

Yale New Haven Hospital Department of Laboratory Medicine Outpatient Laboratory Requisition

20 York Street, New Haven, Connecticut 06510-3202 · 203-688-3670 · 1-800-305-3278

DATE: _____
 Unit # _____ Visit # _____
 Patient Name _____
(Last, First, Middle Initial)
 Date of Birth _____ Female Male Patient Telephone: (_____) _____
 Address _____
(Street, City, State, Zip)

Insured's Name Mr. _____
 Mrs. _____
 Insured's I.D. # _____
 Payor Number _____

Primary Insurance: Name & State _____
 Relationship to patient: Self Spouse Child Other
 Group # _____ Insured's Employer _____

TIME DRAWN: _____
 YNH Blood Draw Fasting Specimen Type: Blood Urine Other _____
 CSF Fluid Bone Marrow Call / Fax Results
 Timed Urine Date Collected _____ Time Collected _____ To: _____

Diagnosis / Diagnosis Code(s)

CC:

X	Test Name	LAB#	X	Test Name	LAB#	X	Test Name	LAB#	X	Test Name	LAB#
PANELS											
<i>*Any Panel component may be ordered separately Panel components are listed on back</i>											
<input type="checkbox"/>	CBC w/ Auto Diff	293	<input type="checkbox"/>	Complement C3	152	<input type="checkbox"/>	Immunofixation EP	4020	<input type="checkbox"/>	Thyroglobulin Ab	3535
<input type="checkbox"/>	Electrolyte Panel	16	<input type="checkbox"/>	Complement C4	151	<input type="checkbox"/>	IgE	74	<input type="checkbox"/>	Thyroglobulin Level	4547
<input type="checkbox"/>	Hepatic Function	20	<input type="checkbox"/>	Cortisol	61	<input type="checkbox"/>	IgG	71	<input type="checkbox"/>	Toxoplasma Ab, IgG	501
<input type="checkbox"/>	Basic Metabolic	9303	<input type="checkbox"/>	CPK	62	<input type="checkbox"/>	IgA	73	<input type="checkbox"/>	Toxoplasma Ab, IgM	659
<input type="checkbox"/>	Comp Metabolic	9304	<input type="checkbox"/>	Creatinine	2851	<input type="checkbox"/>	IgM	72	<input type="checkbox"/>	T. Pal (syphilis) Antibody w/reflex	1197
<input type="checkbox"/>	Lipid Panel	18	<input type="checkbox"/>	C-Reactive Protein(hs)	149	<input type="checkbox"/>	Iron, TIBC, %Sat	829	<input type="checkbox"/>	TSH, Thyrotropin	129
<input type="checkbox"/>	Acute Hepatitis Panel	551	<input type="checkbox"/>	Cryoglobulin	713	<input type="checkbox"/>	Lead	98	<input type="checkbox"/>	Triglycerides	134
<input type="checkbox"/>	Hepatitis General Panel	3066	<input type="checkbox"/>	CSF, Cell Count	9021	<input type="checkbox"/>	LDH	96	<input type="checkbox"/>	Uric Acid	141
<input type="checkbox"/>	Hepatitis B Panel	3061	<input type="checkbox"/>	CSF, Oligoclonal Bands	9284	<input type="checkbox"/>	LH	87	<input type="checkbox"/>	Urinalysis	3608
<input type="checkbox"/>	Lupus Anticoagulant Panel	478	<input type="checkbox"/>	Serum Oligo Bands	9286	<input type="checkbox"/>	FSH	86	<input type="checkbox"/>	Urinalysis w/ reflex culture	8937
<input type="checkbox"/>	Hyper Coag Panel	3137	*both CSF & Serum need to be ordered & collected			<input type="checkbox"/>	Lipase	99	<input type="checkbox"/>	Urine Drugs of Abuse	5267
<input type="checkbox"/>	VWD Panel	1112	<input type="checkbox"/>	Cyclosporin	874	<input type="checkbox"/>	Lyme EIA with reflex w. blot	4977	<input type="checkbox"/>	Vitamin B12	67
ALPHABETICAL LIST											
<i>*Any component may be ordered separately</i>											
<input type="checkbox"/>	A1C Hemoglobin	90	<input type="checkbox"/>	EBV Panel (Acute)	2941	<input type="checkbox"/>	Mumps IgG	160	VIROLOGY		
<input type="checkbox"/>	AFP (Tumor Marker)	559	<input type="checkbox"/>	EBV Panel (Immune)	2946	<input type="checkbox"/>	Monospot(Heterophile)	3093	<input type="checkbox"/>	Rapid Influenza A/B PCR, Nasopharynx	3978
<input type="checkbox"/>	Alk Phos	112	<input type="checkbox"/>	Erythropoietin	873	<input type="checkbox"/>	Mycoplasma Ab IgM	799	<input type="checkbox"/>	Respiratory Virus PCR Panel (Source)	3444
<input type="checkbox"/>	ALT	132	<input type="checkbox"/>	ESR(Sed Rate)	3471	<input type="checkbox"/>	Norovirus RT-PCR	8468	<input type="checkbox"/>	HSV Culture, (Source)	8506
<input type="checkbox"/>	Amylase	48	<input type="checkbox"/>	Ferritin	68	<input type="checkbox"/>	FIT (stool)	10535	<input type="checkbox"/>	HSV Direct PCR, swab (Source)	8623
