

PATHOLOGY

TESTING / DIAGNOSTIC / SCREENING REQUISITION-
 DRUG ANALYSIS / SPECIAL CHEMISTRY LABORATORY
 REQUISITION & PHYSICIAN ORDER

**RESULTS
 REPORTING
 LOCATION
 CODE:**

MWK

Label with SOURCE PATIENT

**Name and MRN
 (NOT employee)**

Charge to 7000-3235-9952

- Routine
- STAT

ORDER DATE: ____/____/____
 (mm/dd/yyyy)

ICD-9 Code/Diagnosis: V01.8		Ordering Clinician to receive report: <input type="checkbox"/> See label above Physician/NP/PA Name and Signature	UMHS Dr. #: _____
Collected by: _____		Attending Physician: (if different from above) Stoneman	UMHS DR.# 14442
Collected Date: ____/____/____	Collection Time: ____:____am/pm		

DRUG ANALYSIS

<input type="checkbox"/> ACTMN Acetaminophen S	<input type="checkbox"/> LIDO Lidocaine S	<input type="checkbox"/> VANPK Vancomycin, Peak R	
<input type="checkbox"/> AMKR Amikacin S	<input type="checkbox"/> LEAD Lead RB	<input type="checkbox"/> VANTR Vancomycin, Trough R	
<input type="checkbox"/> AMKPK Amikacin, Peak S	<input type="checkbox"/> LITH Lithium S	<input type="checkbox"/> ZINC Zinc N	
<input type="checkbox"/> AMKTR Amikacin, Trough S	<input type="checkbox"/> MTX Methotrexate R,G	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> AMTRP Amitriptylin/Nortriptyline R,G	<input type="checkbox"/> PENTO Nembutal (Pentobarbital) R	IMMUNOSUPPRESSANT DRUGS:	
<input type="checkbox"/> CAF Caffeine R	<input type="checkbox"/> NORT Nortriptyline R,G	<input type="checkbox"/> MPA Mycophenolic Acid R	
<input type="checkbox"/> CBZN Carbamazepine R	<input type="checkbox"/> OXCRB Oxcarbazepine R,G	<input type="checkbox"/> SIRO Sirolimus L	
<input type="checkbox"/> FCBZN Protein Free Carbamazepine R,G	<input type="checkbox"/> PHENO Phenobarbital R	<input type="checkbox"/> TACRO Tacrolimus L	
<input type="checkbox"/> CLOM Chlomid/Norclomipramine R	<input type="checkbox"/> DIL Phenytoin R	<input type="checkbox"/> EVERO Everolimus L	
<input type="checkbox"/> COPP Copper R	<input type="checkbox"/> FDIL Protein Free, Phenytoin R	DRUG SCREENS	
<input type="checkbox"/> COPPU Copper, Urine 24 U	<input type="checkbox"/> PRIM Primidone R	<input type="checkbox"/> UDSIA Urine Drug Screen, Immunoassay U	
<input type="checkbox"/> CYCLO Cyclosporine L	<input type="checkbox"/> PROC Procainamide/NAPA R	<input type="checkbox"/> GCMS Urine Drug Screen, Mass Spec U	
<input type="checkbox"/> DESI Desipramine R,G	<input type="checkbox"/> QUIN Quinidine R	<input type="checkbox"/> ALCO Toxicology, Volatile Screen/GC G	
<input type="checkbox"/> DIG Digoxin R	<input type="checkbox"/> SAL Salicylate S	<input type="checkbox"/> ETHAN Ethanol S	
<input type="checkbox"/> DXPN Doxepin/Desmethyl Doxepin R,G	<input type="checkbox"/> TOBR Tobramycin S	<input type="checkbox"/> ETGLU Ethyl Glucuronide U	
<input type="checkbox"/> CEPOX Expoxide-Carbamazepine R	<input type="checkbox"/> TOBPK Tobramycin, Peak S	<input type="checkbox"/> OXYC Oxycodone, Urine U	
<input type="checkbox"/> GENR Gentamicin S	<input type="checkbox"/> TOBTR Tobramycin, Trough S	<input type="checkbox"/> UBUP Buprenorphine, Urine U	
<input type="checkbox"/> GENPK Gentamicin, Peak S	<input type="checkbox"/> THEO Theophylline S	<input type="checkbox"/> UPCP Phencyclidine, Urine U	
<input type="checkbox"/> GENTR Gentamicin, Trough S	<input type="checkbox"/> VALP Valproic Acid R	<input type="checkbox"/> UMETM Methadone Metabolite, Urine U	
<input type="checkbox"/> IMPN Imipramin/Desipramine R,G	<input type="checkbox"/> FVALP Protein Free Valproic Acid R	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> LAMOT Lamotrigine R,G	<input type="checkbox"/> VANR Vancomycin R		

