



**OHSU Hospital & Clinics
& Doernbecher Children's Hospital
Laboratory Service Downtime Requisition
Laboratory Phone No. (503) 494-7383**

REQUIRED INFORMATION:

Ordering Physician No.: _____

Ordering Physician: _____

Clinical Dx/Hx/Data: _____

Vacutainer Collection Key: ♦Red top ♣Green top
*Lavender top **Light blue top ***Isolator tube
&Special form req'd.

ACCOUNT NO. _____

MED. REC. NO. _____

NAME _____

BIRTH DATE _____

SEX _____

Collection Date: ____/____/____ Time: _____

Collection Location: _____ Phone: _____

Results Needed: Routine Urgent Extreme Emergency

ICD-10 Codes(s): _____

ICD-10 Description: _____

CORE LAB (HRC 9th floor)

- 0872 **Basic Metabolic Set**♣: Na, K, Cl, BUN, Creat, Glu, CO₂, Ca
- 0873 **Comprehensive Metabolic Set**♣: Na, K, Cl, BUN, Creat, Ca, Glu, Alb, ALT, Alk Phos, T.Bili, AST, T.Protein, CO₂
- 1066 **Electrolyte Set**♣: Na, K, Cl, CO₂
- 1068 **Liver Set**♣: T.Bili, D. Bili, ALT, Alk Phos, AST, Alb, T. Protein
- 0844 **Renal Funct. Set**♣: Na, K, Cl, BUN, Crea, Glu, CO₂, Ca, Phos, Alb
- 0173 **Lipid Set**♣: Cholesterol, Triglycerides, HDL, calc LDL
- 0104 Albumin ♣
- 2182 ALT ♣
- 0003 Amylase ♣
- 0528 APTT**
- 0201 AST ♣
- 0098 Bilirubin, Direct ♣
- 0008 Bilirubin, Total ♣
- 0083 Urea Nitrogen ♣
- 0012 Calcium ♣
- 0541 CBC only*
- 5008 CBC, w/Diff *
- 0019 Chloride ♣
- 0060 HDL Cholesterol ♣
- 0066 LDL Cholesterol ♣
- 0035 Cholesterol, Total ♣
- 0028 CK ♣ (Creatine Kinase)
- 0006 CO₂ ♣
- 0029 Creatinine ♣
- 2044 Dilantin (Phenytoin) ♣
- 0532 Fibrinogen**
- 0038 Glucose ♣
- 0505 Hematocrit*
- 2046 Potassium (K) ♣
- 0070 Protein ♣
- 5059 PT/INR**
- 2045 Sodium (Na) ♣
- 0051 Triglycerides ♣
- 0885 Troponin I ♣
- 0863 UA Microscopic
- 0865 UA Dipstick

BLOOD GASES: Submit minimum of 500µL whole blood in a heparinized blood gas syringe, without needle, for the following tests:

- 0096 Blood Gas, Arterial
 - 2284 Sodium, Whole Blood
 - 0107 Calcium, Ionized Whole Bld
 - 0090 Blood Gas, Venous
 - 2285 Potassium, Whole Blood
 - 0126 Glucose, Whole Blood
- Patient Temp _____ FIO₂ _____

**MICROBIOLOGY/VIROLOGY
Required for all orders:**

Specimen Type

- Swab Tissue Body Fluid

Source _____

- Routine Bacterial Cult. & Gram Stain (Stain applicable only to certain specimen types)
- 0317 AFB Culture (If Bld, ***) & Stain
- 0318 Fungal Culture & Stain

Viral Cultures

- 0394 CMV (for Blood use Green top)
- 0371 Herpes Only
- 3787 Enterovirus
- 3786 Varicella-Zoster

Other Microbiology

- STAT Gram Stain
- Nocardia culture
- 3525 C. Difficile Toxin
- 0655 Fecal Leukocytes
- 0388 Ova & Parasite Exam, Stool
- 0682 GC/Chlam DNA Probe
- 0395 Legionella Direct FA
- 3309 PCP (Pneumocystis carinii)
- 3542 Rapid Influenza

MISCELLANEOUS

- 0638 HIV 1&2 AB Screen♦&
- 0667 HTLV-I/II♦
- 0180 Hep. A AB IgM♦
- 0176 Hep. A AB Screen♦
- 0177 Hep. B Core AB♦
- 0179 Hep. B Surf. AB, qual♦
- 0174 Hep. B Surf. Quant♦
- 0178 Hep. B Surf. Antigen♦
- 0175 Hep. C AB♦
- 5141 CMV AB Total♦
- 0650 RA Factor, Qual♦
- 0624 RPR, Qual., serum♦
- 0198 TSH♦
- 0243 Free T4♦
- 0245 Ferritin♦
- 0026 Cortisol♦
- 2130 ACTH*
- 2314 Cyclosporine*
- 0632 Tacrolimus (FK506)*
- 2198 MSAFP Panel♦&

Flow Cytometry

- 6050 T-Cell Quant., CD4/CD8*
- 6051 CD4*

TRANSFUSION SERVICE:

Refer to Blood Bank Downtime form:
<http://www.ohsu.edu/pathology/wardman/forms/bloodbankdowntime.pdf>
Call 4-8537 for blood products

Other Specialty Services i.e., Flow Cytometry (4-2302), Hemostasis & Thrombosis (4-7383)

Test requested _____

Clinical Diagnosis _____

Other _____

Place
"Not used for Specimens"
Label Here

FOR LAB USE ONLY