



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

ACCOUNT NO. OR NAME

MED. REC. NO.

NAME

BIRTH DATE

SEX

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_

Collection Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Results Needed:  Routine  Urgent

ICD-10 Codes(s): \_\_\_\_\_

ICD-10 Description:

**REQUIRED INFORMATION:**

Ordering Physician No.: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Clinical Dx/Hx/Data: \_\_\_\_\_

Vacutainer Collection Key: ♦Red top ♣Green top ●Na Hep

\*Lavender top \*\*Light blue top \*\*\*Isolator tube & Special form req'd.

<p align="center"><b>CORE LAB (HRC 9<sup>th</sup> floor)</b></p> <p><input type="checkbox"/> <b>Basic Metabolic Set</b>♦: Na, K, Cl, BUN, Creat, Glu, CO<sub>2</sub>, Ca</p> <p><input type="checkbox"/> <b>Comprehensive Metabolic Set</b>♦: Na, K, Cl, BUN, Creat, Ca, Glu, Alb, ALT, Alk Phos, T.Bili, AST, T.Protein, CO<sub>2</sub></p> <p><input type="checkbox"/> <b>Electrolyte Set</b>♦: Na, K, Cl, CO<sub>2</sub></p> <p><input type="checkbox"/> <b>Liver Set</b>♦: T.Bili, D. Bili, ALT, Alk Phos, AST, Alb, T. Protein</p> <p><input type="checkbox"/> <b>Renal Funct. Set</b>♦: Na, K, Cl, BUN, Crea, Glu, CO<sub>2</sub>, Ca, Phos, Alb</p> <p><input type="checkbox"/> <b>Lipid Set</b>♦: Cholesterol, Triglycerides, HDL, calc LDL</p> <p><input type="checkbox"/> Albumin ♣ <span style="margin-left: 150px;"><input type="checkbox"/> Creatinine♣</span></p> <p><input type="checkbox"/> ALT♣ <span style="margin-left: 150px;"><input type="checkbox"/> Dilantin (Phenytoin)♣</span></p> <p><input type="checkbox"/> Amylase♣ <span style="margin-left: 150px;"><input type="checkbox"/> Ferritin♣</span></p> <p><input type="checkbox"/> AST♣ <span style="margin-left: 150px;"><input type="checkbox"/> Fibrinogen**</span></p> <p><input type="checkbox"/> Bilirubin, Direct♣ <span style="margin-left: 150px;"><input type="checkbox"/> Free T4♣</span></p> <p><input type="checkbox"/> Bilirubin, Total♣ <span style="margin-left: 150px;"><input type="checkbox"/> Glucose♣</span></p> <p><input type="checkbox"/> Urea Nitrogen♣ <span style="margin-left: 150px;"><input type="checkbox"/> Hematocrit*</span></p> <p><input type="checkbox"/> Calcium♣ <span style="margin-left: 150px;"><input type="checkbox"/> Potassium (K)♣</span></p> <p><input type="checkbox"/> CBC only* <span style="margin-left: 150px;"><input type="checkbox"/> Protein♣</span></p> <p><input type="checkbox"/> CBC, w/Diff * <span style="margin-left: 150px;"><input type="checkbox"/> PT/INR**</span></p> <p><input type="checkbox"/> Chloride♣ <span style="margin-left: 150px;"><input type="checkbox"/> PTT**</span></p> <p><input type="checkbox"/> HDL Cholesterol♣ <span style="margin-left: 150px;"><input type="checkbox"/> Sodium (Na)♣</span></p> <p><input type="checkbox"/> LDL Cholesterol♣ <span style="margin-left: 150px;"><input type="checkbox"/> Triglycerides♣</span></p> <p><input type="checkbox"/> Cholesterol, Total♣ <span style="margin-left: 150px;"><input type="checkbox"/> Troponin I♣</span></p> <p><input type="checkbox"/> CK♣ (Creatine Kinase) <span style="margin-left: 150px;"><input type="checkbox"/> TSH♣</span></p> <p><input type="checkbox"/> CO<sub>2</sub> ♣ <span style="margin-left: 150px;"><input type="checkbox"/> UA Microscopic</span></p> <p><input type="checkbox"/> Cortisol♦ <span style="margin-left: 150px;"><input type="checkbox"/> UA Dipstick</span></p> <p><b>BLOOD GASES:</b> Submit minimum of 500µL whole blood in a heparinized blood gas syringe, without needle, for the