



DT18123

Children's Healthcare of Atlanta LABORATORY OUTPATIENT REQUISITION FORM

Name _____

Date of Birth _____

MRN# _____

Account/HAR# _____

PATIENT IDENTIFICATION

 STAT

Insurance Info: Bill to: Insurance: _____ Group # _____

Pre-Cert # _____

Order for Collection Date: _____ Time: _____

 Phone results to _____ Fax results to _____

Diagnosis Code (ICD-10) (signs or symptoms: R/O codes unacceptable): _____

Physician name (print) _____ Physician signature _____ Date _____ Time _____

Chemistry Panels	Hematology	Chemistry	Chemistry
Electrolyte Panel** (LYTES) Cl, CO ₂ , K, Na	CBC auto w/platelet (CBC)	Alanine Aminotransferase (ALT)	Immunoglobulin A (IGA)
	CBC w/Diff w/Platelet (CBCD)		Immunoglobulin G (IGG)
Basic Metabolic Panel** (BMPL) Ca, CO ₂ , Cl, Creat, Glu, K, Na, BUN	Erythrocyte Sedimentation Rate (ESR)	Aspartate Aminotransferase (AST)	Immunoglobulin M (IGM)
	Reticulocyte Count (RETIC)		Immunoglobulin E (IGE)
Renal Function Panel** (RFP) Alb, Ca, CO ₂ , Cl, Creat, Glu, Phos, K, Na, BUN	CSF Cell Count (CSFCT)	Albumin (ALB)	Total Iron Binding Capacity (TIBC)
	Prothrombin Time (PT)	Alkaline Phosphatase (ALKP)	Lead (LEAD)
Hepatic Function Panel** (HFP) Alb, TBili, DBili, Alk Phos, TP, ALT AST	Activated Partial Thrombin Time (APTT)	Ammonia (AMON)	Lipase (LIPA)
	Prothrombin Time/APTT (PTPTT)	Amylase (AMY)	Magnesium (MG)
Comprehensive Metabolic Panel** (CMP) Alb, TBili, Ca, CO ₂ , Cl, Creat, Glu, Alk Phos, K, TP, Na, ALT, AST, BUN	Fibrinogen (FIBR)	Bilirubin, direct (BILID)	Mono Test (MONOT)
	Blood Bank	Bilirubin, total (BILIT)	Parathyroid Hormone Intact (PTHNT)
Lipid Panel (LIPP) Chol, Trig, HDL, LDL, VLDL	Blood Type ABO and Rh (ABORH)	Blood Urea Nitrogen (BUN)	Phenobarbital (PHENO)
Glucose Tolerance Test 2Hr Only (GTT2H)	Direct Coombs (DAT)	Complement 3 (C3)	Phosphorus (PHOS)
		Complement 4 (C4)	Potassium (K)
Microbiology	HLA B27 (HLAB27)	Calcium (CA)	Pregnancy Serum (HCGSER)
Blood Culture (CUBLD)	Indirect Coombs (INDC)	Cholesterol (CHOL)	Pregnancy Urine (UHCG)
Cystic Culture (CUCYST)	Isohemagglutinin Titer (ISOHEM)	Chloride (CL)	Sodium (Na)
Stool Culture (CUSTOL)	Type and Screen (TYSC)	Carbon Dioxide (CO2)	Tacrolimus (TAC)
Urine Culture (CURINE)	Miscellaneous Testing	Creatinine Phosphokinase (CK)	Thyroxine (T4)
Fecal Fat, Qual. (FFATQL)	Rapid Strep reflex to Culture if negative (RAPST)	Creatinine (CREAT)	Thyroxine Free (T4FREE)
Occult Blood (OCCBLDS)	Bordetella. pertussis by PCR (BPPCR)	C-Reactive Protein (CRP)	Thyroid Stimulating Hormone (TSH)
Ova & Parasites (OVAP)	C. difficile by PCR (CDTPCR)	Ferritin (FER)	Triiodothyronine (T3)
Wound Culture, superficial (CUWND)	CMV by PCR (CMVPCR)	Glucose (GLU)	Tegretol (CAR)
Ear Culture (CUEAR)	EBV by PCR (EBVPCR)	Hepatitis B Surface Antigen (HPBAG)	Triglyceride (TRIG)
Eye Culture (CUEYE)	See Allergen Requisition for Allergy Testing	Hemoglobin A1C (HBAICU)	Vitamin D, 25-hydroxy (VITD)
Other Tests:	Sweat Chloride (SWCL)	Iron (IRON)	Urinalysis (UA)
	Appointment Needed: (404-785-6014)		

****Government approved profiles (HCFA Panels) are indicated by **Each test within these panels must meet the medical necessity criteria to be billed to a government payor.**

Physician address: _____

Scottish Rite Campus: 1001 Johnson Ferry Road, NE, Atlanta, GA 30342
Laboratory 404-785-5276, Fax 404-785-4542

Egleston Campus: 1405 Clifton Road, NE, Atlanta, GA 30322
Laboratory 404-785-6415, Fax 404-785-6258