

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
<b>CHEMISTRY</b>		<b>HEMATOLOGY</b>	
<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	<b>DIAGNOSTIC IMMUNOLOGY</b>	
<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	<b>ENDOCRINOLOGY</b>	
<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	<b>URINALYSIS</b>	
<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	<b>BLOOD BANK</b>	
<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	<b>OTHERS: Specify</b>	
<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:

Houston Methodist Diagnostic Laboratories  
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Second Floor, D2-109  
Houston, TX 77030  
(713) 441-4411