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FCLAB
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TEST REQUISITION

DATE OF SERVICE ____/____/_____	DATE OF COLLECTION ____/____/_____	TECH CODE _____	DRAW SITE _____
LAST NAME _____	ROOM _____ BED _____	TIME OF DRAW OR PICK-UP ____:____ ◯ AM ◯ PM	DATE OF DRAW OR PICK-UP ____/____/_____
FIRST NAME _____	SEX ◯ M ◯ F	TOTAL MILE _____	TOTAL DRAW _____ / TOTAL STOPS _____
DATE OF BIRTH ____/____/_____	☐ **STAT**	STAT LAB _____	
PHYSICIANS NAME (LAST, FIRST) _____		DATE DROPPED ____/____/_____	TIME DROPPED ____:____ ◯ AM ◯ PM
NURSE SIGNATURE (ONLY IF PATIENT REFUSED BLOOD DRAW) _____		NURSE SIGNATURE ALLOWING DRAW OF PATIENT WITH LINE _____	

BILL TO:

◯ MEDICARE
◯ MEDICAID
◯ INSURANCE
◯ FACILITY
◯ PATIENT

MEDICARE NO. _____

MEDICAID NO. _____

INSURANCE NAME _____

INSURANCE POLICY / GROUP NO. _____

DIAGNOSIS: _____ _____ _____ _____

LABORATORY TESTS

Chemistry

☐ BMP (Basic Metabolic Panel)	SG
☐ CMP (Comprehensive Metabolic Panel)	SG
☐ Electrolytes Panel	S
☐ Hepatic Function Panel	S
☐ Lipid Panel	S
☐ Renal Panel	S

Hematology / Coagulation

☐ CBC with Differential	L
☐ WBC with Differential	L
☐ H&H	L
☐ Hemogram	L
☐ PT/INR	B
☐ PTT	B
☐ Sedimentation Rate	L

Thyroid Tests

☐ TSH	S
☐ Free T4	S
☐ Free T3	S

Other Tests

☐ Ammonia	L
☐ Amylase	S
☐ Albumin	S
☐ B12	S
☐ B12/Folic Acid	S
☐ BNP	L
☐ CRPHS	LS
☐ CPK	S
☐ Creatinine	S
☐ Depakene (VPA)	S

Other Tests (continued)

☐ Digoxin	S
☐ Dilantin	S
☐ FBS	SG
☐ Ferritin	S
☐ Folic Acid	S
☐ Glucose	SG
☐ Hemoglobin A1C	L
☐ Hep. A Antibody Igm	S
☐ Hep. B Core Antibody Igm	S
☐ Hep. B Surf. Antigen	S
☐ Hep. B Surf Antibody	S
☐ Hep. C Antibody	S
☐ HIV	S
☐ Homocysteine	L
☐ Iron/Fe/TIBC	S
☐ Keppra	S
☐ Lipase	S
☐ Lithium	S
☐ Magnesium	S
☐ Micro-Albumin (Urine)	U
☐ Phenobarbital	S
☐ Potassium (K+)	S
☐ Prealbumin	S
☐ PSA	S
☐ Tegretol	S
☐ Theophylline	S
☐ Troponin	S
☐ Urine Drug Screen	S
☐ Vancomycin Peak	S
☐ Vancomycin Trough	S
☐ Vancomycin Random	S
☐ HIV/HBV/HCV NAT	L

Microbiology

☐ Urinalysis	PM
☐ Urine Cult & Sens	PM
☐ Occult Blood-Stool	PM
☐ OVA & Parasites	PM
☐ C. Diff Toxin	PM
☐ C. Diff Ag	PM
☐ C. Diff DNA	PM
☐ Influenza A/B	PM
☐ Strep A	PM
☐ Mononucleosis	PM
☐ Blood	PM
☐ Eye culture	PM
☐ Misc. Source: _____	PM
☐ Nose Culture	PM
☐ Rectal culture	PM
☐ Sputum culture	PM
☐ Stool culture	PM
☐ Throat culture	PM
☐ Vaginal culture	PM
☐ Wound culture Source: _____	PM
☐ MRSA Source: _____	PM
☐ VRE Source: _____	PM

LAB USE ONLY

S= SERUM SEPARATOR TUBE L= LAVENDER TOP TUBE B= BLUE TOP TUBE G= GREY TOP TUBE U= URINE PM= PROCEDURE MANUAL / CALL

Other: _____

AUTHORIZED SIGNATURE: _____