Fairview Diagnostic Laboratories

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

TEST ORDER REQUISTION

COLLECTION DATE:	TIME COLLECTED:	COLLECTED BY:

☐ FASTING ☐ NON-FASTING _____hrs PP ☐ URINE
☐ 24 HR URINE VOL _____mL

☐ **STAT**
☐ ROUTINE
Routine test reports will be transmitted electronically (daily).

☐ **STAT** results should be called to:

☐ Fax Back# for **STAT** results:

Diagnosis code ICD-9 Code

CLINIC **Southwest High School Clinic**

CITY-STATE-ZIP **3414 West 47th St, Room E21 Minneapolis, MN 55410**

PHONE **612-668-3040**

Account # **UA4028**

✱IMPORTANT! PLEASE PRINT INFORMATION✱

LAST NAME :	**FIRST** NAME :	MI

I.D. NUMBER	BIRTHDATE	☐ Male ☐ Female

ORDERING PROVIDER (L,F,MI):

☐ **Nicole Chaisson, MD** NPI:**1134156359** FV ID: **592147**

☐ **Melinda Fine, NP-C** NPI: **1104005610** FV ID: **O2238**

Bill "C" Clinic

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	R 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

CODE		VIROLOGY	Volume
HIAGAB		HIV Antigen/Aby Combination	RG 2.2-3
TREPAB		Treponema Aby (replaces RPR)	RG 0.8-2
H12IGG		Herpes Simplex Virus,1&2, IgG	RG 0.9-2
MONOS		Mononucleosis Screen	P 0.4-1

CODE		CHEMISTRY	Volume
BLIP		Lipid Profile	GG 1-2.5
BLIPR		Lipid Profile with Reflex	GG 0.6-2.5
CCOMP		Comprehensive Metabolic	GG 0.6-2.5
TSH		TSH	GG 0.6-2.5
TSHR		TSH with Reflex to Free T4	GG 0.6-2.5
BUN		Blood Urea Nitrogen	GG 0.6-2.5

CODE		HEMATOLOGY	Volume
CBC		CBC	P 1-3
CBCD		CBC & Differential	P 1-3
MORPH		Morphology with Interp	P 1-3
WBC		WBC Leukocyte Count	P 1-3
WDIFF		WBC Differential	P 1-3

Other tests: (Specify)

CONTAINER CODES: **REV 1/15**

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

FOR RECEIVING USE ONLY	Initials	ACCN #	Patient ID