DT18123

Children's Healthcare of Atlanta
LABORATORY OUTPATIENT REQUISITION FORM

Name_____

Date of Birth_____

MRN#_____

Account/HAR#_____

PATIENT IDENTIFICATION

☐ **STAT**

Insurance Info: Bill to: Insurance:_____ Group #_____

Pre-Cert #_____

Order for Collection Date:_____ Time:_____

☐ **Phone results to**_____

☐ **Fax results to**_____

Diagnosis Code (ICD-10) (signs or symptoms: R/O codes unacceptable):_____

Physician name (print)_____ **Physician signature**_____ **Date**_____ **Time**_____

Patient's phone number_____

Chemistry Panels

☐	**Electrolyte Panel**** **(LYTES)** Cl, CO_2, K, Na
☐	**Basic Metabolic Panel**** **(BMPL)** Ca, CO_2, Cl, Creat, Glu, K, Na, BUN
☐	**Renal Function Panel**** **(RFP)** Alb, Ca, CO_2, Cl, Creat, Glu, Phos, K, Na, BUN
☐	**Hepatic Function Panel**** **(HFP)** Alb, TBili, DBili, Alk Phos, TP, ALT, AST
☐	**Comprehensive Metabolic Panel**** **(CMP)** Alb, TBili, Ca, CO_2, Cl, Creat, Glu, Alk Phos, K, TP, Na, ALT, AST, BUN
☐	**Lipid Panel** **(LIPP)** Chol, Trig, HDL, LDL, VLDL
☐	**Glucose Tolerance Test 2Hr Only** **(GTT2H)**

Microbiology

	Special Instructions
	*****These tests have special instructions for collection. If the sample submitted for this testing is collected outside of the CHOA lab, see the CHOA test menu (www.testmenu.com/choa) for important information to avoid specimen rejection*****
☐	Blood Culture (CUBLD)
☐	***Stool Culture (CUSTOL)
☐	***Urine Culture (CURINE)
☐	***Fecal Fat, Qual. (FFATQL)
☐	***Occult Blood Stool (OCBLDS)
☐	***Ova & Parasites (OVAPAR)
☐	**Other Tests:**

Hematology

☐	CBC (CBC)
☐	CBC w/Diff (CBCD)
☐	Erythrocyte Sedimentation Rate (ESR)
☐	Reticulocyte Count (RETIC)
☐	Prothrombin Time w/INR (PT)
☐	Activated Partial Thromboplastin Time (APTT)
☐	Prothrombin Time/APTT (PTPTT)
☐	Fibrinogen (FIBR)
☐	D-Dimer (DDIM)
☐	Heparin Assay (HEPASY)
☐	T/B/NK (Lymphocyte Subset Analysis)
☐	T/B/NK RA/RO (TBNKRA)

Blood Bank

☐	Blood Type ABO and RH (ABORH)
☐	Type and Screen (TYSC)
☐	Direct Coombs (DAT)
☐	Isohemagglutinin Titer (ISOHEM)
☐	**Other Tests:**

Miscellaneous Testing

☐	HIV-1 RNA Quantitative NAAT (HIV1Q)
☐	CMV by PCR (CMVQT)
☐	EBV by PCR (EBVQT)
☐	***C. difficile by PCR (CDTPCR)
☐	Sweat Chloride (SWCL) **(By Appointment ONLY;** Call 404-785-6014. **To fax patient orders for Sweat Testing ONLY** use, 404-785-4542)

Chemistry

☐	Alanine Aminotransferase (ALT)
☐	Aspartate Aminotransferase (AST)
☐	Albumin (ALB)
☐	Alkaline Phosphatase (ALKP)
☐	Ammonia (AMON)
☐	Amylase (AMY)
☐	Bilirubin, Total and direct (BILI)
☐	Bilirubin, total (BILITO)
☐	Blood Urea Nitrogen (BUN)
☐	Calcium (CA)
☐	Complement 3 (C3)
☐	Complement 4 (C4)
☐	Cholesterol (CHOL)
☐	C-Reactive Protein (CRP)
☐	Creatinine (CREAT)
☐	Creatinine Phosphokinase (CK)
☐	Cystatin C (CYSCP)
☐	Epstein Barr Serology Panel (EPBARR)
☐	Ferritin (FER)
☐	Glucose (GLU)
☐	HIV-1 p24 Ag and HIV-1-2 Ab with Reflex (HIVCMB)
☐	Hemoglobin A1C (HBA1CU)
☐	Hepatitis B Surface Antigen (HBAGP)
☐	Hepatitis Acute Serology Panel (HPACUT)
☐	Iron w/Iron Binding Capacity (IRONB)

Chemistry

☐	Iron (IRON)
☐	Immunoglobulin A (IGA)
☐	Immunoglobulin G (IGG)
☐	Immunoglobulin M (IGM)
☐	Immunoglobulin E (TIGE)
☐	Lead (LEAD)
☐	Lipase (LIPA)
☐	Magnesium (MG)
☐	Monospot Test (MONOTS)
☐	Parathyroid Hormone Intact with Calcium (PTHNT)
☐	Phenobarbital (PHENO)
☐	Phosphorus (PHOS)
☐	Pregnancy **Serum** (PREGQT)
☐	Pregnancy **Urine** (UPREG)
☐	Rapamycin/Sirolimus (RAPAMY)
☐	Sodium (Na)
☐	Tacrolimus (TAC)
☐	Thyroxine Free (T4FREE)
☐	Thyroid Stimulating Hormone (TSH)
☐	Triglyceride (TRIG)
☐	Urinalysis with reflex to culture (UA)
☐	Urinalysis without reflex to culture (UAN)
☐	Vitamin D, 25-hydroxy (VITAMD)
☐	Vancomycin (VANR)

****Diagnosis coding needs to support the medical necessity of each component of the ordered panel in order to be submitted to government sponsored payers (Medicare, Medicaid, Tricare).**

Physician address: _____

Scottish Rite Campus: 1001 Johnson Ferry Road, NE, Atlanta, GA 30342
Laboratory: 404-785-5276, Fax Number: 404-785-4963

Arthur M. Blank Campus: 2220 N Druid Hills RD NE, Atlanta, GA 30329
Laboratory: 404-785-6415, Fax: 470-555-6195