



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:** \_\_\_\_\_

**COAGULATION**

PT	Prothrombin (INR)
WPT	Warfarin PT (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
ALK	Alkaline Phosphatase
NH3	Ammonia
AMYL	Amylase
BILI	Bilirubin (T & D)
TBIL	Total Bilirubin (only)
BUN	BUN
CREA	Creatinine
CA	Calcium
CHOL	Cholesterol
CRP	C-Reactive Protein
GLUC	Glucose
GGT	Gamma GT
HA1C	Hemoglobin A <sub>1c</sub>
ICA	Ionized Calcium
LACT	Lactate
LIPA	Lipase
LDH	LDH
PB	Lead
MG	Magnesium
PO4	Phosphorus
TP	Total Protein
AST	SGOT (AST)
ALT	SGPT (ALT)
TRIG	Triglyceride
URIC	Uric Acid
FSH	FSH
LH	LH
FT4	Free T4
T4	T4
TSH	TSH
TT3	Total T3
T3U	T3 Uptake
IGS	IgG Subclasses
IGA	IgA
IGE	IgE
IGG	IgG
IGM	IgM

**IMMUNOLOGY**

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

**DRUGS**

CARB	Carbamazepine (Tegetrol®)
CLZ	Clonazepam (Konopin®)
ZAR	Ethosuximide (Zarontin®)
FELB	Felbamate (Felbatol®)
NEU	Gabapentin (Neurontin®)
GENT	Gentamicin (Garamycin®)
LAMI	Lamotrigine (Lamictal®)
OXCAR	Oxcarbazepine (Trileptal®)
PHB	Phenobarbital (Luminal®)
DIL	Phenytoin (Dilantin®), Total
FDIL	Phenytoin, Free
MYS	Primidone (Mysoline®)
TOP	Topiramate (Topamax®)
VALP	Valproic Acid (Depakene®)
VANC	Vancomycin

**HEMATOLOGY**

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

**URINE/STOOL/MICROBIOLOGY/VIROLOGY**

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

**BLOOD BANK**

ABRH	ABO/Rh
TYAS	Type & Screen
XM	Type & Crossmatch # or units
OTHER	

**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: _____
OTHER	
OTHER	
OTHER	
OTHER	