McLaren
CENTRAL MICHIGAN
1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

LABORATORY REQUISITION

TODAY'S DATE ____________________

Phone: 989-772-6776
Fax: 989-772-6869
Outpatient Hours: 24/7 by appointment
Walk-in hours: 7:00 a.m. – 7:00 p.m. Mon. – Fri.
7:00 a.m. – 3:00 p.m. Sat.

☐ **STAT ORDER**
☐ **ADD-ON ORDER**
☐ **A STANDING ORDER**
Frequency: __________
☐ **Fasting Required (10 – 12 Hrs)**

Patient Name (Last)	**First**	**MI**

Birthdate (M/D/Y)	Age	☐ Male ☐ Female	Clinic:	Date to be done:

Physician Fax:	Physician Phone:	Physician Name (Print):	**Physician Signature (Required):**

Please attach copies of insurance and driver's license.

Collection date/time:	**Collected by:**

Medicare Guidelines require ordering only those tests determined as medically necessary for the diagnosis or treatment of an illness or injury.
A diagnosis must be included for each test ordered.

- ☐ Abdominal Pain (R10.9)
- ☐ Abnormal Liver Function (R94.5)
- ☐ Anemia, Unspecified (D64.9)
- ☐ Anti-Coagulant Therapy (Z79.01)
- ☐ Arthritis (M13.80)
- ☐ Asthma (J45.909)
- ☐ Atrial Fibrillation (I48.91)
- ☐ Cardiac Arrhythmia (I49.9)
- ☐ Chest Pain (R07.9)
- ☐ CHF, Unspecified (I50.9)
- ☐ Chronic Kidney Disorder (N18.9)
- ☐ COPD (J44.9)
- ☐ Coronary Atherosclerosis (I25.10)
- ☐ Cough (R05)
- ☐ CVA (Z86.73)
- ☐ DVT/Deep Vein Thrombosis (I82.409)
- ☐ Diabetes, Type II (E11.9)
- ☐ Dyspnea (R06.00)
- ☐ Dysuria (R30.0)
- ☐ ED (N52.9)
- ☐ Edema (R60.9)
- ☐ Fatigue and Malaise (R53.83)
- ☐ GERD (K21.9)
- ☐ Gout (M10.9)
- ☐ High Risk Med (Z79.899)
- ☐ Hyperglycemia (R73.9)
- ☐ Hypercholesterolemia (E78.00)
- ☐ Hyperlipidemia (E78.5)
- ☐ Hypertension, NOS (I10)
- ☐ Hypothyroidism (E03.9)
- ☐ Influenza (J11.89)
- ☐ Iron Deficiency Anemia (D50.9)
- ☐ Myalgia (M79.10)
- ☐ Pneumonia (J18.9)
- ☐ Pregnancy (Z34.90)
- ☐ Prostate Screening Mal Neoplasm (Z12.5)
- ☐ Renal Failure, Unspecified (N17.9)
- ☐ Screening (Z00.00)
- ☐ Seizure (G40.89)
- ☐ Shortness of Breath (R06.02)
- ☐ Upper Respiratory Infection (J06.9)
- ☐ Urinary Tract Infection (N39.0)
- ☐ Vitamin D Deficiency (E55.9)

Additional Diagnoses:

Test Requests

Chemistry Profiles
- ☐ Electrolyte Panel
- ☐ Basic Metabolic Panel (BMP)
- ☐ Comprehensive Metabolic Panel (CMP)
- ☐ Lipid Panel (fasting required)
- ☐ Renal Function Panel
- ☐ Liver Function Panel

Chemistry
Thyroid Testing
- ☐ T4 Free
- ☐ T4 Total
- ☐ TSH (high sensitive)
- ☐ TSH (high sensitive) w/reflex T4 Free
- ☐ T3 Total

General Testing
- ☐ Albumin
- ☐ Alkaline Phosphatase (ALP)
- ☐ ALT (SGPT)
- ☐ Amylase, Serum
- ☐ AST (SGOT)
- ☐ BHCG, Quantitative
- ☐ Bilirubin, Total
- ☐ Bilirubin, Direct
- ☐ BUN
- ☐ CA125
- ☐ Calcium
- ☐ CEA
- ☐ Cholesterol (fasting required)
- ☐ CK
- ☐ Creatinine
- ☐ CRP
- ☐ CRP, High Sensitive
- ☐ Ferrittin
- ☐ Folate
- ☐ Glucose
  - ☐ Random
  - ☐ Fasting
  - ☐ 2 Hour P.P.
- ☐ Glucose Tolerance
  - ☐ 2 Hour ☐ 3 Hour
- ☐ GGT
- ☐ Glycohemoglobin (Hgb A_1C)
- ☐ Ionized Calcium
- ☐ Iron
- ☐ Iron Binding Capacity
- ☐ LDH
- ☐ Lipase
- ☐ Magnesium
- ☐ Phosphorus
- ☐ Prealbumin

