Patient Information Clinic

Requesting Physician:_____ Date

CHEMISTRY TEST PANELS: (Circle the Panel to be Ordered)

NOTE: Avoid panels with any tests in common. Instead add individual tests to a panel as needed. The reason is that the LIS computer recognizes any test duplication and will not allow addition of panels with any tests in common.

LYTES
Na
K
Cl
CO2

LIPID 1
(14 HR fast required)
Chol
Trig

BILIARY
HEPATIC +
Amylase

IRON
Fe
TIBC
UIBC
%SAT

RENAL
(Fasting Optional)
LYTES +
Glucose
BUN
Creatinine

LIPID 2
(14 HR fast required)
LIPID 1 +
HDL
LDL
Phenotype
Risk
HDL Ratio

BONE
Ca
Alk P
Phos
Albumin
Uric Acid

NUTRITION
Mg
Phos
TP
Albumin
Chol

HEPATIC
Alk P
Albumin
AST
ALT
GT
TBIL
DBIL

CARDIAC
CK
CKMB
CKMB%

URINE LYTES
Na
K
Cl
Creatinine

SERUM TOX
Alcohol
Acetaminophen
Salicylate

HEMOLYSIS
LDH
TBIL
DBIL

OTHER INDIVIDUAL TESTS:

_____ _____ _____

_____ _____ _____

Patient Information Clinic:_____

Requesting Physician:_____ Date: _____

HEMATOLOGY TEST PANELS

Circle the Panel or Test to be ordered .

1. CBC ONLY -

WBC
RBC
HGB
HCT
MCV
MCH
MCHC
RDW
PLATELET COUNT

2. CBC/DIFF

WBC
RBC
HGB
HCT
MCV
MCH
MCHC
RDW
PLATELET COUNT
IMMATURE
NEUTRO-BANDS
LYMPHS
MONOCYTES
EOSINOPHILS
BASOPHILS
RBC MORPHOLOGY

3. PT/PTT

4. SED RATE

5. RETICULOCYTE COUNT

6. FIBRINOGEN

7. BLEEDING TIME
NOTE: PERFORMED MON-FRI 0730-0830 HRS ONLY
SCHEDULE IN ADVANCE (4-1511)

8. OTHER TESTS: _____

_____

_____

_____

WBAMC FORM 1107 SEP 94 (DPL)

PREVIOUS EDITION USABLE

SPECIMEN/LAB RPT. NO.

MISC

URGENCY
- ☐ ROUTINE
- TODAY ☐
- ☐ PRE-OP
- STAT ☐

PATIENT STATUS
- ☐ BED ☐ AMB
- OUTPATIENT ☐
- ☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PHYSICIAN'S COPY

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY MD / TECH	DATE	LAB ID NO.

REMARKS

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED		RESULTS	

557-107

MISCELLANEOUS

STANDARD FORM 557 (Rev. 3-77)
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