

HMDL GENERAL REQUISITION: R7251 (MRL - MDL IA)



Facility Name: _____

Contact Person: _____

Facility Billing Address: _____

| | | | | |
|--------------------|--------------|-------------------|----------------------|-----|
| Last Name | First Name | Middle Initial | Date of Birth | Sex |
| Ordering Physician | Phone Number | After Hours Phone | Collection Date/Time | |

Laboratory Tests

| Test Name | Order Mnemonic | Test Name | Order Mnemonic |
|--|--------------------|--|----------------------|
| CHEMISTRY | | HEMATOLOGY | |
| <input type="checkbox"/> Comprehensive Metabolic Panel | CMP | <input type="checkbox"/> CBC | CBC |
| <input type="checkbox"/> Basic Metabolic Panel | BMP | <input type="checkbox"/> Complete Blood Count with Differential | CBCWD |
| <input type="checkbox"/> Electrolyte Panel | LYTES | <input type="checkbox"/> D-Dimer Assay | DDIMR |
| <input type="checkbox"/> Hepatic Function Panel | LIVER | <input type="checkbox"/> Fibrin Split Products | FSPPT |
| <input type="checkbox"/> Lipid Panel | LIPPN | <input type="checkbox"/> Fibrinogen | FIBR |
| <input type="checkbox"/> ABO Group and RH Type | ABORH | <input type="checkbox"/> Hematocrit | HCT |
| <input type="checkbox"/> Acetaminophen | ACETM | <input type="checkbox"/> Hemoglobin | HGB |
| <input type="checkbox"/> Alpha-Fetoprotein, Nonpregnant Serum | AFP | <input type="checkbox"/> Partial Thromboplastin Time | PTT |
| <input type="checkbox"/> Albumin | ALB | <input type="checkbox"/> Platelet Count | PLT |
| <input type="checkbox"/> Alcohol, Serum | ALCOH | <input type="checkbox"/> Prothrombin Time (includes INR) | PT |
| <input type="checkbox"/> Alkaline Phosphatase | ALP | <input type="checkbox"/> Reticulocyte Count | RETIC |
| <input type="checkbox"/> ALT (SGPT) | ALT | <input type="checkbox"/> Sedimentation Rate | ESR2 |
| <input type="checkbox"/> Ammonia | AMM | DIAGNOSTIC IMMUNOLOGY | |
| <input type="checkbox"/> Amikacin (AMIKR(Random) AMIKT(Trough) AMIKP(Peak)) | AMIKR/AMIKT/ AMIKP | <input type="checkbox"/> ANA Screen (Anti Nuclear Antibody) | ANA |
| <input type="checkbox"/> Amylase | AMY | <input type="checkbox"/> C3 Complement | C3 |
| <input type="checkbox"/> AST (SGOT) | AST | <input type="checkbox"/> C4 Complement | C4 |
| <input type="checkbox"/> Bilirubin, Direct | BILID | <input type="checkbox"/> Cardioliipin IgG, IgM | CARGM |
| <input type="checkbox"/> Bilirubin, Total | BILIT | <input type="checkbox"/> CMV IgG | CMVG |
| <input type="checkbox"/> Blood Gas, Arterial | ABG | <input type="checkbox"/> CMV IgM | CMVM |
| <input type="checkbox"/> Blood Urea Nitrogen (BUN) | BUN | <input type="checkbox"/> Cyclosporine A | CYCLO |
| <input type="checkbox"/> B-Type Natriuretic Peptide | BNP | <input type="checkbox"/> Hemoglobin A1C | HA1C |
| <input type="checkbox"/> Calcium | CA | <input type="checkbox"/> Immunoglobulin A | IGA |
| <input type="checkbox"/> Calcium, Ionized | ICA | <input type="checkbox"/> Immunoglobulin G | IGG |
| <input type="checkbox"/> Cholesterol | CHOL | <input type="checkbox"/> Immunoglobulin M | IGM |
| <input type="checkbox"/> Cholesterol HDL | HDL | <input type="checkbox"/> Microsomal Antibody (Thyroid Antibodies) | MICAB |
| <input type="checkbox"/> Creatinine | CREAT | <input type="checkbox"/> Mitochondrial Antibody | AMAT |
| <input type="checkbox"/> Creatinine Kinase, Total (CPK) | CPK | <input type="checkbox"/> Native (ds) DNA Antibody | DNA |
| <input type="checkbox"/> Creatinine Kinase, Isoenzymes (CK-MB) | CKMB | <input type="checkbox"/> Nicotine and Metabolites, Serum | NICM |
| <input type="checkbox"/> Digoxin | DIG | <input type="checkbox"/> Parathyroid Hormone | PTH |
| <input type="checkbox"/> Dilantin (Phenytoin) | DILAN | <input type="checkbox"/> RPR Screen | RPR |
