

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

DEPARTMENT OF PATHOLOGY
DRUG ANALYSIS/SPECIAL CHEMISTRY LABORATORY
REQUISITION & PHYSICIAN ORDER FORM

RESULTS REPORTING LOCATION CODE:

ADN

BIRTHDATE

NAME

REG. NO.

Charge to 7000-3235-9951

- Routine
 STAT

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

ICD-9 Code/Diagnosis: V70.5		Ordering Clinician to receive report: <input type="checkbox"/> See label above	
Collected by:		BLITZ	UMHS Dr. #: 1207
Collected Date: ____/____/____	Collection Time: ____:____am/pm	Attending Physician: (if different from above)	UMHS Dr. #: _____

DRUG ANALYSIS

<input type="checkbox"/> ACTMN Acetaminophen S	<input type="checkbox"/> GENT TR Gentamicin, Trough S	<input type="checkbox"/> TOB R Tobramycin S	
<input type="checkbox"/> AMIK R Amikacin S	<input type="checkbox"/> IMPN Imipramin/Desipramine R,G	<input type="checkbox"/> TOB PK Tobramycin, Peak S	
<input type="checkbox"/> AMIK PK Amikacin, Peak S	<input type="checkbox"/> LAMOT Lamotrigine R,G	<input type="checkbox"/> TOB TR Tobramycin, Trough S	
<input type="checkbox"/> AMIK TR Amikacin, Trough S	<input type="checkbox"/> LIDO Lidocaine S	<input type="checkbox"/> THEO Theophylline S	
<input type="checkbox"/> AMTRP Amitriptylin/Nortriptyline R,G	<input type="checkbox"/> LEAD Lead RB	<input type="checkbox"/> VALP Valproic Acid R	
<input type="checkbox"/> CAF Caffeine R	<input type="checkbox"/> LITH Lithium S	<input type="checkbox"/> FVALP Protein Free Valproic Acid R	
<input type="checkbox"/> CBZN Carbamazepine R	<input type="checkbox"/> MPA Mycophenolic Acid/Mycophenolic Acid Glucuronide R	<input type="checkbox"/> VANCO R Vancomycin R	
<input type="checkbox"/> FCBZN Protein Free Carbamazepine R,G	<input type="checkbox"/> MTX Methotrexate R,G	<input type="checkbox"/> VANCO PK Vancomycin, Peak R	
<input type="checkbox"/> CHLORAM Chloramphenicol N	<input type="checkbox"/> PENTO Nembutal (Pentobarbital) R	<input type="checkbox"/> VANCO TR Vancomycin, Trough R	
<input type="checkbox"/> CLOM Chlormipramine/Norclomipramine R	<input type="checkbox"/> NORT Nortriptyline R,G	<input type="checkbox"/> ZINC Zinc N	
<input type="checkbox"/> COPP Copper R	<input type="checkbox"/> OXCARB Oxcarbazepine R,G	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> COPPU Copper, Urine 24 U	<input type="checkbox"/> PHENO Phenobarbital R	DRUG SCREENS	
<input type="checkbox"/> CYCLO Cyclosporine L	<input type="checkbox"/> DIL Phenytoin R		
<input type="checkbox"/> DESI Desipramine R,G	<input type="checkbox"/> FDIL Protein Free, Phenytoin R	<input type="checkbox"/> DRUG 6 Drug Survey-6 Drugs only U	
<input type="checkbox"/> DX Digoxin R	<input type="checkbox"/> PRIM Primidone R	<input type="checkbox"/> DRUG COMP Drug Screen Comprehensive U	
<input type="checkbox"/> DXPN Doxepin/Desmethyl Doxepin R,G	<input type="checkbox"/> PROC Procainamide/NAPA R	<input type="checkbox"/> ALCO Toxicology, Volatile Screen/GC G	
<input type="checkbox"/> CEPOX Expoxide-Carbamazepine R	<input type="checkbox"/> QUIN Quinidine R	<input type="checkbox"/> ETHANOL Ethanol S	
<input type="checkbox"/> GENT Gentamicin S	<input type="checkbox"/> SAL Salicylate S	<input type="checkbox"/> DRUG Q Toxicology, Pill/Powder Screen	
<input type="checkbox"/> GENT PK Gentamicin, Peak S	<input type="checkbox"/> SIRO Sirolimus L	<input type="checkbox"/> OXYC Oxycodone, Urine U	
	<input type="checkbox"/> TACRO Tacrolimus L	<input type="checkbox"/> OTHER _____	

