

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. _____
 Ms. _____
 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			<input type="checkbox"/> CMV DNA PCR (Quant), Blood 913 <input type="checkbox"/> CMV, IgM 861 <input type="checkbox"/> Cold Agglutinin 2325 <input type="checkbox"/> Complement C3 152 <input type="checkbox"/> Complement C4 151 <input type="checkbox"/> Cortisol 61 <input type="checkbox"/> CPK 62 <input type="checkbox"/> Creatinine 2851 <input type="checkbox"/> C-Reactive Protein(hs) 149 <input type="checkbox"/> Cryoglobulin 713 <input type="checkbox"/> CSF, Cell Count 9021 <input type="checkbox"/> CSF, Oligoclonal Bands 9284 <input type="checkbox"/> Cyclosporin 874 <input type="checkbox"/> D-Dimer 313 <input type="checkbox"/> Digoxin 323 <input type="checkbox"/> EBV Panel (Acute) 2941 <input type="checkbox"/> EBV Panel (Immune) 2946 <input type="checkbox"/> Erythropoietin 873 <input type="checkbox"/> ESR(Sed Rate) 3471 <input type="checkbox"/> Ferritin 68 <input type="checkbox"/> Fibrinogen 314 <input type="checkbox"/> Fluid Cell Count 209 <input type="checkbox"/> Folate (Serum) 69 <input type="checkbox"/> Glucose, CSF 185 <input type="checkbox"/> Glucose, Fasting 81 <input type="checkbox"/> Glucose 1HR (Gestational) 879 <input type="checkbox"/> Glucose, Random 9305 <input type="checkbox"/> Haptoglobin 89 <input type="checkbox"/> HAV Ab, Total 7119 <input type="checkbox"/> HAV Ab, IgM 798 <input type="checkbox"/> HBs Ab 472 <input type="checkbox"/> HBs Ag 471 <input type="checkbox"/> HCV Ab 868 <input type="checkbox"/> HCV Quantitative PCR 887 <input type="checkbox"/> hCG, quant 3037 <input type="checkbox"/> Hgb/Hct 753 <input type="checkbox"/> HDL Cholesterol 101 <input type="checkbox"/> Hemoglobin (Abnormal) Screen 3053 <input type="checkbox"/> HIV-1 Ab 8454 <input type="checkbox"/> HIV-1 Quantitative PCR 919			<input type="checkbox"/> *The patient has not refused HIV testing.* <i>This box must be checked in order for test to be performed</i> <input type="checkbox"/> H. pylori Ab 3045 <input type="checkbox"/> Immunofixation EP 4020 <input type="checkbox"/> IgE 74 <input type="checkbox"/> IgG 71 <input type="checkbox"/> IgA 73 <input type="checkbox"/> IgM 72 <input type="checkbox"/> Influenza AIB by RT-PCR, Nasopharynx 8467 <input type="checkbox"/> Iron, TIBC, %Sat 829 <input type="checkbox"/> LDH 96 <input type="checkbox"/> LH 87 <input type="checkbox"/> FSH 86 <input type="checkbox"/> Lipase 99 <input type="checkbox"/> Lyme EIA with reflex w. blot 4977 <input type="checkbox"/> Magnesium 103 <input type="checkbox"/> Measles IgG 657 <input type="checkbox"/> Microalbumin(Urine) 546 <input type="checkbox"/> Monospot(Heterophile) 3093 <input type="checkbox"/> Mycoplasma Ab IgG 656 <input type="checkbox"/> Mycoplasma Ab IgM 799 <input type="checkbox"/> Norovirus Genogroup 1/2 RT-PCR 8468 <input type="checkbox"/> Occult Blood, StoolX3 694 <input type="checkbox"/> Parvovirus B19 IgG 3328 <input type="checkbox"/> Parvovirus B19 IgM 3329 <input type="checkbox"/> Phenytoin 31 <input type="checkbox"/> Phosphate 113 <input type="checkbox"/> Platelet Count 3682 <input type="checkbox"/> Potassium 114 <input type="checkbox"/> Protein,CSF 195 <input type="checkbox"/> Protein,EP 119 <input type="checkbox"/> Protein,Total 118 <input type="checkbox"/> Protein,Urine 439 <input type="checkbox"/> PSA, Total 3389 <input type="checkbox"/> PSA, Screening 116 <input type="checkbox"/> % Free PSA (inc Total PSA) 171 <input type="checkbox"/> PT/INR 3405 <input type="checkbox"/> PTT 2315 <input type="checkbox"/> Reticulocyte 296 <input type="checkbox"/> Rheumatoid Factor 206			<input type="checkbox"/> Ristocetin Cofactor 4690 <input type="checkbox"/> Rubella, IgG 496 <input type="checkbox"/> RVVT 319 <input type="checkbox"/> Sirolimus 875 <input type="checkbox"/> Tacrolimus 876 <input type="checkbox"/> Thyroglobulin Ab 3535 <input type="checkbox"/> Thyroglobulin Level 4547 <input type="checkbox"/> Toxoplasma Ab, IgG 501 <input type="checkbox"/> Toxoplasma Ab, IgM 659 <input type="checkbox"/> TPA w/ Reflex 1197 <input type="checkbox"/> TSH, Thyrotropin 129 <input type="checkbox"/> Triglycerides 134 <input type="checkbox"/> Uric Acid 141 <input type="checkbox"/> Urinalysis 3608 <input type="checkbox"/> Urinalysis w/ reflex culture 8937 <input type="checkbox"/> Urine Drugs of Abuse 5267 <input type="checkbox"/> Vitamin B12 67 <input type="checkbox"/> Vitamin D 25-OH 535 <input type="checkbox"/> Vitamin D 1,25 di-OH 3825 <input type="checkbox"/> VZV Ab, IgG 162					
