Summit Medical Center Lab Requisition

ORDERS MUST BE SIGNED AND HAVE AN ICD-10 CODE

Patient Name:	Patient DOB:
Physician:	Physician Signature:
ICD-10 Code:	☐ Fax to:
DATE: ☐ **STAT**	☐ Call to:

√	**Profiles**
	Acute Hepatitis Profile
	Basic Metabolic Panel
	CBC
	CBC with Differential
	Complete Metabolic Panel
	Electrolytes
	Hepatic Function
	Iron Profile
	Lipid Panel
	PT(w/INR)/PTT ☐ Heparin ☐ Coumadin
	Type and Screen
√	**Tests**
	Albumin
	Amylase
	ANA
	APTT ☐ Heparin
	Beta HCG Quantitative
	Bilirubin, Total
	Bilirubin, Total/Direct
	Blood Urea Nitrogen (BUN)
	CA 125
	CA 27.29
	CA 15-3
	CA 19-9
	Calcium
	Calcium, Ionized
	Carbamazepine/Tegretol
	CEA
	Cholesterol
	Cortisol AM PM
	Creatinine Kinase (CK)
	Creatinine
	Creatinine Clearance
	CRP (inflammation)
	Digoxin
	Ferritin
	Folate, Serum
	Glucose

√	**Tests**
	Hemoglobin A1C
	Hep A AB IgM
	Hep B Surface AB
	Hep B Surface AG
	Hep C AB w/rflx to HCV/PCR
	HIV
	Homocysteine
	Iron, Total
	Lactate Dehydrogenase (LDH)
	Lead
	Lipase
	Magnesium
	Microalbumin
	Mono Test
	Phosphorus
	Potassium
	Protein, Total
	Protime with INR ☐ Coumadin
	PSA
	PTH, Intact
	RSV
	Sed Rate
	Sodium
	Syphilis Serology
	T4, Free
	Triglycerides
	TSH
	UA, culture if indicated
	Uric Acid
	Urine Total Protein (24 Hour)
	Valproic Acid (Depakene)
	Vitamin B12
	Vitamin D 25 Hydroxy

√	**Microbiology**
	SOURCE:
	Aerobic Culture
	Anaerobic Culture
	Gram Stain
	MRSA
	Influenza A and B
	Rapid Strep w/culture if negative
	Stool C diff Toxin
	Stool Culture
	Stool Crypto/Giardia
	Stool Ova and Parasites
	Fecal Lactoferrin
	Throat Culture
	Wound Culture
√	**Transfusion Medicine**
	ABO and Rh
	Antibody Screen
	Direct Coombs
√	**Additional Tests**

For specimens collected in the office, please include date and time of collection

SUMMIT MEDICAL CENTER
Elevating the Standards of HealthCare.

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