Swedish Laboratory Services
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CLINICAL REQUISITION

Patient (Last, First, MI)		
Sex	Date of Birth (mm/dd/yy)	Patient Phone #
Address		
City	State	Zip

DATE OF COLLECTION (required)	TIME:	SITE	FASTING STATUS
			☐ YES ☐ NO ____ hrs. p.p.

BILL TO: ***PLEASE CIRCLE*** PATIENT MEDICARE PUBLIC ASSISTANCE OTHER (SPECIFY BELOW)

Insurance Name (Required if insurance billing)

Insurance Number(s)

Group Number(s) Employer

Subscriber Name

Patient Relationship to Subscribe: ☐ SELF ☐ SPOUSE ☐ DEPENDENT

COLLECTION CODE BL = BLUE C = SST G = GOLD L = LAVENDER L2 = 10ML LAV PK = PINK PL = PLASMA R = RED (SERUM) U = URINE VT = VIRAL TRANS

☐S ☐FS ☐C ☐R ☐FP ☐L ☐U ☐PK ☐PL ☐BL ☐RB ☐GY ☐GN ☐SW___ ☐GP ☐WM ☐PPT ☐SLD ☐TV___ ☐OTH___ ☐MICRO SENT ☐VC

STAT ☐

LAB USE ONLY	X	PROFILE CONTENTS ON BACK	CALL CODE
BMP		BASIC METABOLIC PANEL	C
CMP		COMP METABOLIC PANEL	C
LYTES		ELECTROLYTE PANEL	C
LIVER		HEPATIC FUNCTION PANEL	C
LIPID		LIPID PANEL	C
ADVLI		LIPID PANEL & LPA2 (PLAC)	C
HEPAC		HEPATITIS PANEL, ACUTE	C
OBP		PRENATAL PANEL	C,PK,L
RENAL		RENAL FUNCTION PANEL	C
LAB USE ONLY	**X**	**HEMATOLOGY**	**CALL CODE**
CBC		CBC W/AUTO DIFF & PLT	L
HCT		HEMATOCRIT	L
HGB		HEMOGLOBIN	L
RETC		RETICULOCYTE COUNT	L
ESR		SED RATE	L
WBCO		WBC	L
COMPLETE INFORMATION BELOW ON AFP & PRP ORDERS			
AFPM		ALPHA-FETOPROTEIN	C
QDSCR		QUAD SCREEN	C

Race: CAU BLK ASA HIS NAT NAF UNK OTH

Previous Pregnancy with: Diabetes: YES NO

Downs: YES NO Neural Tube Defect: YES NO

Multiple Gest (Twins, Triplets): YES NO

Weight: Date of 1st day of LMP:

Gest Age: Weeks Days:

Gest Method: LMP ULS EDC Due Date:

Date Ultrasound Done:

LAB USE ONLY	X	ALPHABETICAL LIST	CALL CODE
ALB		ALBUMIN	C
ALP		ALKALINE PHOSPHATASE	C
SGPT		ALT (SGPT)	C

LAB USE ONLY	X	ALPHABETICAL LIST	CALL CODE
AMY		AMYLASE	C
ANA		ANA SCREEN	C
ABSC3		ANTIBODY SCREEN	PK
SGOT		AST (SGOT)	C
B12		B12	C
DBIL		BILIRUBIN, DIRECT	C
TBIL		BILIRUBIN,TOTAL	C
BUN		BUN	C
CAL		CALCIUM	C
CHOL		CHOLESTEROL	C
CREA		CREATININE	C
CRCL		CREATININE CLEARANCE	C,UT
HT:		WT: TV:	
CRPCR		CRP CARDIAC RISK	C
CRPIN		CRP INFLAMMATORY	C
DIG		DIGOXIN	S
FERR		FERRITIN	C
FOL		FOLATE	C
FSH		FSH	C
GGT		GGT	C
GLUF		GLUCOSE: FAST	C
GLUR		GLUCOSE: RANDOM	C
GTTMF		GLUCOSE TOLERANCE OB	GY
GTTNU		GLUCOSE TOLERANCE	GY
GLHGB		HEMOGLOBIN A1C	L
HPA		H. PYLORI AB	C
HPYBT		H. PYLORI BREATH TEST	
HCGQ		HCG, BETA QUANT	C
HAVM		HEPATITIS A AB IGM	C
HBCM		HEPATITIS B CORE AB IGM	C
HBSAB		HEPATITIS B SURFACE AB	C
HBAG		HEPATITIS B SURFACE AG	C
HCVAB		HEPATITIS C ANTIBODY	C
HEPCQ		HEPATITIS C by bDNA (QUANT)	PPT
HCVRP		HCV RNA Quant PCR	FP
HERPG		HERPES AB I & II IgG	C