following tests:</p> <p><input type="checkbox"/> Blood Gas, Arterial <span style="margin-left: 100px;"><input type="checkbox"/> Blood Gas, Venous</span></p> <p><input type="checkbox"/> Sodium, Whole Blood <span style="margin-left: 100px;"><input type="checkbox"/> Potassium, Whole Blood</span></p> <p><input type="checkbox"/> Calcium, Ionized Whole Bld <span style="margin-left: 100px;"><input type="checkbox"/> Glucose, Whole Blood</span></p> <p>Patient Temp _____ <span style="margin-left: 100px;">FI0<sub>2</sub> _____</span></p>	<p align="center"><b>MICROBIOLOGY/VIROLOGY</b></p> <p align="center"><b>Required for all orders:</b></p> <p><b>Specimen Type</b></p> <p><input type="checkbox"/> Swab <input type="checkbox"/> Tissue <input type="checkbox"/> Body Fluid</p> <p><b>Source</b> _____</p> <p><input type="checkbox"/> Routine Bacterial Cult. &amp; Gram Stain (Stain applicable only to certain specimen types)</p> <p><input type="checkbox"/> AFB Culture (If Bld, ***) &amp; Stain</p> <p><input type="checkbox"/> Fungal Culture &amp; Stain</p> <p><b>Viral PCR</b></p> <p><input type="checkbox"/> CMV</p> <p><input type="checkbox"/> Herpes Only</p> <p><input type="checkbox"/> Enterovirus</p> <p><input type="checkbox"/> Varicella-Zoster</p> <p><b>Other Microbiology</b></p> <p><input type="checkbox"/> STAT Gram Stain</p> <p><input type="checkbox"/> Nocardia culture</p> <p><input type="checkbox"/> C. Difficile Toxin</p> <p><input type="checkbox"/> Fecal Leukocytes</p> <p><input type="checkbox"/> Ova &amp; Parasite Exam, Stool</p> <p><input type="checkbox"/> GC/Chlam DNA Probe</p> <p><input type="checkbox"/> PCP (Pneumocystis carinii)</p> <p><input type="checkbox"/> Rapid Influenza</p>	<p align="center"><b>MISCELLANEOUS</b></p> <p><input type="checkbox"/> HIV 1&amp;2 AB Screen♦</p> <p><input type="checkbox"/> HTLV-I/II♦</p> <p><input type="checkbox"/> Hep. A AB IgM♦</p> <p><input type="checkbox"/> Hep. A AB Screen♦</p> <p><input type="checkbox"/> Hep. B Core AB♦</p> <p><input type="checkbox"/> Hep. B Surf. AB, Qual♦</p> <p><input type="checkbox"/> Hep. B Surf. Antigen♦</p> <p><input type="checkbox"/> Hep. C AB*</p> <p><input type="checkbox"/> CMV AB Total♦</p> <p><input type="checkbox"/> RA Factor, Qual♦</p> <p><input type="checkbox"/> RPR, Qual., serum♦</p> <p><input type="checkbox"/> ACTH*</p> <p><input type="checkbox"/> Cyclosporine*</p> <p><input type="checkbox"/> Tacrolimus (FK506)*</p> <p><b>FLOW CYTOMETRY</b></p> <p><input type="checkbox"/> ALPS - Immunodeficiency*</p> <p><input type="checkbox"/> CD3* T-Cell Count Monitoring</p> <p><input type="checkbox"/> CD4 T-Cell*</p> <p><input type="checkbox"/> CD19 Surface Marker*</p> <p><input type="checkbox"/> Lymph Quantitation (T, B, NK) * (send CBC &amp; Diff with slide)</p> <p><input type="checkbox"/> Leukemia/Lymphoma Marker *● (send CBC, Diff and slide with specimen)</p> <p><input type="checkbox"/> Lymph Reconstitution/Activation* (send CBC and Diff with specimen)</p> <p><input type="checkbox"/> PNH*</p>
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Refer to Blood Bank Requisition:

[Blood Bank Requisition](#)

Call 4-8537 for blood products

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

Test requested: \_\_\_\_\_

Clinical Diagnosis: \_\_\_\_\_

**Results will be immediately available to the patient unless you mark the box below:**

Do not release (I reasonably believe that an Information Blocking exception applies)

**Other:** \_\_\_\_\_

Place  
 "Not used for Specimens"  
 Label Here

**FOR LAB USE ONLY**