

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 <input type="checkbox"/> 24 HR URINE VOL _____ mL		
<input type="checkbox"/> STAT <input type="checkbox"/> ROUTINE Routine test reports will be transmitted electronically (daily).	<input type="checkbox"/> STAT results should be called to: <input type="checkbox"/> Fax Back# for STAT 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
	MUST List Source for tests ordered below: _____	
GRAM	Gram Stain	M
	Misc Culture	M
CHPCR	Chlamydia PCR	M
GCPCR	N gonorrhea by PCR	M

CONTAINER CODES:

- 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

REV 8/12

CLINIC	Southwest High School Clinic	
CITY-STATE-ZIP	3414 West 47th St, Room E21	PHONE 612-668-3040
	Minneapolis, MN 55410	
Account #	U4028	

IMPORTANT! PLEASE PRINT INFORMATION

LAST NAME :	FIRST NAME :	MI
I.D. NUMBER	BIRTHDATE	<input type="checkbox"/> Male <input type="checkbox"/> Female
ORDERING PROVIDER (L,F,MI):		
<input type="checkbox"/> Nicole Chaisson, MD NPI:1134156359 FV ID: 592147 <input type="checkbox"/> Melinda Fine, NP-C NPI: 1104005610 FV ID: O2238		
Bill "C" Clinic		

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

Other tests: (Specify)

FOR RECEIVING USE ONLY	Initials	ACCN #	Patient ID
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