



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. _____

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	
CRPHS 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: _____