ALPHABETICAL LIST			<input type="checkbox"/> A1C Hemoglobin 90 <input type="checkbox"/> AFP (Tumor Marker) 559 <input type="checkbox"/> Alk Phos 112 <input type="checkbox"/> ALT 132 <input type="checkbox"/> Amylase 48 <input type="checkbox"/> ANA 148 <input type="checkbox"/> Antibody Screen 278 <input type="checkbox"/> ASLO 3509 <input type="checkbox"/> AST 131 <input type="checkbox"/> Bilirubin, Direct 52 <input type="checkbox"/> Bilirubin, Total 50 <input type="checkbox"/> BK Virus DNA PCR (Qual), Urine 3493 <input type="checkbox"/> BK Virus DNA PCR (Quan), Blood 4935 <input type="checkbox"/> Blood Grp & Rh 895 <input type="checkbox"/> Bone Marrow Stain 673 <input type="checkbox"/> BUN 140 <input type="checkbox"/> CA 125 155 <input type="checkbox"/> CA 15.3 776 <input type="checkbox"/> Calcium 53 <input type="checkbox"/> Carbamazepine 21 <input type="checkbox"/> CEA 57 <input type="checkbox"/> Cholesterol 60 <input type="checkbox"/> CMV ,IgG 2805			<input type="checkbox"/> EBV Panel (Acute) 2941 <input type="checkbox"/> EBV Panel (Immune) 2946 <input type="checkbox"/> Erythropoietin 873 <input type="checkbox"/> ESR(Sed Rate) 3471 <input type="checkbox"/> Ferritin 68 <input type="checkbox"/> Fibrinogen 314 <input type="checkbox"/> Fluid Cell Count 209 <input type="checkbox"/> Folate (Serum) 69 <input type="checkbox"/> Glucose, CSF 185 <input type="checkbox"/> Glucose, Fasting 81 <input type="checkbox"/> Glucose 1HR (Gestational) 879 <input type="checkbox"/> Glucose, Random 9305 <input type="checkbox"/> Haptoglobin 89 <input type="checkbox"/> HAV Ab, Total 7119 <input type="checkbox"/> HAV Ab, IgM 798 <input type="checkbox"/> HBs Ab 472 <input type="checkbox"/> HBs Ag 471 <input type="checkbox"/> HCV Ab 868 <input type="checkbox"/> HCV Quantitative PCR 887 <input type="checkbox"/> hCG, quant 3037 <input type="checkbox"/> Hgb/Hct 753 <input type="checkbox"/> HDL Cholesterol 101 <input type="checkbox"/> Hemoglobin (Abnormal) Screen 3053 <input type="checkbox"/> HIV-1 Ab 8454 <input type="checkbox"/> HIV-1 Quantitative PCR 919			<input type="checkbox"/> *The patient has not refused HIV testing.* <i>This box must be checked in order for test to be performed</i> <input type="checkbox"/> H. pylori Ab 3045 <input type="checkbox"/> Immunofixation EP 4020 <input type="checkbox"/> IgE 74 <input type="checkbox"/> IgG 71 <input type="checkbox"/> IgA 73 <input type="checkbox"/> IgM 72 <input type="checkbox"/> Influenza AIB by RT-PCR, Nasopharynx 8467 <input type="checkbox"/> Iron, TIBC, %Sat 829 <input type="checkbox"/> LDH 96 <input type="checkbox"/> LH 87 <input type="checkbox"/> FSH 86 <input type="checkbox"/> Lipase 99 <input type="checkbox"/> Lyme EIA with reflex w. blot 4977 <input type="checkbox"/> Magnesium 103 <input type="checkbox"/> Measles IgG 657 <input type="checkbox"/> Microalbumin(Urine) 546 <input type="checkbox"/> Monospot(Heterophile) 3093 <input type="checkbox"/> Mycoplasma Ab IgG 656 <input type="checkbox"/> Mycoplasma Ab IgM 799 <input type="checkbox"/> Norovirus Genogroup 1/2 RT-PCR 8468 <input type="checkbox"/> Occult Blood, StoolX3 694 <input type="checkbox"/> Parvovirus B19 IgG 3328 <input type="checkbox"/> Parvovirus B19 IgM 3329 <input type="checkbox"/> Phenytoin 31 <input type="checkbox"/> Phosphate 113 <input type="checkbox"/> Platelet Count 3682 <input type="checkbox"/> Potassium 114 <input type="checkbox"/> Protein,CSF 195 <input type="checkbox"/> Protein,EP 119 <input type="checkbox"/> Protein,Total 118 <input type="checkbox"/> Protein,Urine 439 <input type="checkbox"/> PSA, Total 3389 <input type="checkbox"/> PSA, Screening 116 <input type="checkbox"/> % Free PSA (inc Total PSA) 171 <input type="checkbox"/> PT/INR 3405 <input type="checkbox"/> PTT 2315 <input type="checkbox"/> Reticulocyte 296 <input type="checkbox"/> Rheumatoid Factor 206			<input type="checkbox"/> Ristocetin Cofactor 4690 <input type="checkbox"/> Rubella, IgG 496 <input type="checkbox"/> RVVT 319 <input type="checkbox"/> Sirolimus 875 <input type="checkbox"/> Tacrolimus 876 <input type="checkbox"/> Thyroglobulin Ab 3535 <input type="checkbox"/> Thyroglobulin Level 4547 <input type="checkbox"/> Toxoplasma Ab, IgG 501 <input type="checkbox"/> Toxoplasma Ab, IgM 659 <input type="checkbox"/> TPA w/ Reflex 1197 <input type="checkbox"/> TSH, Thyrotropin 129 <input type="checkbox"/> Triglycerides 134 <input type="checkbox"/> Uric Acid 141 <input type="checkbox"/> Urinalysis 3608 <input type="checkbox"/> Urinalysis w/ reflex culture 8937 <input type="checkbox"/> Urine Drugs of Abuse 5267 <input type="checkbox"/> Vitamin B12 67 <input type="checkbox"/> Vitamin D 25-OH 535 <input type="checkbox"/> Vitamin D 1,25 di-OH 3825 <input type="checkbox"/> VZV Ab, IgG 162		
VIROLOGY														
<input type="checkbox"/> Respiratory Virus DFA, Nasopharynx 3440 <input type="checkbox"/> HSV Culture, 8506														
SOURCE:														
MICROBIOLOGY														
SOURCE:														
<input type="checkbox"/> Bacterial Culture <input type="checkbox"/> Blood Culture 462 <input type="checkbox"/> Deep Wound 2880 <input type="checkbox"/> H.Pylori Brhitek 572 <input type="checkbox"/> Ova & Parasite 6447 <input type="checkbox"/> PRCTG (GC/Chl) 1376 <input type="checkbox"/> PRSTL (stool PCR) 8759 <input type="checkbox"/> S.Aureus Screen 6506 <input type="checkbox"/> Strep Grp B PCR (Pen Allergic Pts) 3025 <input type="checkbox"/> Strep Grp B PCR 5809 <input type="checkbox"/> Superficial Wound 3517 <input type="checkbox"/> Trichomonas Natt 8966 <input type="checkbox"/> Urine Culture 239														

