REQUISITION FORM NAVAL HOSPITAL
OAK HARBOR, WA
LABORATORY DEPARTMENT

For assistance call 257-9677

Note: This form is to be utilized as a backup when CHCS/AHLTA/Essentris computer systems are down.

Please note that *italicized* areas **MUST** be completed or the request cannot be accepted.

Patient Information: *Last Name, First Name, MI.*			**Requesting Physician Information:** *Full Name:*
DOB:		*Sex:*	*Phone#*:
Date/Time:	Priority: ( )STAT ( )ASAP ( )Routine	Order Comments/Remarks	

GENERAL CHEMISTRY	REFERENCE TESTING	SEROLOGY
( ) **BASIC** (BUN, CREA, GLU, NA, K, CL,CO2, CA)	( ) **BNP**	( ) **RPR**
( ) **LIVER** (ALB, BU/BC, ALT, AST, TP, ALP, A/G RATIO)	( ) **PSA**	( ) **RHEUMATOID FACTOR**
( ) **LIPID PANEL** (CHOL, TRIG, HDL)	( ) **HEP A/B/C PANEL**(HbsAg, HbcAb, HAV, HCV, HBsAb) or circle one for individual testing	( ) **MONO TEST**
( ) **LYTES** (NA, K, CL, CO2)	( ) **RUBELLA IMMUNITY SCREEN**	( ) **SICKLE CELL**
( ) **IRON PANEL** (IRON ,TIBC, %SAT)	( ) **CHLAMYDIA/GC DNA PROBE** Source: ( )Endocervical ( )Urethral ( )Urine	( ) **G6PD**
( ) **NEONATAL BILI** (Neonatal - Total & Direct)	( ) **OTHER:**	( ) **H. PYLORI**
( ) **CARDIAC** (CKMB, TropI, CK)		( ) **OTHER:**
( ) **THYROID** (TSH & Free T4)	**URINE CHEMISTRY**	
( ) **HCG, QUANT**	( ) **CREATININE**	**URINALYSIS**
( ) **GLUCOSE**	( ) **PROTEIN**	( ) **OH-UA** (dipstick only)
( ) **AMYLASE**	( ) **CREATININE CLEARANCE**	( ) **OH-UA w/ Microscopic**
( ) **LIPASE**	( ) **MICROALBUMIN**	( ) **URINE HCG**
( ) **MG**	( ) **OTHER:**	( ) **OTHER:**
( ) **URIC ACID**		
( ) **ALCOHOL**	COLLECTION METHOD:	**BLOOD BANK**
( ) **ACETAMINOPHEN** (TYLENOL)	( ) RANDOM (spot)	( ) **ABO/RH TYPING**
( ) **SALICYLATE** (ASPIRIN)	( ) 24 hr Time: to	( ) **ANTIBODY SCREEN**
( ) **OTHER:**	24 hr volume mL	( ) **TYPE AND SCREEN** (Needs SF518)
THERAPEUTIC DRUGS	**HEMATOLOGY**	( ) **DIRECT ANTIGLOBULIN TEST**
( ) **CARBAMAZEPINE** (TEGRETOL)	( ) **CBC** (CBC W/AUTOMATED DIFF)	( ) **FETAL CELL SCREEN**
( ) **DIGOXIN** (LANOXIN, DIGITALIS)	( ) **CBC (without auto diff)**	( ) **CORD BLOOD WORKUP**
( ) **GENTAMICIN** ( )PEAK ( )TROUGH	( ) **H/H** (Hgb, Hct)	( ) **OTHER:**
( ) **PHENYTOIN** (DILANTIN)	( ) **MANUAL DIFFERENTIAL**	
( ) **THEOPHYLLINE** (AMINOPHYLLINE)	( ) **SED RATE**	**MICROBIOLOGY**
( ) **PHENOBARBITAL**	( ) **RETIC COUNT**	SOURCE: SITE:
( ) **VANCOMYCIN** ( )PEAK ( )TROUGH	( ) **NASAL SMEAR FOR EOSINOPHILS**	Dx: ANTIBIOTICS:
( ) **LITHIUM**	( ) **MALARIA SMEAR**	Remarks:
Date/Time of Dose:	( ) **FECAL LEUKOCYTE**	( ) **CULTURE & SENSITIVITY**
	( ) **SEMEN ANALYSIS**	( ) Aerobic ( ) Anaerobic
( ) **OTHER:**	( ) **POST VASECTOMY**	( ) **GRAM STAIN** (Must submit 2nd swab)
SPECIAL CHEMISTRY	( ) **OTHER:**	( ) **FUNGAL CULTURE**
( ) **OH-ABG** (pH, pO_2 ,pCO_2, BE, TCO_2 ,O_2 sat)		( ) **MRSA CULTURE**
SITE: ( ) Arterial ( ) Venous ( ) Cord	**COAGULATION**	( ) **BLOOD CULTURE** SITE:
BODY FLUIDS	( ) **PT** (PT W/INR)	( ) **GROUP B CULTURE**
( ) **BODY FLUID ANALYSIS** (Ct/diff) Source: ( )CSF ( ) PLEURAL ( )SYNOVIAL ( )PERICARDIAL ( ) PERITONEAL ( )OTHER:	( ) **PTT**	( ) **RSV**
	( ) **D-DIMER**	( ) **INFLUENZA A/B**
	( ) **OTHER:**	( ) **RAPID STREP A**
( ) **CRYSTAL ANALYSIS**		( ) **OTHER:**

Additional Test Requests: