



LAB REQUISITION

PLEASE PRINT CLEARLY

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PRIORITY ☐ ROUTINE ☐ STAT (call the lab · no STAT fee Mon-Fri, 9 AM – 2 PM) ☐ Fasting

PATIENT INFORMATION

LAST NAME FIRST NAME
DATE OF BIRTH SEX: M / F MRN / PATIENT ID
ADDRESS
PHONE ROOM / UNIT

FACILITY & ORDERING PROVIDER

FACILITY NAME
ORDERING PROVIDER NPI
FACILITY PHONE FACILITY FAX
NURSE / CONTACT
SEND RESULTS BY ☐ Fax ☐ Provider portal ☐ Both

BILLING & DIAGNOSIS

☐ Medicare ☐ Medicaid ☐ Commercial insurance ☐ Medicare Advantage ☐ Bill facility ☐ Self-pay

INSURANCE NAME MEMBER / POLICY # GROUP #
ICD-10 DX CODE 1 (REQUIRED) ICD-10 CODE 2 ICD-10 CODE 3 ICD-10 CODE 4

TESTS REQUESTED

CHEMISTRY

- ☐ BMP (Basic metabolic)
☐ CMP (Comprehensive)
☐ Lipid panel
☐ Hepatic function panel
☐ Renal function panel
☐ Magnesium
☐ Phosphorus
☐ Uric acid
☐ Hemoglobin A1c
☐ Iron & TIBC

HEMATOLOGY

- ☐ CBC with differential
☐ CBC without differential

COAGULATION

- ☐ PT / INR
☐ PTT
☐ D-dimer
☐ Fibrinogen

IMMUNOASSAY / ENDOCRINE

- ☐ TSH
☐ Free T4
☐ Vitamin D, 25-OH
☐ Vitamin B12
☐ Folate
☐ Ferritin
☐ PSA, total
☐ Troponin I
☐ BNP
☐ hCG, quantitative

RAPID MOLECULAR (PCR)

- ☐ SARS-CoV-2 / Flu A/B / RSV
☐ C. difficile
☐ MRSA screen
☐ Strep A
☐ CT / NG

OTHER TESTS

SPECIMEN & COLLECTION

☐ SST / Gold ☐ Lavender (EDTA) ☐ Light blue (citrate) ☐ Gray ☐ Green ☐ Urine ☐ NP / swab ☐ Stool
COLLECTION DATE COLLECTION TIME COLLECTED BY # OF TUBES

CLINICAL NOTES / SPECIAL INSTRUCTIONS

ORDERING PROVIDER / AUTHORIZED SIGNATURE

DATE

LAB USE ONLY

ACCESSION #

RECEIVED DATE / TIME

RECEIVED BY

TEMP / CONDITION OK