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 professional's 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 _____
 Brian Smith, M.D. Director - CLIA#0700098656 State of CT reg#HP-0211

For Placement of
Bar Code Label

Medicare only covers services that are reasonable and necessary for the diagnosis and treatment of disease. Routine screening tests are generally not covered by Medicare.

Drawstations Locations

Yale Physician's Building 800 Howard Avenue New Haven, CT 06519 203-688-5006 Fax 203-688-2260 M-F 7 AM - 5 PM	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	Temple Drawstation 40 Temple Street New Haven, CT 06510 203-688-3183 Fax 203-688-9876 M-F 8:30 AM - 5 PM	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 7 AM - 5:30 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	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
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	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	Branford Drawstation 84 North Main Street, 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	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	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	Clinton Drawstation 252 East Main Street Clinton, CT 06413 860-664-9112 Fax 860-664-9113 M-F 8 AM - 4:30 PM Closed 12:30 - 1 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	Wallingford Draw Station 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	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	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			

Reflex Testing

HBsAg w/ reflex: HBsAg and anti-HBe done if HBsAg positive to assess infectivity. Anti-HBc total done if HBsAg positive to confirm specificity. Neutralization of positive samples done if necessary (i.e. first positive, low positive, and/or anti-HBc total negative)

anti-HBc total w/ reflex: anti-HBc IgM done if anti-HBc total positive

HCV Ab w/reflex: HCV RIBA done if HCV EIA low positive.

HSV/VZV DFA w/ reflex culture: Culture done if DFA negative

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 total w/reflex, HBsAg w/reflex, anti-HCV*

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

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 *XI, IX, VII, V, II, X, 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 (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 (688-2444).*

- *More comprehensive toxicology testing services are available. For additional information, please contact the Laboratory (688-2444).*

- **No chain of custody provided, results are intended for medical purposes only.**

(2) HIV RNA (ultrasensitive)

- *Use if patient on treatment and standard PCR <400 copies*