SPECIAL CHEMISTRY

<input type="checkbox"/> ACE ACE S	<input type="checkbox"/> PCAT Plasma Catecholamines G	INFECTIOUS DISEASE TESTING	
<input type="checkbox"/> ACTH ACTH L	<input type="checkbox"/> PROG Progesterone S	FOR QUANTITATION (VIRAL LOAD) SEE MICRO REQ.	
<input type="checkbox"/> ALD Aldolase S	<input type="checkbox"/> PYRUV Pyruvic Acid	<input type="checkbox"/> HHH Acute Hepatitis Panel S	
<input type="checkbox"/> SALDO Aldosterone, Serum S	<input type="checkbox"/> 17OHP 17-OH-Progesterone S	(HBSAG,HBCMAB,HAMAB,HCAB)	
<input type="checkbox"/> AFP Alpha Feto Protein, Serum S	<input type="checkbox"/> PCT Procalcitonin S	<input type="checkbox"/> HBSAG Hepatitis B Surface Antigen S	
<input type="checkbox"/> ANDRO d-4-Androstenedione S	<input type="checkbox"/> PRL Prolactin S	<input type="checkbox"/> HBSAB Hepatitis B Surface Antibodv S	
<input type="checkbox"/> B2MIC B-2-Microglobulin S	<input type="checkbox"/> PSA Prostate-Specific Antigen S	<input type="checkbox"/> HBCAB Hepatitis B Core Antibodv S	
<input type="checkbox"/> CPEP C-Peptide G	<input type="checkbox"/> DPSA PSA, for PCA dx patients S	<input type="checkbox"/> HAAB Hepatitis A Antibodv S	
<input type="checkbox"/> CA125 CA 125 S	<input type="checkbox"/> PSASS PSA, Supersensitive S	<input type="checkbox"/> HAMAB Hepatitis A Antibodv, IaM S	
<input type="checkbox"/> CA153 CA 15-3 S	<input type="checkbox"/> PRA Renin Activity L	<input checked="" type="checkbox"/> HCAB Hepatitis C Antibody S	
<input type="checkbox"/> CA199 CA19-9 S	<input type="checkbox"/> IGF1 Somatomedin-C (IGF-1) S	<input type="checkbox"/> AHBE Hepatitis Be Antibodv S	
<input type="checkbox"/> CEA Carcino-Embrvonic Antigen S	<input type="checkbox"/> TESTO Testosterone S	<input type="checkbox"/> HBE Hepatitis Be Antigen S	
<input type="checkbox"/> CORT Cortisol S	<input type="checkbox"/> FT Free Testosterone S	<input type="checkbox"/> BORSC Borrelia Screen (Lyme Disease) S	
<input type="checkbox"/> DHEA DHEA S	<input type="checkbox"/> THIO Thiocyanate S	<input type="checkbox"/> CMVG Cytomegalovirus (CMV), IaG S	
<input type="checkbox"/> DHEAS DHEA-S S	<input type="checkbox"/> VB12 Vitamin B12 S	<input type="checkbox"/> CMVM Cytomegalovirus (CMV), IaM S	
<input type="checkbox"/> EPO Erythropoietin S	<input type="checkbox"/> 25HD 25-Hydroxvitamin D S	<input type="checkbox"/> HPYL Helicobacter pylori IaG S	
<input type="checkbox"/> ESTRA Estradiol S	<input type="checkbox"/> DHVD 1,25 Dihydrox Vitamin D S	<input type="checkbox"/> HSVP Herpes Simplex Type 1 & 2, IaG S	
<input type="checkbox"/> IFOB Fecal Occult Bld, IA OCS	THYROID TESTING		
<input type="checkbox"/> FRTN Ferritin S	<input type="checkbox"/> T3U T3 Uptake S	<input type="checkbox"/> RUBG Rubella Antibody, IgG S	
<input type="checkbox"/> FOL Folic Acid S	<input type="checkbox"/> T3 T3 Total S	<input type="checkbox"/> TOXG Toxoplasma Ab, IaG S	
<input type="checkbox"/> FSH Follicle Stimulating Hormone S	<input type="checkbox"/> T4 T4 Total S	<input type="checkbox"/> TOXM Toxoplasma, Ab, IgM S	
<input type="checkbox"/> RGAST Gastrin S	<input type="checkbox"/> FT3 Free T3 S	<input type="checkbox"/> VZVG Varicella Zoster Ab, IaG S	
<input type="checkbox"/> GH Growth Hormone S	<input type="checkbox"/> FT4 Free T4 S	<input checked="" type="checkbox"/> OTHER RHIV Rapid HIV Antibodvs	
<input type="checkbox"/> BHCG HCG Beta Subunit S	<input type="checkbox"/> THYG Thyroglobulin S	HIV TESTING	
<input type="checkbox"/> HGBN Hemoglobin, Serum S	<input type="checkbox"/> ATPO Thyroid Peroxidase Ab S	ONE OF THE BOXES BELOW MUST BE CHECKED AND THE ORDERING PHYSICIAN NAME AND NUMBER COMPLETED BEFORE THE HIV ANTIBODY TEST CAN BE PERFORMED.	
<input type="checkbox"/> HGBE Hemoglobin Fractionation L	<input type="checkbox"/> TSH Thyroid Stimulating Hormone S	<input checked="" type="checkbox"/> AHIV HIV Antibody	
<input type="checkbox"/> HCY Homocysteine L		<input type="checkbox"/> Consent form on file in medical record	
<input type="checkbox"/> INS Insulin G		<input checked="" type="checkbox"/> Investigation of exposure to healthcare worker	
<input type="checkbox"/> LH Luteinizing Hormone S			
<input type="checkbox"/> PTHI Parathyroid Intact Hormone S			

TESTS THAT ARE BLACK REVERSE BOLD REQUIRE SPECIAL HANDLING, REFER TO HANDBOOK or CALL 6-**PAGE 5356 w/ Results**