

# Fairview Diagnostic Laboratories

Client Services 612-273-7838 FAX 612-273-0183

## TEST ORDER REQUISITION

|  |  |               |
|--|--|---------------|
| COLLECTION DATE:   | TIME COLLECTED:  | COLLECTED BY: |
| <input type="checkbox"/> FASTING <input type="checkbox"/> NON-FASTING _____ hrs PP <input type="checkbox"/> URINE<br><input type="checkbox"/> 24 HR URINE VOL _____ mL |  |               |
| <input type="checkbox"/> <b>STAT</b><br><input type="checkbox"/> ROUTINE<br>Routine test reports will be transmitted electronically (daily).                           | <input type="checkbox"/> <b>STAT</b> results should be called to:<br><input type="checkbox"/> Fax Back# for <b>STAT</b> results: |               |
| Diagnosis code ICD-9 Code  |  |               |

| CODE  | URINE   | Volume |
|-------|---|--------|
| UAI   | Urinalysis Complete (inc. micro)                            | UR     |
| UAIC  | Urinalysis Complete (inc. micro) Reflex to culture          | UR     |
| UMIR  | Urinalysis macroscopic with Reflex to microscopic           | UR     |
| UMIRC | Urinalysis macroscopic with Reflex to microscopic & culture | UR     |
| UMACI | Urine macroscopic screen only                               | UR     |

| CODE  | MICROBIOLOGY  | Volume   |
|-------|---|----------|
| BETAA | Beta Strep Throat Culture                                 | M        |
| TC    | Throat Culture  | M        |
| HPABY | H pylori Antibody IgG                                     | RG 0.3-1 |
| HPSAG | H pylori Stool Antigen                                    | M        |
| URC   | Urine Culture Midstream                                   | M        |
|       | <b>MUST List Source for tests ordered below:</b><br>_____ |          |
| GRAM  | Gram Stain  | M        |
|       | Misc Culture  | M        |
| CHPCR | Chlamydia PCR   | M        |
| GCPCR | N gonorrhea by PCR  | M        |

**CONTAINER CODES:**

REV 1/12

- GG = Green gel (lithium heparin)
- M = Sterile container or urine stabilizer tube
- P= Purple (EDTA)
- R= Reg (no gel) tube
- RG = Red gel tube
- UR = Plastic sterile container

|  |  |
|--|--|
| CLINIC<br><b>Washburn High School Clinic</b> | CITY-STATE-ZIP<br><b>201 West 49<sup>th</sup> Street, Room 006 Minneapolis, MN 55409</b> |
| PHONE<br><b>612-668-3453</b>                 |  |
| Account # <b>U3800</b>                       |  |

**\*IMPORTANT! PLEASE PRINT INFORMATION\***

|  |              |  |
|--|--------------|--|
| LAST NAME :  | FIRST NAME : | MI   |
| I.D. NUMBER  | BIRTHDATE    | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| ORDERING PROVIDER (L,F,MI):<br><input type="checkbox"/> <b>Nicole Chaisson, MD</b> NPI:1134156359 FV ID: 592147<br><input type="checkbox"/> <b>Kristie Anderson FNP</b> NPI: 1215095435 FV ID: 02260 |              |  |
| <b>Bill "C" Clinic</b>   |              |  |

| CODE   | VIROLOGY                     | Volume   |
|--------|------------------------------|----------|
| HIVAB  | HIV 1&2 Screen               | RG 0.6-1 |
| TREPAB | Treponema Aby (replaces RPR) | RG 1.0-2 |
| HSV12  | Herpes Simplex Virus 1&2     | RG 0.4-1 |
| MONOS  | Mononucleosis Screen         | P or RG  |

| CODE  | CHEMISTRY                  | Volume   |
|-------|----------------------------|----------|
| BLIPR | Lipid Profile with Reflex  | GG 0.5-1 |
| CCOMP | Comprehensive Metabolic    | GG 0.6-1 |
| TSHR  | TSH with Reflex to Free T4 | RG 0.6-1 |
| BUN   | Blood Urea Nitrogen        | GG 0.3-1 |

| CODE  | HEMATOLOGY             | Volume  |
|-------|------------------------|---------|
| CBC   | CBC                    | P 0.3-1 |
| CBCD  | CBC & Differential     | P 0.3-1 |
| MORPH | Morphology with Interp | P 0.3-1 |
| WBC   | WBC Leukocyte Count    | P 0.3-1 |
| WDIFF | WBC Differential       | P 0.3-1 |

|                               |
|-------------------------------|
| <b>Other tests: (Specify)</b> |
|                               |

|                               |          |        |            |
|-------------------------------|----------|--------|------------|
| <b>FOR RECEIVING USE ONLY</b> | Initials | ACCN # | Patient ID |
|-------------------------------|----------|--------|------------|