



66 Painters Mill Rd  
 Suite 200  
 Owings Mills, Md 21117  
 Ph: 410-834-8600 fax: 410-834-8601

## LABORATORY REQUISITION

Facility Information	Patient Information		
Facility Name	Last Name	First Name	Room No.
Address	DOB (Month, Day, Year)	Diamond ID or SS#	
Phone	Specimen Information		
Fax	Date Collected	Time Collected : <input type="checkbox"/> AM <input type="checkbox"/> PM	Phlebotomist
Additional Fax to	Instructions/ Comments:		
Ordering Physician	ICD10 CODES:		

**Top portion MUST be completed before sending to Laboratory**

Panels/ Profiles	Special Chemistry	Hematology/ Coag	Microbiology
<input type="checkbox"/> BMP with eGFR	<input type="checkbox"/> Prealbumin	<input type="checkbox"/> CBCD (auto diff)	<input type="checkbox"/> Culture, Sputum w/Gram Stain
<input type="checkbox"/> CMP with eGFR	<input type="checkbox"/> TSH	<input type="checkbox"/> CBC only	Miscellaneous
<input type="checkbox"/> Electrolytes	<input type="checkbox"/> Free T4	<input type="checkbox"/> H&H (Hgb, Hct)	
<input type="checkbox"/> Renal Profile with eGFR	<input type="checkbox"/> Ferritin	<input type="checkbox"/> Platelet Count	
<input type="checkbox"/> Liver Profile	<input type="checkbox"/> Transferrin	<input type="checkbox"/> Manual Diff	
<input type="checkbox"/> Lipid Profile	<input type="checkbox"/> PSA (screen)	<input type="checkbox"/> ESR (Sed Rate)	
<input type="checkbox"/> Iron Panel	<input type="checkbox"/> PSA (diagnostic)	<input type="checkbox"/> Retic Count	
Chemistry	<input type="checkbox"/> CRP	<input type="checkbox"/> PT/INR	
<input type="checkbox"/> Magnesium	<input type="checkbox"/> Vit B12	<input type="checkbox"/> PTT	
<input type="checkbox"/> Phosphorus	<input type="checkbox"/> Folate	<input type="checkbox"/> Fibrinogen	
<input type="checkbox"/> Amylase	<input type="checkbox"/> PTH, intact	<input type="checkbox"/> D-Dimer	
<input type="checkbox"/> Lipase	<input type="checkbox"/> Vit D, 25- Hydroxy	Urinalysis	
<input type="checkbox"/> Glucose	<input type="checkbox"/> Microalbumin, Random urine w/ creatinine	<input type="checkbox"/> UA, Dipstick only	
<input type="checkbox"/> Calcium	<input type="checkbox"/> Urine electrolytes	<input type="checkbox"/> UA, Complete	
<input type="checkbox"/> Total Protein	Therapeutic Drugs	Microbiology	Culture Source
<input type="checkbox"/> Albumin	<input type="checkbox"/> Vancomycin (trough)	<input type="checkbox"/> Culture, Urine ▶	<input type="checkbox"/> Cath <input type="checkbox"/> MidStream CC
<input type="checkbox"/> HbA1C	<input type="checkbox"/> Vancomycin (peak)	<input type="checkbox"/> Culture, Aerobic (swab) ▶	
<input type="checkbox"/> Total Bilirubin	<input type="checkbox"/> Gentamycin (trough)	<input type="checkbox"/> Culture, Anaerobic (swab) ▶	
<input type="checkbox"/> Direct Bilirubin	<input type="checkbox"/> Gentamycin (peak)	<input type="checkbox"/> Culture, Aerobic & Anaerobic ▶	
<input type="checkbox"/> AST	<input type="checkbox"/> Digoxin	<input type="checkbox"/> Culture, Blood (Bottles)	
<input type="checkbox"/> ALT	<input type="checkbox"/> Dilantin (Phenytoin)	<input type="checkbox"/> Culture, Stool	
<input type="checkbox"/> ALP	<input type="checkbox"/> Free Dilantin	<input type="checkbox"/> Culture, Throat (swab)	
<input type="checkbox"/> Iron	<input type="checkbox"/> Carbamezapine	<input type="checkbox"/> MRSA screen (swab)	
<input type="checkbox"/> TIBC	<input type="checkbox"/> Valproic Acid (Depakote)	<input type="checkbox"/> O&P exam	
<input type="checkbox"/> BUN	<input type="checkbox"/> Theophylline	<input type="checkbox"/> C. Diff Toxin A & B	
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Levetiracetam (Keppra)	<input type="checkbox"/> IFOB (Occult Blood, stool)	