



CLIA '88 mandates the Laboratory maintains documentation of any test requested by physicians. The office of Inspector General (OIG) mandates that diagnosis and physician signature be provided with laboratory test requests supporting the medical necessity. This form that lists most frequently ordered tests (or other written material) must be submitted to the Laboratory at Children's Hospitals and Clinics of Minnesota.

This can be: a) Delivered by the patient b) Faxed or Mailed to the Lab c) Dropped off in the Lab

**Mpls Lab:** 2525 Chicago Ave S  
Minneapolis, MN 55404  
ph: (612)813-6280 fax: (612)813-6951

**St. Paul Lab:** 345 N Smith Ave  
St. Paul, MN 55102  
ph. (651)220-6550 fax: (651)220-5280

Date/Time to be done \_\_\_\_\_

Date/Time Collected \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_ Patient's Sex: M / F

Patient's Diagnosis(es) related to this laboratory request: \_\_\_\_\_

Ordering Provider (please print): \_\_\_\_\_ Provider's Phone#: \_\_\_\_\_

Ordering Provider address: \_\_\_\_\_ Provider's Fax#: \_\_\_\_\_

Ordering Provider's Signature: \_\_\_\_\_

# of Tests Ordered:

**COAGULATION**

APCRB	Act Protein C Resistance/F5 Leiden Screen
AT3	Antithrombin III
FACTORS	Circle each: 2 5 7 8 9 10 11
FIB	Fibrinogen
HLMW	Heparin / LMW (anti XA)
HEPU	Heparin Unfractionated (anti XA)
LUPI	Lupus Inhibitor
PFAS	Platelet Function Assay
PRC	Protein C Chromogenic
PRSA	Protein S Activity
PT	PT with INR (Prothrombin)
WPT	PT with INR, Warfarin
PTT	PTT (activated)
TT	Thrombin Time
VONAM	Von Willebrand Antigen
VWS	Von Willebrand Screen

**CHEMISTRY**

NA	Sodium
K	Potassium
CL	Chloride
TCO2	Carbon Dioxide
NH3	Ammonia
AMYL	Amylase
AST	AST/SGOT
ALT	ALT/SGPT
BILI	Bilirubin, Total and Direct
DBIL	Bilirubin, DIRECT ONLY
TBIL	Bilirubin, TOTAL ONLY
BUN	BUN
CA	Calcium
CELIA	Celiac Panel
CHOL	Cholesterol
CRP	C-Reactive Protein
CREA	Creatinine
ETDI	Estradiol
FSH	Follicle Stimulating Hormone
GGT	Gamma GT
GLUC	Glucose
HA1C	Hemoglobin A <sub>1c</sub>
IGA	IGA
IGE	IgE
IGG	IgG
IGGS	IgG Subclasses
IGM	IgM
INGF1	IGF-1/Somatomedin C
IGFB	IGF Binding Protein 3
ICA	Ionized Calcium
PB	Lead
LH	Luteinizing Hormone
MG	Magnesium
PO4	Phosphorus
PROCA	Procalcitonin
TESTO	Testosterone
TTGA	Tissue Transglutaminase IgA
TP	Total Protein
TRIG	Triglyceride
FT4	T4, Free
T4	T4
TSH	Thyroid Stimulating Hormone
TT3	Total T3
URIC	Uric Acid
VDT	Vitamin D, 25-Hydroxy, Total

**IMMUNOLOGY**

RAAP	Reflexive ANA Profile
IMMP	Immunodeficiency Panel (6aby)
CISP	Comprehensive Immune Status Panel (11aby)

**DRUGS**

CARB	Carbamazepine (Tegretol®)
CZPS	Clonazepam (Klonopin®)
ZAR	Ethosuximide (Zarontin®)
FELBA	Felbamate (Felbatol®)
NEUR	Gabapentin (Neurontin®)
GENT	Gentamicin (Garamycin®)
LAMO	Lamotrigine (Lamictal®)
LEVET	Levetiracetam (Keppra®)
OXCA	Oxcarbazepine (Trileptal®)
PHB	Phenobarbital (Luminal®)
DIL	Phenytoin (Dilantin®), Total
FDIL	Phenytoin, Free
MYS	Primidone (Mysoline®)
TOPX	Topiramate (Topamax®)
VALP	Valproic Acid (Depakene®)
FVPA	Valproic Acid, Free
VANC	Vancomycin
OTHER	
OTHER	

**SEROLOGY**

CMV	CMV Serology (includes IgM & IgG)
EBVS	EBV Serology
HEA	Hepatitis A Antibody
HBSAB	Hepatitis B Surface Antibody
HBSA	Hepatitis B Surface Antigen
AHCV	Hepatitis C Antibody
HIVI	HIV-1,2 Ag/Ab Evaluation Reflex
LYMS	Lyme Serology Eval, Reflex (B. Burgdorferi)

**TRANSFUSION/BLOOD BANK**

ABRH	ABO/Rh
DAT	Direct Coombs
TYAS	Type & Screen
OTHER	# of Units _____
OTHER	Product on hold _____

**MISCELLANEOUS**

CRCL	24 hour Creatinine Clearance - * Please include the patient's height and weight
	Height: _____ Weight: _____
OTHER	
OTHER	

**HEMATOLOGY**

ABC	CBC without Differential
CBC	CBC/Platelet/Differential
HGB	Hemoglobin
ESR	ESR (Sed Rate)
MORPH	Morphology (also order CBC & RETB)
PLTB	Platelet Count
RETB	Reticulocyte
WBC	White Blood Count

**URINE/STOOL/MICROBIOLOGY/MOLECULAR**

BC	Blood Culture (aerobic & anaerobic)
CDTP	C-Difficile Toxin PCR
GENC	Genital Culture (source _____)
CRID	Giardia/Cryptosporidium Direct FA
GI	GI Pathogen Panel
HSVPP	Herpes PCR
FABP	Influenza PCR
OCB	Occult Blood
OAP	Ova & Parasites
RIP	RSV & Influenza PCR
RSVPC	RSV PCR
STLC	Stool Culture
GASDN	Strep A PCR
TVPCR	Trichomonas PCR
UMAC	Urinalysis, routine (circle Void or Cath)
UC	Urine Culture (circle Void or Cath)
URHCG	Urine Pregnancy
OTHER	
OTHER	

**TEST PANELS APPROVED BY THE AMA**

PR7	Basic Metabolic Profile (includes Na, K, Cl, CO <sub>2</sub> , BUN, Creatinine, Glucose, Anion Gap & Ca)
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PR12	Comprehensive Metabolic Panel (includes BUN, Creatinine, Glucose, Na, K, Ca, Cl, Alb, TP, Tbili, AST, ALT, ALK, CO <sub>2</sub> & Anion Gap)
LIVP	Liver Panel (includes AST, ALK, Total & Direct Bilirubin, Albumin, ALT & TP)
LYTE	Electrolyte Panel (includes Na, K, Cl, CO <sub>2</sub> , Anion Gap)
RENP	Renal Panel (includes Albumin, Ca, CO <sub>2</sub> , Cl, Creatinine, Glucose, PO <sub>4</sub> , K, Na, BUN & Anion Gap)
AHEPR	Hepatitis Panel, Acute, with HCV Reflex (Hepatitis A IgM Ab, Hepatitis B Core IgM Ab, Hepatitis B Surface Ag, Hepatitis C Ab w/reflex to PCR)
LIPL	Lipid Profile (includes Cholesterol, Triglyceride, HDL, LDL)

OUTPATIENT ORDERS FOR LABORATORY TESTING

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ver: 10/30/2020