



FCLAB

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TEST REQUISITION

DATE OF SERVICE ____/____/____	DATE OF COLLECTION ____/____/____	TECH CODE _____	DRAW SITE _____
LAST NAME _____	ROOM _____ BED _____	TIME OF DRAW OR PICK-UP ____:____ AM PM	DATE OF DRAW OR PICK-UP ____/____/____
FIRST NAME _____	SEX M _____ F _____	TOTAL MILE _____	TOTAL DRAW _____ TOTAL STOPS _____
DATE OF BIRTH ____/____/____	STAT _____	STAT LAB _____	
PHYSICIANS NAME (LAST, FIRST) _____		DATE DROPPED ____/____/____	TIME DROPPED ____:____ AM PM
NURSE SIGNATURE (ONLY IF PATIENT REFUSED BLOOD DRAW) _____		NURSE SIGNATURE ALLOWING DRAW OF PATIENT WITH LINE _____	

BILL TO: MEDICARE MEDICAID INSURANCE FACILITY PATIENT	MEDICARE NO. _____ MEDICAID NO. _____ INSURANCE NAME _____ INSURANCE POLICY / GROUP NO. _____
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DIAGNOSIS: _____

LABORATORY TESTS

Chemistry		Other Tests (continued)		Microbiology	
BMP (Basic Metabolic Panel)	SG	Digoxin	S	Urinalysis	PM
CMP (Comprehensive Metabolic Panel)	SG	Dilantin	S	Urine Cult & Sens	PM
Electrolytes Panel	S	FBS	SG	Occult Blood-Stool	PM
Hepatic Function Panel	S	Ferritin	S	OVA & Parasites	PM
Lipid Panel	S	Folic Acid	S	C. Diff Toxin	PM
Renal Panel	S	Glucose	SG	C. Diff Ag	PM
		Hemoglobin A1C	L	C. Diff DNA	PM
Hematology / Coagulation		Hep. A Antibody Igm	S	Influenza A/B	PM
CBC with Differential	L	Hep. B Core Antibody Igm	S	Strep A	PM
WBC with Differential	L	Hep. B Surf. Antigen	S	Mononucleosis	PM
H&H	L	Hep. B Surf Antibody	S	Blood	PM
Hemogram	L	Hep. C Antibody	S	Eye culture	PM
PT/INR	B	HIV	S	Misc. Source: _____	PM
PTT	B	Homocysteine	L	Nose Culture	PM
Sedimentation Rate	L	Iron/Fe/TIBC	S	Rectal culture	PM
		Keppra	S	Sputum culture	PM
Thyroid Tests		Lipase	S	Stool culture	PM
TSH	S	Lithium	S	Throat culture	PM
Free T4	S	Magnesium	S	Vaginal culture	PM
Free T3	S	Micro-Albumin (Urine)	U	Wound culture Source: _____	PM
		Phenobarbital	S	MRSA Source: _____	PM
Other Tests		Potassium (K+)	S	VRE Source: _____	PM
Ammonia	L	Prealbumin	S		
Amylase	S	PSA	S		
Albumin	S	Tegretol	S		
B12	S	Theophylline	S		
B12/Folic Acid	S	Troponin	S		
BNP	L	Urine Drug Screen	S		
Clozaril	LS	Vancomycin Peak	S		
CPK	S	Vancomycin Trough	S		
Creatinine	S	Vancomycin Random	S		
Depakene (VPA)	S	HIV/HBV/HCV NAT	L		

LAB USE ONLY

S= SERUM SEPARATOR TUBE L= LAVENDER TOP TUBE B= BLUE TOP TUBE G= GREY TOP TUBE U= URINE PM= PROCEDURE MANUAL / CALL

Other: _____

AUTHORIZED SIGNATURE: _____