<input type="checkbox"/>	ANA	147	<input type="checkbox"/>	Fibrinogen	314	<input type="checkbox"/>	Parvovirus B19 IgG	3328	<input type="checkbox"/>	VZV Direct PCR, swab (Source)	8624
<input type="checkbox"/>	ASLO	3509	<input type="checkbox"/>	Fluid Cell Count	209	<input type="checkbox"/>	Parvovirus B19 IGG and IGM	9973	<input type="checkbox"/>	Viral PCR (Virus) (Source)	
<input type="checkbox"/>	AST	131	<input type="checkbox"/>	Folate (Serum)	69	<input type="checkbox"/>	Phenytoin	31	MICROBIOLOGY		
<input type="checkbox"/>	Bilirubin, Direct	52	<input type="checkbox"/>	Glucose, CSF	185	<input type="checkbox"/>	Phosphate	113	SOURCE: REQUIRED		
<input type="checkbox"/>	Bilirubin, Total	50	<input type="checkbox"/>	Glucose, Fasting	81	<input type="checkbox"/>	Phospholipid Neutralization (PHOSN)	3353	<input type="checkbox"/>	Bacterial Culture	
<input type="checkbox"/>	BK Virus DNA PCR (Quant), Urine	3493	<input type="checkbox"/>	Glucose, 1HR (Gestational)	879	<input type="checkbox"/>	Platelet Count	3682	<input type="checkbox"/>	Blood Culture	462
<input type="checkbox"/>	BK Virus DNA PCR (Quant), Blood	4935	<input type="checkbox"/>	Glucose, Random	9305	<input type="checkbox"/>	Potassium	114	<input type="checkbox"/>	H.Pylori Brthtek	572
<input type="checkbox"/>	Bone Marrow Stain	673	<input type="checkbox"/>	Haptoglobin	89	<input type="checkbox"/>	Protein,CSF	195	<input type="checkbox"/>	Ova & Parasite	6447
<input type="checkbox"/>	BUN	140	<input type="checkbox"/>	HAV Ab, IgG	7119	<input type="checkbox"/>	Protein,EP	119	<input type="checkbox"/>	GC/Chlamydia PCR	1376
<input type="checkbox"/>	C. difficile Assay	7977	<input type="checkbox"/>	HAV Ab, IgM	798	<input type="checkbox"/>	Protein,Total	118	<input type="checkbox"/>	Stool Enteric Pathogen PCR	8759
<input type="checkbox"/>	CA 125	155	<input type="checkbox"/>	HBs Antibody (Quant)	472	<input type="checkbox"/>	Protein,Urine	439	<input type="checkbox"/>	S. aureus screen by PCR (Pre-op)	9184
<input type="checkbox"/>	CA 15.3	776	<input type="checkbox"/>	HBs Antigen w/reflex	471	<input type="checkbox"/>	PSA, Total	3389	<input type="checkbox"/>	Strep Grp B PCR (Pen Allergic Pts)	3025
<input type="checkbox"/>	Calcium	53	<input type="checkbox"/>	HBV Quantitative PCR	3062	<input type="checkbox"/>	PSA, Screening	116	<input type="checkbox"/>	Strep Grp B PCR	5809
<input type="checkbox"/>	Calcium 19-9	777	<input type="checkbox"/>	HCV Ab w/reflex to Quant PCR	868	<input type="checkbox"/>	% Free PSA (inc Total PSA)	171	<input type="checkbox"/>	Trichomonas PCR	8966
<input type="checkbox"/>	Carbamazepine	21	<input type="checkbox"/>	HCV Quantitative PCR	887	<input type="checkbox"/>	PT/INR	320	<input type="checkbox"/>	Urine Culture	239
<input type="checkbox"/>	CEA	57	<input type="checkbox"/>	hCG, quant	3037	<input type="checkbox"/>	PTT	2315	<input type="checkbox"/>	Upper Respiratory (oropharyngeal)	3594
<input type="checkbox"/>	Cholesterol	60	<input type="checkbox"/>	Hgb/Hct	753	<input type="checkbox"/>	Reticulocyte	296	<input type="checkbox"/>	Lower Respiratory (Sputum)	3221
<input type="checkbox"/>	CMV ,IgG	467	<input type="checkbox"/>	HDL Cholesterol	101	<input type="checkbox"/>	Rheumatoid Factor	206	<input type="checkbox"/>	Throat Grp A Strep PCR	9512
<input type="checkbox"/>	CMV DNA PCR (Quant), Blood	913	<input type="checkbox"/>	Hemoglobin (Abnormal) Screen	288	<input type="checkbox"/>	Ristocetin Cofactor	4690	BLOOD BANK		
<input type="checkbox"/>	CMV, IGG and IGM	4048	<input type="checkbox"/>	HIV 1&2 Ab/Ag screen w/reflex	8454	<input type="checkbox"/>	Rubella, IgG	496	<input type="checkbox"/>	Blood Group and Rh (ABO/Rh)	895
<input type="checkbox"/>	Cold Agglutinin	2325	<input type="checkbox"/>	HIV-1 Quantitative PCR	919	<input type="checkbox"/>	RVVT	319	<input type="checkbox"/>	Antibody Screen	278
			The patient has not refused HIV testing.			<input type="checkbox"/>	Serolimus	875	<input type="checkbox"/>	Antibody Titer	275
			This box must be checked in order for test to be performed			<input type="checkbox"/>	Tacrolimus	876	<input type="checkbox"/>	Direct Antiglobulin Test (DAT)	274

