



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		Hematology		Chemistry		Chemistry	
Electrolyte Panel** (LYTES) Cl, CO ₂ , K, Na		CBC (CBC)		Alanine Aminotransferase (ALT)		Iron (IRON)	
		CBC w/Diff (CBCD)		Aspartate Aminotransferase (AST)		Immunoglobulin A (IGA)	
Basic Metabolic Panel** (BMPL) Ca, CO ₂ , Cl, Creat, Glu, K, Na, BUN		Erythrocyte Sedimentation Rate (ESR)		Albumin (ALB)		Immunoglobulin G (IGG)	
		Reticulocyte Count (RETIC)		Alkaline Phosphatase (ALKP)		Immunoglobulin M (IGM)	
Renal Function Panel** (RFP) Alb, Ca, CO ₂ , Cl, Creat, Glu, Phos, K, Na, BUN		Prothrombin Time w/INR (PT)		Ammonia (AMON)		Immunoglobulin E (TIGE)	
		Activated Partial Thromboplastin Time (APTT)		Amylase (AMY)		Lead (LEAD)	
Hepatic Function Panel** (HFP) Alb, TBili, DBili, Alk Phos, TP, ALT, AST		Prothrombin Time/APTT (PTPTT)		Bilirubin, Total and direct (BILI)		Lipase (LIPA)	
		Fibrinogen (FIBR)		Bilirubin, total (BILITO)		Magnesium (MG)	
Comprehensive Metabolic Panel** (CMP) Alb, TBili, Ca, CO ₂ , Cl, Creat, Glu, Alk Phos, K, TP, Na, ALT, AST, BUN		D-Dimer (DDIM)		Blood Urea Nitrogen (BUN)		Monospot Test (MONOTS)	
		Heparin Assay (HEPASY)		Calcium (CA)		Parathyroid Hormone Intact with Calcium (PTHNT)	
Lipid Panel (LIPP) Chol, Trig, HDL, LDL, VLDL		T/B/NK (Lymphocyte Subset Analysis)		Complement 3 (C3)		Phenobarbital (PHENO)	
		T/B/NK RA/RO (TBNKRA)		Complement 4 (C4)		Phosphorus (PHOS)	
Glucose Tolerance Test 2Hr Only (GTT2H)		Blood Bank		Cholesterol (CHOL)		Pregnancy Serum (PREGQT)	
		Blood Type ABO and RH (ABORH)		C-Reactive Protein (CRP)		Pregnancy Urine (UPREG)	
Microbiology		Type and Screen (TYSC)		Creatinine (CREAT)		Rapamycin/Sirolimus (RAPAMY)	
Special Instructions ***These tests have special instructions for collection. If the sample submitted for this testing is collected outside of the CHO lab, see the CHO test menu (www.testmenu.com/choa) for important information to avoid specimen rejection***		Direct Coombs (DAT)		Creatinine Phosphokinase (CK)		Sodium (Na)	
		Isohemagglutinin Titer (ISOHEM)		Cystatin C (CYSCP)		Tacrolimus (TAC)	
		Other Tests: Miscellaneous Testing		Epstein Barr Serology Panel (EPBARR)		Thyroxine Free (T4FREE)	
				Ferritin (FER)		Thyroid Stimulating Hormone (TSH)	
Blood Culture (CUBLD)		HIV-1 RNA Quantitative NAAT (HIV1Q)		Glucose (GLU)		Triglyceride (TRIG)	
***Stool Culture (CUSTOL)		CMV by PCR (CMVQT)		HIV-1 p24 Ag and HIV-1-2 Ab with Reflex (HIVCMB)		Urinalysis with reflex to culture (UA)	
***Urine Culture (CURINE)		EBV by PCR (EBVQT)			Urinalysis without reflex to culture (UAN)		
***Fecal Fat, Qual. (FFATQL)		***C. difficile by PCR (CDTPCR)		Hemoglobin A1C (HBA1CU)		Vitamin D, 25-hydroxy (VITAMD)	
***Occult Blood Stool (OCBLDS)		Sweat Chloride (SWCL) (By Appointment ONLY; Call 404-785-6014. To fax patient orders for Sweat Testing ONLY use, 404-785-4542)		Hepatitis B Surface Antigen (HBAGP)		Vancomycin (VANR)	
***Ova & Parasites (OVAPAR)				Hepatitis Acute Serology Panel (HPACUT)			
Other Tests:				Iron w/Iron Binding Capacity (IRONB)			

****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

Arthur M. Blank Campus: 2220 N Druid Hills RD NE, Atlanta, GA 30329

22382-06 (Rev. 01/26)

Laboratory: 404-785-5276, Fax Number: 404-785-4963

Laboratory: 404-785-6415, Fax: 470-555-6195

Page 1 of 1