anti-HBc IgM done if anti-HBc total positive.

Urinalysis: Microscopic exam performed when macroscopic exam is abnormal.

HCV Ab w/reflex: HCV RIBA done if HCV EIA low positive.

HIV-1 Ab w/reflex: Western Blot done if positive.

ANA w/reflex: Titer & pattern done if positive.

VDRL w/reflex: FTA done if VDRL is reactive.

Hemoglobin Screen: abnormal confirmed by electrophoresis.

Smear scan on white-blood cell, manual differential performed on abnormal automated differentials.

Definition of Panels

Electrolyte Panel: Na, K, Cl, CO₂

Hepatic Function: Alb, Globulin, AST, ALT, ALK, Phos, Bili T, Bili D, T Protein

Basic Metabolic: Na, K, Ca, Cl, CO₂, Glucose BUN, Creatinine

Comp Metabolic: Na, K, Cl, CO₂, Glucose, Ca, BUN, Creatinine, T Protein, Alb, Globulin, AST, Alk Phos, Bili T, ALT

Lipid Panel: Chol, Trig, HDL, LDL Calculation

Acute Hepatitis Panel: anti-HAV IgM, anti-HBc total w/reflex, HBsAg w/reflex, anti-HCV

Chronic Hepatitis Panel: HBsAg w/ reflex, anti-HBs, anti-HBc total w/reflex, anti-HCV

Hepatitis B Panel: HBsAg, anti HBc total w/reflex, anti-HBs

Lupus Anticoagulant Panel: RVVT (119), PTT(54) if PTT abnormal, reflex to Mixing Study (50, 51) and Phospholipid Neutralization (208)

Hypercoagulable Panel: APC Resistance (188), Antithrombin 3 (77), Protein C (168), Protein S, functional (227) - If abnormal reflex to Protein S, free and total Antigen (99, 98)

vWD Panel: vWF Ag (73), Ristocetin Cofactor (72), F.VIII activity (65)

Coagulopathy Panel: Coagulation factors available are Factors XI (68), IX (66), VII (64), V (63), II (62), X (67), XIII (69)

Blood Parasites: Malaria and Babesia include smear review and Binax, Ehrlichia, includes smear review ^{††}

(1) Urine Toxicology Notes

- **Requires 30 ml of urine**
- **Urine Drugs of Abuse Panel:** Amphetamine group*, Barbiturates*, Benzodiazepines, Cocaine Metabolites*, Methadone*, Opiates[†], Oxycodone and PCP*.

* Positive results of these drugs are confirmed by additional testing. If confirmation of benzodiazepines is desired, please contact the Laboratory (203-688-2444).

[†] Opiate assay detects morphine and codeine with high sensitivity but does not routinely detect therapeutic levels of oxycodone. However, a sensitive and specific assay for oxycodone is included in the panel. For additional qualitative evaluation of opiate exposure, please contact the Laboratory (203-688-2444).
- More comprehensive toxicology testing services are available. For additional information, please contact the Laboratory (203-688-2444).
- **No chain of custody provided, results are intended for medical purposes only.**