| <input type="checkbox"/> Ferritin, Serum | FER | <input type="checkbox"/> Rubella IgG Antibody | RUBE |
| <input type="checkbox"/> GGT | GGT | <input type="checkbox"/> Rubella IgG Antibody (Measles) | RUBEO |
| <input type="checkbox"/> Glucose | GLU | <input type="checkbox"/> Sirolimus | SIRO |
| <input type="checkbox"/> Hepatitis A IgM Antibody | AHAVM | <input type="checkbox"/> Tacrolimus | FK506 |
| <input type="checkbox"/> Hepatitis A Antibody, Total with IgM if indicated | HAVT | <input type="checkbox"/> Thyroid Stimulating Hormone (TSH) | TSH |
| <input type="checkbox"/> Hepatitis Acute Panel | HEPPN | <input type="checkbox"/> Toxoplasma IgG | TOXOG |
| <input type="checkbox"/> Hepatitis B Core IgM | HBCM | <input type="checkbox"/> Toxoplasma IgM | TOXOM |
| <input type="checkbox"/> Hepatitis B Core Total Antibody | HBCT | ENDOCRINOLOGY | |
| <input type="checkbox"/> Hepatitis B Surface Antibody | HBSAB | <input type="checkbox"/> Cortisol (CORT AM(0600-0800) CORT PM(1600-1800) CORT VT(Variable Time)) | CORTAM/CORTPM/CORTVT |
| <input type="checkbox"/> Hepatitis B Surface Antigen | HBS | <input type="checkbox"/> Estradiol | EST2 |
| <input type="checkbox"/> Hepatitis B Surface Antigen Confirmation | CONF | <input type="checkbox"/> Follicular Stimulating Hormone | FSH |
| <input type="checkbox"/> Hepatitis C Virus | HCV | <input type="checkbox"/> HCG, Quantitative | HCGQ |
| <input type="checkbox"/> HIV 1, 2 Antibody, confirmed by Western Blot if indicated | EHIV | <input type="checkbox"/> HCG, Serum Screen | HCGSC |
| <input type="checkbox"/> Iron | IRON | <input type="checkbox"/> Progesterone | PRGST |
| <input type="checkbox"/> Iron Binding Capacity, Total | TIBC% | <input type="checkbox"/> Prolactin, Serum | PROLA |
| <input type="checkbox"/> Lactate Dehydrogenase (LDH) | LDH | <input type="checkbox"/> Thyroid Stimulating Hormone (TSH) | TSH |
| <input type="checkbox"/> Lactic Acid (Lactase) | LACID | <input type="checkbox"/> T3 (Triiodothyronine) | T3 |
| <input type="checkbox"/> Lipase | LIPAS | <input type="checkbox"/> T4 | T4 |
| <input type="checkbox"/> Lithium | LITH | <input type="checkbox"/> T4, Free | T4FRE |
| <input type="checkbox"/> Magnesium | MG | URINALYSIS | |
| <input type="checkbox"/> Phosphorus | PHOS | <input type="checkbox"/> Urine Culture, Routine | CXURN |
| <input type="checkbox"/> Potassium | K | <input type="checkbox"/> HCG Urine Pregnancy Screen | HCGUA |
| <input type="checkbox"/> Prostate Specific Antigen | PSA | <input type="checkbox"/> URINALYSIS | UA |
| <input type="checkbox"/> Rheumatoid Factor | RF | BLOOD BANK | |
| <input type="checkbox"/> Salicylate | SALI | <input type="checkbox"/> ABO Group and RH Type | ABORH |
| <input type="checkbox"/> Serum Protein Electrophoresis | SPEP | <input type="checkbox"/> ABO | ABO |
| <input type="checkbox"/> Sodium | NA | <input type="checkbox"/> RH Type | RH |
| <input type="checkbox"/> Theophylline | THEO | OTHERS: Specify | |
| <input type="checkbox"/> Tobramycin (TOBRR(Random) TOBRT(Trough) TOBRP(Peak)) | TOBRR/TOBRT/TOBRP | For <u>ANY</u> Culture, Give Specimen Source / Date & Time of Collection | |
| <input type="checkbox"/> Total Protein | TP | Regular Business Hours (7:00 am to 5:30 pm) Call Result to: Fax Result to: After Hours and Weekends/Holidays Call Result to: Fax Result to: | |
| <input type="checkbox"/> Triglyceride | TRIG | | |
| <input type="checkbox"/> Troponin I | TROP | | |
| <input type="checkbox"/> Uric Acid | URIC | | |
| <input type="checkbox"/> Vancomycin (VANCR(Random) VANCT(Trough) VANCP(Peak)) | VANCR/VANCT/VANCP | | |
| <input type="checkbox"/> Vitamin B12, Serum | B12 | | |
| <input type="checkbox"/> Vitamin D, 25-Hydroxy | VITD | | |

Please forward specimens and completed order form to:

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