This requisition serves as documentation that these services were ordered by a health care professional authorized to order laboratory tests and are medically necessary. Documentation of medical necessity is contained within the healthcare professionals patient records. The signature of the ordering healthcare provider and diagnosis information (Diagnosis Code(s) code or narrative) are REQUIRED.

Authorizing Physician Signature _____

I authorize YNH to release information received, including without limitation, medical information, which includes laboratory test results, to my health plan/insurance carrier, and its authorized representatives. I further authorize my health plan/insurance carrier to directly pay Yale New Haven Hospital for the service rendered.

X _____ Date _____

For Placement of
Bar Code Label

Drawstations Locations

Branford Drawstation 84 North Main St., 2 nd Fl. Branford, CT 06405 203-315-2101 Fax 203-315-2146 M-F 8 AM – 4:30 PM Closed 12:30 - 1 PM Saturday 8 AM - Noon	East Haven Drawstation 556 Main Street East Haven, CT 06512 203-466-6508 Fax 203-466-1459 M-F 7 AM - 5:30 PM Closed 12:30 - 1 PM	Guilford Drawstation 385 Church Street Suite 101 Guilford, CT 06437 203-204-0474 Fax 203-453-2904 M-Th 8 AM – 5 PM F- 8 AM-4 PM Closed Noon – 1 PM	Hamden Drawstation 2560 Dixwell Ave. Hamden, CT 06514 203-230-3300 Fax 203-230-3315 M-F 7 AM - 5:30 PM Saturday 8 AM - Noon	Long Wharf Drawstation 150 Sargent Drive New Haven, CT 06511 203-688-1009 Fax 203-688-8064 M-F 7 AM - 5:30 PM Saturday 8 AM - Noon	North Haven Drawstation 6 Devine Street North Haven, CT 06473 203-287-6123 Fax 203-287-6124 M-F 8 AM – 4:30 PM Closed 12:30 – 1 PM	North Haven Drawstation 2 Devine Street North Haven, CT 06473 203-287-8350 Fax 203-287-8351 M-F 8 AM – 4:30 PM Closed Noon – 12:30 PM
Norwalk Drawstation Pediatric Specialty Center 747 Belden Avenue Norwalk, CT 06850 203-750-1999 Fax 203-750-1957 M-F 8 AM - 4:30 PM Closed 12:30 - 1 PM	Old Saybrook Medical Center Drawstation 633 Middlesex Turnpike, Old Saybrook CT 06475 860-388-8311 Fax 860-388-8313 M-F 8 AM – 4:30 PM Closed 12:30 - 1 PM	Orange Drawstation 236 Boston Post Road Orange, CT 06477 203-799-0862 Fax 203-799-0883 M-F 7 AM – 5:30 PM Closed 12:30 – 1 PM Saturday 8 AM – Noon	Prince St. Drawstation 46 Prince St., Ground Fl New Haven, CT 06519 203-688-4757 Fax: 203-688-4050 M-F 8 AM - 5 PM Closed 12:30 - 1:30 PM	Saint Raphael Campus Drawstation 1450 Chapel Street New Haven, CT 06511 203-867-5680 Fax 203-867-5679 M-F 8 AM – 5:30 PM Saturday 8 AM – Noon	Shoreline Medical Center Drawstation 111 Goose Lane Guilford, CT 06437 203-453-7160 Fax 203-453-7161 M-F 7 AM - 5:30 PM Saturday 8 AM - Noon	Wallingford Drawstation 665 North Colony Road Wallingford, CT 06492 203-265-5409 Fax 203-265-5421 M-F 7 am – 5:30 pm Closed 12:30 – 1 PM Saturday 8 AM – Noon
West Haven Drawstation 500 Elm Street West Haven, CT 06516 203-934-7970 Fax 203-931-2687 M-F 7 AM – 5:30 PM Closed 12:30 - 1 PM Saturday 8 AM - Noon	Westville/Amity Drawstation 1475 Whalley Ave., New Haven, CT 06515 203-389-7213 Fax: 203-389-7560 M-F 7 AM – 5:30 PM Closed 12:30 – 1 PM Saturday 8 AM – Noon	Yale Physician's Building 800 Howard Avenue New Haven, CT 06519 203-688-5006 Fax 203-688-2260 M-F 7 AM - 5 PM				

