

**NOTE: PLEASE REFER TO THE BACK OF THIS REQUISITION FOR SPECIMEN HANDLING INSTRUCTIONS**  
**UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS**

**PATHOLOGY**

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

**RESULTS  
 REPORTING  
 LOCATION  
 CODE:**

**MWK**

**MRN: Label with SOURCE PATIENT**

**NAME: Name and MRN  
 (NOT employee)**

**BIRTHDATE:**

**Charge to 7000-3235-9952**

Routine  
 STAT

ORDER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mm/dd/yyyy)

ICD-9 Code/Diagnosis: <b>V01.8</b>		Ordering Clinician to receive report: <input type="checkbox"/> See label above Physician/NP/PA Name and Signature	
Collected by:		UMHS Dr. #: _____	
Collected Date: ____/____/____	Collection Time: ____:____am/pm	Attending Physician: (if different from above) <b>CHAPMAN</b>	UMHS DR.# <b>4192</b>

**DRUG ANALYSIS**

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

**SPECIAL CHEMISTRY**

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

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

21-10045	VER: A/13 HIM: 10/13	<b>LABORATORY</b>		<b>TESTING / DIAGNOSTIC / SCREENING REQUISITION-          DRUG ANALYSIS / SPECIAL CHEMISTRY          LABORATORY REQUISITION &amp; PHYSICIAN ORDER</b>
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