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

ACCOUNT NO.

MED. REC. NO.

NAME

BIRTH DATE **SEX**

REQUIRED INFORMATION:
Ordering Physician No.:_____

Ordering Physician:_____

Clinical Dx/Hx/Data:_____

Collection Date:_____/_____/_____ **Time:**_____

Collection Location:_____ **Phone:**_____

Results Needed: ☐ Routine ☐ Urgent ☐ Extreme Emergency

ICD-10 Codes(s):_____

ICD-10 Description:_____

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

CORE LAB (HRC 9th floor)

☐ 0872 **Basic Metabolic Set♣**: Na, K, Cl, BUN, Creat, Glu, CO_2, Ca
☐ 0873 **Comprehensive Metabolic Set♣**: Na, K, Cl, BUN, Creat, Ca, Glu Alb, ALT, Alk Phos, T.Bili, AST, T.Protein, CO_2
☐ 1066 **Electrolyte Set♣**: Na, K, Cl, CO_2
☐ 1068 **Liver Set♣**: T.Bili, D. Bili, ALT, Alk Phos, AST, Alb, T. Protein
☐ 0844 **Renal Funct. Set♣**: Na, K, Cl, BUN, Crea, Glu, CO_2, Ca, Phos, Alb
☐ 0173 **Lipid Set♣**: Cholesterol, Triglycerides, HDL, calc LDL

☐ 0104 Albumin ♣
☐ 2182 ALT♣
☐ 0003 Amylase♣
☐ 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 CO_2♣
☐ 0026 Cortisol♦
☐ 0029 Creatinine♣
☐ 2044 Dilantin (Phenytoin)♣
☐ 0245 Ferritin♣
☐ 0532 Fibrinogen**
☐ 0243 Free T4♣
☐ 0038 Glucose♣
☐ 0505 Hematocrit*
☐ 2046 Potassium (K)♣
☐ 0070 Protein♣
☐ 5059 PT/INR**
☐ 0528 PTT**
☐ 2045 Sodium (Na)♣
☐ 0051 Triglycerides♣
☐ 0885 Troponin I♣
☐ 0198 TSH♣
☐ 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
☐ 0090 Blood Gas, Venous
☐ 2284 Sodium, Whole Blood
☐ 2285 Potassium, Whole Blood
☐ 0107 Calcium, Ionized Whole Bld
☐ 0126 Glucose, Whole Blood
Patient Temp_____ FIO_2_____

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 PCR
☐ 0394 CMV
☐ 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
☐ 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♦
☐ 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/xd/health/services/lab-services/upload/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_____

Place
"Not used for Specimens"
Label Here

FOR LAB USE ONLY

Other_____