



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
Main Lab ph: (612)813-6280 Fax: (612)813-6951
Outpatient lab ph: 612-813-5967 Fax: (612) 813-8727

St. Paul Lab:
345 N Smith Ave
St. Paul, MN 55102
Main lab ph. (651)220-6550 Fax: (651)220-5280
Outpatient lab ph: 651-220-6565 Fax: (651)-220-7669

Minnetonka Outpatient Lab:
6060 Clearwater Dr. Suite. 210
Minnetonka, MN 55343
Phone: 952-992-8476 fax: (952)-992-6956

of Tests Ordered:

Date/Time to be done _____ **Date/Time Collected** _____

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#:** _____

Ordering Provider address: _____ **Provider's Fax#:** _____

Ordering Provider's Signature: _____

COAGULATION	
ATIII	Antithrombin III
DDI	D-Dimer
FACTORS	Circle each: 2 5 7 8 9 10 11 12
FIB	Fibrinogen
HEPU/HLMW	Heparin /Unfractionated or LMW
ALUPP	Lupus Inhibitor
PFAS	Platelet Function Assay
PRC	Protein C Chromogenic
FPS	Free Protein S Ag
PT	PT with INR (Prothrombin)
WPT	PT with INR, Warfarin
PTT	PTT (activated)
TT	Thrombin Time
VONAM	Von Willebrand Antigen
VWS	Von Willebrand Screen

CHEMISTRY CONTINUED	
AST	AST/SGOT
ALT	ALT/SGPT
BILI	Bilirubin, Total and Direct
DBIL	Bilirubin, DIRECT ONLY
TBIL	Bilirubin, TOTAL ONLY
BUN	BUN
CA	Calcium
CELCS	Celiac Panel
CHOL	Cholesterol
CRP	C-Reactive Protein
CREA	Creatinine
ETDI	Estradiol
FSH	Follicle Stimulating Hormone
GGT	Gamma GT
GLUC	Glucose
HA1C	Hemoglobin A _{1c}
IGA	IGA
IGE	IgE
IGG	IgG
IGGS	IgG Subclasses
IGM	IgM
INGF1	IGF-I/Somatomedin C
IGFB	IGF Binding Protein 3
ICA	Ionized Calcium
LEAD	Lead (Circle: Capillary or Venous)
LH	Luteinizing Hormone
MG	Magnesium
PO4	Phosphorus
PROCA	Procalcitonin
TESTO	Testosterone
TTGA	Tissue Transglutaminase IgA
TP	Total Protein
TRIG	Triglyceride
FT4	T4, Free
T4	T4
TSH	Thyroid Stimulating Hormone
TT3	Total T3
URIC	Uric Acid
VDT	Vitamin D, 25-Hydroxy, Total

DRUGS	
CARB	Carbamazepine (Tegretol [®])
ZAR	Ethosuximide (Zarontin [®])
FELBA	Felbamate (Felbatol [®])
NEUR	Gabapentin (Neurontin [®])
GENT	Gentamicin (Garamycin [®])
LAMO	Lamotrigine (Lamictal [®])
LEVET	Levetiracetam (Keppra [®])
OXCA	Oxcarbazepine (Trileptal [®])
PHB	Phenobarbital (Luminal [®])
DIL	Phenytoin (Dilantin [®]), Total
TOPX	Topiramate (Topamax [®])
VALP	Valproic Acid (Depakene [®])
FVPA	Valproic Acid, Free
VANC	Vancomycin

HEMATOLOGY	
ABC	CBC without Differential
CBC	CBC/Platelet/Differential
HGB	Hemoglobin
ESR	ESR (Sed Rate)
MORPH	Morphology (also order CBC & RETB)
PLTB	Platelet Count
RETB	Reticulocyte
WBC	White Blood Count

URINE/STOOL/MICROBIOLOGY/MOLECULAR	
BC	Blood Culture (aerobic & anaerobic)
FLRVD	Influenza, RSV and Covid PCR (source_____)
GASDN	Strep A PCR
CDTP	C-Difficile Toxin PCR
CRID	Giardia/Cryptosporidium Direct FA
GI	GI Pathogen Panel
OCB	Occult Blood
OAP	Ova & Parasites
STLC	Stool Culture
GGPCR	Chlamydia/gonorrhea PCR (source_____)
GENC	Genital Culture (source_____)
HSVPP	Herpes PCR (source_____)
TVPCR	Trichomonas PCR (source_____)
UMAC	Urinalysis, routine (circle Void or Cath)
UC	Urine Culture (circle Void or Cath)
URHCG	Urine Pregnancy
CRCL	24 hour Creatinine Clearance*

SEROLOGY	
CMV	CMV Serology (includes IgM & IgG)
EBVS	EBV Serology
HBSAB	Hepatitis B Surface Antibody
HBSA	Hepatitis B Surface Antigen
AHCV	Hepatitis C Antibody
HIVI	HIV-1,2 Ag/Ab Evaluation Reflex
LYMS	Lyme Serology Eval, Reflex (B. Burgdorferi)

IMMUNOLOGY	
RAAP	Reflexive ANA Profile
IMMP	Immunodeficiency Panel (6aby)

CHEMISTRY	
NA	Sodium
K	Potassium
CL	Chloride
TCO2	Carbon Dioxide
NH3	Ammonia
AMYL	Amylase

TRANSFUSION/BLOOD BANK	
DAT	Direct Coombs
TYAS	Type & Screen
OTHER	# of Units _____
OTHER	Product on hold _____

*Please include the patient's height and weight
 Height: _____ Weight: _____

TEST PANELS APPROVED BY THE AMA	
PR7	Basic Metabolic Profile (includes Na, K, Cl, CO ₂ , BUN, Creatinine, Glucose, Anion Gap & Ca)
PR12	Comprehensive Metabolic Panel (includes BUN, Creatinine, Glucose, Na, K, Ca, Cl, Alb, TP, Tbili, AST, ALT, ALK, CO ₂ & Anion Gap)
LIVP	Liver Panel (includes AST, ALK, Total & Direct Bilirubin, Albumin, ALT & TP)
LYTE	Electrolyte Panel (includes Na, K, Cl, CO ₂ , Anion Gap)
RENP	Renal Panel (includes Albumin, Ca, CO ₂ , Cl, Creatinine, Glucose, PO ₄ , K, Na, BUN & Anion Gap)
AHEPR	Hepatitis Panel, Acute, with HCV Reflex (Hepatitis A IgM Ab, Hepatitis B Core IgM Ab, Hepatitis B Surface Ag, Hepatitis C Ab w/reflex to PCR)
LIPL	Lipid Profile (includes Cholesterol, Triglyceride, HDL, LDL)