General Testing (Continued)
- ☐ Pregnancy, Serum
- ☐ Pro-BNP (NT)
- ☐ PSA
  - ☐ Screening ☐ Diagnostic
- ☐ Total Protein
- ☐ Triglycerides (fasting required)
- ☐ Uric Acid
- ☐ Vitamin B1 (Thiamine)
- ☐ Vitamin B2 (Riboflavin)
- ☐ Vitamin B6 (Pyridoxine)
- ☐ Vitamin B12
- ☐ Vitamin D 25-OH (D2 and D3)

Therapeutic Drugs
- ☐ Carbamazepine
- ☐ Digoxin
- ☐ Gentamicin
- ☐ Lithium
- ☐ Phenobarbital
- ☐ Phenytoin
- ☐ Theophylline
- ☐ Tobramycin
- ☐ Valproic Acid
- ☐ Vancomycin

Specimen Type: ☐ Random ☐ Trough ☐ Peak
Drug Form: ☐ Liquid ☐ IVpb ☐ IV ☐ IM ☐ Oral
Other: _____________
Time Given: _______________________

Hormone Levels
- ☐ Estradiol
- ☐ FSH
- ☐ LH
- ☐ Prolactin
- ☐ Progesterone
- ☐ DHEAS
- ☐ Testosterone, Total
- ☐ Testosterone, Free

Chemistry Urine
- ☐ Creatinine Clearance
- ☐ Patient height: _______ weight: _______
- ☐ Creatinine, Urine 24 Hr.
- ☐ Microalbumin, Random
- ☐ Protein, Urine 24 Hr.

Blood Bank
- ☐ ABO/Rh Type
- ☐ Antibody Screen
- ☐ Antibody Titer
- ☐ DAT
- ☐ FMH Screen
- ☐ Crossmatch for _____ Units
- ☐ Rh Immune Globulin (RhoGam)

Hematology
- ☐ CBC with Differential
- ☐ CBC **no** Diff.
- ☐ Hemoglobin
- ☐ Hematocrit
- ☐ Platelet Count
- ☐ Reticulocyte Count
- ☐ Sedimentation Rate (Westergren)
- ☐ Smear Review by Pathologist

Coagulation
- ☐ Protime/INR (PT)
- ☐ aPTT
- ☐ Fibrinogen
- ☐ D-Dimer
- ☐ Platelet Function Test

Serology
If the screen is positive, further testing may be performed
- ☐ Acute Hepatitis Screen
  - Hepatitis A IgM
  - Hepatitis B Core IgM
  - Hepatitis B Surface Anitgen
  - Hepatitis C Antibody
- ☐ ANA
- ☐ Hepatitis B Surface Antibody
- ☐ HIV 1 and 2 (include consent)
- ☐ H. pylori Breath Test
- ☐ Mono Screen (Heterophile Ab)
- ☐ RA Screen
- ☐ Rubella Screen
- ☐ Treponemal Antibody

Prenatal Screening
- ☐ CBC with differential
- ☐ RPR
- ☐ Rubella Screen
- ☐ Hepatitis B Surface Antigen
- ☐ ABO/Rh Type
- ☐ Antibody Screen
- ☐ Gonorrhea PCR
- ☐ Chlamydia PCR
- ☐ Glucose O'Sullivan
- ☐ HIV 1 and 2 (include consent)
- ☐ Quad Test (special form)
- ☐ Serum Integrated Test (special form)
- ☐ Full Integrated Test (special form)
- ☐ AFP, maternal (special form)
- ☐ Fetal Fibronectin

Microbiology
General
- ☐ AFB Culture
- ☐ Aerobic Culture
- ☐ Anaerobic Culture
- ☐ Gram Stain
- ☐ KOH Prep
- ☐ Fungus Culture
- ☐ Comprehensive Virus PCR (non-genital)
- ☐ MRSA Screen

Must specify source for any cultures above: ____________________________

- ☐ Blood Culture (x2 on adult)

Respiratory
- ☐ Influenza A and B
- ☐ RSV
- ☐ Rapid Strep (Group A)
- ☐ Sputum Culture
- ☐ Throat Culture
- ☐ Strep Screen Culture (Group A)
- ☐ B.pertussis PCR

Genital
- ☐ Affirm Probe (Trich/Yeast/Gard)
- ☐ Chlamydia PCR source:_______________
- ☐ Gonorrhea PCR source:_______________
- ☐ Vaginal Culture
- ☐ Strep Screen Culture (Group B)
- ☐ Herpes Simplex PCR

Stool
- ☐ Stool Culture
- ☐ Lactoferrin (WBC)
- ☐ Cryptosporidium Antigen
- ☐ Giardia Antigen
- ☐ C. difficile PCR
- ☐ Rotavirus
- ☐ Ova and Parasite (O&P)

Fecal Occult Blood
- ☐ Diagnostic immuno FOB
- ☐ Screening immuno FOB
- ☐ Hemocult Card

Urinalysis
- ☐ Urinalysis
- ☐ Urine Dipstick Only
- ☐ Urinalysis with Culture If Indicated

Specimen Source
☐ CCMS ☐ CYSTO ☐ FOLEY
☐ CATH ☐ ILEO ☐ Other __________

- ☐ Urine Culture

Additional Tests:

Laboratory Requisition (10/4/2019)

MCM-16 07/2023

Ply 1 - Lab Copy Ply 2 - Outpatient or Doctor