LAB USE ONLY	X	ALPHABETICAL LIST	CALL CODE
HIV12		HIV I, II (RFLX WiBLOT)	C
HOM		HOMOCYSTEINE	L
IFOBT		FIT for OCCULT BLOOD	
IRON		IRON	C
FESAT		IRON BINDING CAPACITY	C
LH		LH	C
PLACA		LPA2 (PLAC)	C
MG		MAGNESIUM	C
PHOS		PHOSPHORUS	C
K		POTASSIUM	C
PAL		PREALBUMIN	C
PRG		PREGNANCY, QUAL	C
PROL		PROLACTIN	C
PRO24		PROTEIN, 24 HR URINE	UT
PT		PT (PRO TIME)	BL
PSA		PSA (DIAGNOSTIC)	C
PSAF		PSA FREE AND TOTAL	C
PSAS		PSA SCREENING	C
RAF		RHEUMATOID FACTOR	C
TREP		SYPHILIS SCREEN	C
FT3		T3 FREE	C
FT4		T4 FREE	C
TT3		T3 TOTAL	C
TTEST		TESTOSTERONE TOTAL	C
TRF		TRANSFERRIN	C
TRIG		TRIGLYCERIDE	C
TSH		TSH	C
TSHR		TSH REFLEX to FT4	C
URIC		URIC ACID	C
UA		URINALYSIS ☐ CULT IF IND	U
☐ CATH (straight) ☐ CLEAN CATH ☐ FOLEY			
VPA		VALPROIC ACID (Depakene)	S
25OHD		VITAMIN D, 25-OH	C

LAB USE ONLY	X	ALPHABETICAL LIST	CALL CODE
ALWAYS INDICATE SOURCE (REQUIRED): ☐ BLOOD ☐ ENDOCERV ☐ SPUTUM ☐ VAGINAL ☐ BODY FLUID ☐ EYE ☐ STOOL ☐ VAG/RECT ☐ CERVICAL ☐ NP ☐ URETHRAL ☐ WOUND ☐ EAR ☐ THROAT ☐ URINE ☐ OTHER			
AFBC		AFB CULTURE	
CDAB		C DIFFICILE TOXIN A AND B	
CHL		CHLAMYCIA (DNA PROBE)	
STWBC		FECAL LEUKOCYTES (WBCs)	
FUNGC		FUNGAL CULTURE	
NGC		GC (DNA PROBE)	
CTGC		GC & CHLAM DNA	
BHSBC		GENITAL BETA STREP SCREEN	
GUC		GENITAL CULTURE	
GA		GIARDIA ANTIGEN	
HSVRD		HERPES SIMPLEX (HSV) CULT	
OVP		OVA AND PARASITES	
MRSA		MRSA RULE OUT	
NC		NASAL CULTURE	
PERCL		PERTUSSIS CULTURE	
RESPC		SPUTUM CULTURE	
STC		STOOL CULTURE	
STRPS		STREP SCREEN	
THRC		THROAT CULTURE	
URC		URINE CULTURE	
VPDNA		VAGINAL PATHOGENS DNA PROBE	
VZVRP		VARICELLA ZOSTER BY PCR	
WDC		WOUND CULTURE	

INDICATE SOURCE (REQUIRED):
☐ ANAL ☐ ECTOCERV ☐ VAGINAL
☐ CERVICAL ☐ ENDOCERV

ADDITIONAL TESTS

LIST ALL APPROPRIATE ICD9 CODES REQUIRED FOR EACH TEST ORDERED

CC:

FAX TO:

LAB 260 (2/11)

TESTS HIGHLIGHTED IN RED MAY REQUIRE A SIGNED ADVANCE BENEFICIARY NOTICE (ABN)