



CLIA '88 mandates the Laboratory maintains documentation of any test requested by physicians. The office of Inspector General (OIG) mandates that diagnosis and physician signature be provided with laboratory test requests supporting the medical necessity. This form that lists most frequently ordered tests (or other written material) must be submitted to the Laboratory at Children's Hospitals and Clinics of Minnesota.

This can be: a) Delivered by the patient b) Faxed or Mailed to the Lab c) Dropped off in the Lab

**Mpls Lab:** 2525 Chicago Ave S  
 Minneapolis, MN 55404  
 ph: (612)813-6280 fax: (612)813-6951

**St. Paul Lab:** 345 N Smith Ave  
 St. Paul, MN 55102  
 ph. (651)220-6550 fax: (651)220-5280

Date/Time to be done \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_ Patient's Sex: M / F

Patient's Diagnosis(es) related to this laboratory request: \_\_\_\_\_

Ordering Provider (please print): \_\_\_\_\_

Provider's Phone#: \_\_\_\_\_

Provider's Fax#: \_\_\_\_\_

Ordering Provider's Signature: \_\_\_\_\_

# of Tests Ordered:
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**COAGULATION**

PT	PT with INR (Prothrombin)
WPT	Warfarin PT with INR
PTT	PTT (activated)
TT	Thrombin Time
FIB	Fibrinogen
VONAM	Von Willebrand Antigen
VWS	Von Willebrand Screen
PFAS	Platelet Function Assay
HLMW	Heparin / LMW (anti X A)

**CHEMISTRY**

NA	Sodium
K	Potassium
CL	Chloride
TCO2	Carbon Dioxide
NH3	Ammonia
AMYL	Amylase
AST	AST/SGOT
ALT	ALT/SGPT
BILI	Bilirubin, Total and Direct
DBIL	Bilirubin, DIRECT ONLY
TBIL	Bilirubin, TOTAL ONLY
BUN	BUN
CA	Calcium
CELIA	Celiac Panel
CHOL	Cholesterol
CRP	C-Reactive Protein
CREA	Creatinine
STRN	Estrone
DIOL	Estradiol
FSH	Follicle Stimulating Hormone
GLUC	Glucose
GGT	Gamma GT
HA1C	Hemoglobin A <sub>1c</sub>
IGA	IGA
IGE	IgE
IGG	IgG
IGS	IgG Subclasses
IGM	IgM
SOMC	IGF-I/Somatomedin C
IGF3	IGF Binding Protein 3
ICA	Ionized Calcium
PB	Lead
LH	Luteinizing Hormone
MG	Magnesium
PO4	Phosphorus
TEST	Testosterone
TP	Total Protein
TTGA	Tissue Transglutaminase IgA
TRIG	Triglyceride
FT4	T4, Free
T4	T4
TSH	Thyroid Stimulating Hormone
TT3	Total T3
T3U	T3 Uptake
URIC	Uric Acid

**IMMUNOLOGY**

RAAP	Reflexive ANA Profile
IMMP	B.T, NK Cell enumeration (6aby)
CISP	B.T, NK Cell enumeration (1 laby)
FANA	FANA Screen Hep 2
OTHER	
OTHER	

**DRUGS**

CARB	Carbamazepine (Teetrol®)
CLZ	Clonazepam (Konopin®)
ZAR	Ethosuximide (Zarontin®)
FELBA	Felbamate (Felbatol®)
NEUR	Gabapentin (Neurontin®)
GENT	Gentamicin (Garamycin®)
LAMM	Lamotrigine (Lamictal®)
LEVE	Levetiracetam (Keppra®)
OXCA	Oxcarbazepine (Trileptal®)
PHB	Phenobarbital (Luminal®)
DIL	Phenytoin (Dilantin®), Total
FDIL	Phenytoin, Free
MYS	Primidone (Mysoline®)
TOPI	Topiramate (Topamax®)
VALP	Valproic Acid (Depakene®)
FVPA	Valproic Acid, Free
VANC	Vancomycin
OTHER	
OTHER	

**HEMATOLOGY**

ABC	CBC without Differential
CBC	CBC/Platelet/Differential
HGB	Hemoglobin
ESR	ESR (Sed Rate)
MORP	Morphology (must also order CBC)
PLTC	Platelet Count
RETB	Reticulocyte
WBC	White Blood Count
OTHER	
OTHER	
OTHER	
OTHER	
OTHER	

**URINE/STOOL/MICROBIOLOGY/VIROLOGY**

BC	Blood Culture (aerobic & anaerobic)
CDT	C-Difficile Toxin
GENC	Genital Culture (source _____)
CRID	Giardia/Cryptosporidium Direct FA
HSVC	Herpes Culture (source _____)
OCB	Occult Blood
OAP	Ova & Parasites
ROTA	Rotavirus
REIA	RSV Screen
STLC	Stool Culture
SSCR	Strep Screen
UA	Urinalysis, routine (circle Void or Cath)
UC	Urine Culture (circle Void or Cath)
UHCG	Urine Pregnancy
VIRC	Viral Culture (source _____)
OTHER	(source _____)

**BLOOD BANK**

ABRH	ABO/Rh
TYAS	Type & Screen
OTHER	# of Units _____
OTHER	Product on Hold _____

**TEST PANELS APPROVED BY THE AMA**

PR7	Basic Metabolic Panel (includes Na, K, Cl, CO <sub>2</sub> , BUN, Creatinine, Glucose, Anion Gap & Ca)
PR12	Comprehensive Metabolic Panel (includes BUN, Creatinine, Glucose, Na, K, Ca, Cl, Alb, TP, Tbili, AST, ALT, Alkp'tase, BUN/Creat ratio, CO <sub>2</sub> & Anion Gap)
LIVP	Hepatic/Liver Function Panel (includes AST, Alkp'tase, T&D Bili, Albumin, ALT & TP)
LYTE	Electrolyte Panel (includes Na, K, Cl, CO <sub>2</sub> , Anion Gap)
RENP	Renal Panel (includes Albumin, Ca, CO <sub>2</sub> , Cl, Creatinine, Glucose, PO <sub>4</sub> , K, Na, BUN)
HEPP	Hepatitis Panel (includes Hepatitis A Antibody IgM, Hepatitis B Core Antibody IgM, Hepatitis B Surface Antigen, Hepatitis C Antibody)
LIPR	Lipid Panel (includes Cholesterol, Triglyceride, HDL, LDL & Total Cholesterol/HDL ratio)

**SEROLOGY**

HEA	Hepatitis A Ab
HBAB	Hep B surface Ab
HBAG	Hep B Surface Ag
HEPC	Hepatitis C Ab
HIV12	HIV Screen
CMV	CMV Serology (includes IgM & IgG)
EBVS	EBV Serology

**MISCELLANEOUS**

CR24	24 hour Creatinine Clearance - * Please Include the patient's height and weight
	Height: _____ Weight: _____
PAPSR	PAP, Thin Prep
OTHER	
OTHER	
OTHER	
OTHER	
OTHER	
OTHER	