Reflex Testing

HBsAg w/ reflex: HBeAg and anti-HBe done if HBsAg positive to assess infectivity. Anti-HBs and Anti-HBc IgM done if HBsAg is positive. Neutralization of positive samples done if low positive and/or anti-HBc-T negative.

anti-HBc total w/ reflex: anti-HBc IgM done if anti-HBc total positive with a negative Anti-HBs (or not ordered).

HCV Ab w/reflex: HCV quantitative PCR added if HCV Ab positive.

CBC / differential reflex: Manual differential / smear review done for abnormal CBC

Definition of Panels

Electrolyte Panel: *Na, K, Cl, CO2*

Hepatic Function: *Alb, Globulin, AST, ALT, ALK, Phos, Bili T, Bili D, T Protein*

Basic Metabolic: *Na, K, Ca, Cl, CO2, Glucose BUN, Creatinine*

Comp Metabolic: *Na, K, Cl, CO2, Glucose, Ca, BUN, Creatinine, T Protein, Alb, Globulin, AST, Alk Phos, Bili T, ALT*

Lipid Panel: *Chol, Trig, HDL, LDL Calculation*

Acute Hepatitis Panel: *anti-HAV IgM, anti-HBc-IgM w/reflex, HBsAg w/reflex, anti-HCV*

Hepatitis General Panel: *HBsAg w/ reflex, anti-HBs, anti-HBc total w/reflex, anti-HCV, anti-HAV IgG*

Hepatitis B Panel: *HBsAg, anti HBc total w/reflex, anti-HBs*

Lupus Anticoagulant Panel: *RVVT, PTT, Phospholipid Neutralization, if PTT abnormal reflex to Mixing Study*

Hypercoagulable Panel: *APC Resistance, Antithrombin 3, Protein C, Protein S, functional - if abnormal reflex to Protein S, free and total Antigen*

vWD Panel: *vWFAg, Ristocetin Cofactor, F VIII activity*

Coagulation factors available are Factors II, V, VII, X, VIII, IX, XI, XII

Blood Parasites: *Malaria (PMAL), Babesia (PBAB), Ehrlichia (PEHR), includes smear review ††*

(1) Urine Toxicology Notes

- **Requires 30 ml of urine**
- **Urine Drugs of Abuse Panel:** *Amphetamine group*, Barbiturates*, Benzodiazepines, Cocaine Metabolites*, Methadone*, Opiates††, Oxycodone and PCP*.*
 - * *Positive results of these drugs are confirmed by additional testing. If confirmation of benzodiazepines is desired, please contact the Laboratory (203-688-2444).*
 - † *Opiate assay detects morphine and codeine with high sensitivity but does not routinely detect therapeutic levels of oxycodone. However, a sensitive and specific assay for oxycodone is included in the panel. For additional qualitative evaluation of opiate exposure, please contact the Laboratory (203-688-2444).*
- *More comprehensive toxicology testing services are available. For additional information, please contact the Laboratory (203-688-2444).*
- **No chain of custody provided, results are intended for medical purposes only.**