SPECIAL CHEMISTRY

<input type="checkbox"/> ACE ACE (CSF Acceptable) S	<input type="checkbox"/> HCY Homocysteine L	HEPATITIS TESTING		
<input type="checkbox"/> ACTH ACTH L	<input type="checkbox"/> INS Insulin G			
<input type="checkbox"/> ALDOLASE Aldolase S	<input type="checkbox"/> LH Luteinizing Hormone S	FOR QUANTITATION (VIRAL LOAD) SEE MICRO REQ.		
<input type="checkbox"/> SALDO Aldosterone, Serum S	<input type="checkbox"/> PTH Parathyroid Intact Hormone L/S			
<input type="checkbox"/> AFP Alpha Feto Protein, Serum S	<input type="checkbox"/> PCAT Plasma Catecholamines G	<input type="checkbox"/> HBSAG Hepatitis B Surface Antigen S		
<input type="checkbox"/> FAFP Amniotic Fluid Alpha Feto Protein	<input type="checkbox"/> PROG Progesterone S	<input type="checkbox"/> HBSAB Hepatitis B Surface Antibody S		
Gestational Age: _____	<input type="checkbox"/> PYRUV Pyruvic Acid	<input type="checkbox"/> AHAV Hepatitis A Antibody (IgM) S		
<input type="checkbox"/> DELTA d-4-Androstenedione S	<input type="checkbox"/> 17OHP 17-OH-Progesterone S	<input type="checkbox"/> HBCAB Hepatitis B Core Antibody S		
<input type="checkbox"/> B2MIC B-2-Microglobulin S	<input type="checkbox"/> PRL Prolactin S	<input type="checkbox"/> AHBE Hepatitis Be Antibody S		
<input type="checkbox"/> CPEP C-Peptide G	<input type="checkbox"/> PSA Prostrate-Specific Antigen S	<input type="checkbox"/> HBE Hepatitis Be Antigen S		
<input type="checkbox"/> CA125 CA 125 S	<input type="checkbox"/> PSASS PSA, Supersensitive S	<input type="checkbox"/> HCAB Hepatitis C Antibody S		
<input type="checkbox"/> CA15-3 CA 15-3 S				
<input type="checkbox"/> CA19-9 CA19-9 S	<input type="checkbox"/> PRA Renin Activity L	<input type="checkbox"/> OTHER Rubella IgG		
<input type="checkbox"/> CEA Carcino-Embryonic Antigen S	<input type="checkbox"/> SMC Somatomedin-C (IGF-1) S	<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> CORT Cortisol S	<input type="checkbox"/> TESTO Testosterone S	HIV TESTING 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"/> AHIV HIV Antibody <input type="checkbox"/> Consent form on file in medical record <input type="checkbox"/> Investigation of exposure to healthcare worker		
<input type="checkbox"/> DHEA DHEA S	<input type="checkbox"/> FT Free Testosterone S			
<input type="checkbox"/> DHEAS DHEA-S S	<input type="checkbox"/> THIO Thiocyanate S			
<input type="checkbox"/> EPO Erythropoietin S	<input type="checkbox"/> THYG Thyroglobulin S			
<input type="checkbox"/> ESTRA Estradiol S	<input type="checkbox"/> VITB12 Vitamin B12 S			
<input type="checkbox"/> FRTN Ferritin S	<input type="checkbox"/> 25HD 25-Hydroxyvitamin D S			
<input type="checkbox"/> FLM Fetal Lung Maturity A	THYROID TESTING			
<input type="checkbox"/> FOL Folic Acid S				
<input type="checkbox"/> FSH Follicle Stimulating Hormone S	<input type="checkbox"/> T3U T3 Uptake S			
<input type="checkbox"/> RGAST Gastrin S	<input type="checkbox"/> T3 T3 Total S			
<input type="checkbox"/> GH Growth Hormone S	<input type="checkbox"/> T4 T4 Total S			
<input type="checkbox"/> BHCG HCG Beta Subunit S	<input type="checkbox"/> FT3 Free T3 S			
<input type="checkbox"/> HGBN Hemoglobin, Serum S	<input type="checkbox"/> FT4 Free T4 S			
	<input type="checkbox"/> TSH Thyroid Stimulating Hormone S			

TESTS THAT ARE BLACK REVERSE BOLD REQUIRE SPECIAL HANDLING, REFER TO HANDBOOK or CALL 6-6702