

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 _____

Diagnosis / ICD 9 Code _____ TIME DRAWN: _____
 YNHH Blood Draw Fasting Specimen Type: Blood Urine Other _____
 CSF Fluid _____ Bone Marrow Call / Fax Results
 Timed Urine Date Collected _____ Time Collected _____ To: _____

CC

X	TEST NAME	SCC CODE	X	TEST NAME	SCC CODE	X	TEST NAME	SCC CODE	X	TEST NAME	SCC CODE
PANELS											
<i>*Any Panel component may be ordered separately</i>											
<input type="checkbox"/>	CBC w/ Auto Diff	CBCWD	<input type="checkbox"/>	BK Virus DNA PCR (Qual), Urine	BKURN	<input type="checkbox"/>	HBs Ab	HBSAB	<input type="checkbox"/>	%Free PSA (inc Total PSA)	PSAFG
<input type="checkbox"/>	Electrolyte Panel	LYTES	<input type="checkbox"/>	BK Virus DNA PCR (Quan), Blood	BKVQT	<input type="checkbox"/>	HBsAg	HBSGG	<input type="checkbox"/>	PTT	PTT
<input type="checkbox"/>	Na,K,Ci,CO2		<input type="checkbox"/>	Blood Grp & Rh	ABORH	<input type="checkbox"/>	HCV Ab	HCVAB	<input type="checkbox"/>	Reticulocyte	RETIC
<input type="checkbox"/>	Hepatic Function	HEPAN	<input type="checkbox"/>	Bone Marrow Stain	BMASP	<input type="checkbox"/>	HCV Quantitative PCR	HCVQP	<input type="checkbox"/>	Rheumatoid Factor	RF
<input type="checkbox"/>	Alb, Globulin, AST, ALT, ALK Phos, Bili T, Bili D, T Protein		<input type="checkbox"/>	Bone Marrow Stain, Iron	BMFE	<input type="checkbox"/>	hCG, quant	HCGQ	<input type="checkbox"/>	Ristocetin Cofactor	RCF
<input type="checkbox"/>	Basic Metabolic	BMPOP	<input type="checkbox"/>	Bone Marrow Stain Pedi	PEDBM	<input type="checkbox"/>	HDL Cholesterol	HDL	<input type="checkbox"/>	Rubella, IgG	RUBBG
<input type="checkbox"/>	Na,K,Ca,Ci,CO2,Glucose BUN, Creatinine		<input type="checkbox"/>	BUN	BUN	<input type="checkbox"/>	Hemoglobin Screen	HGBSC	<input type="checkbox"/>	RVVT	DRV
<input type="checkbox"/>	Comp Metabolic	CMPOP	<input type="checkbox"/>	CA 125	CA125	<input type="checkbox"/>	HIV-1 Ab	HIV12	<input type="checkbox"/>	Sirolimus	RAPA
<input type="checkbox"/>	Na,K,Ci,CO2,Glucose, Ca,BUN Creatinine, T Protein,		<input type="checkbox"/>	CA 15.3	CA153	<input type="checkbox"/>	HIV-1 Quantitative PCR	HIVQP	<input type="checkbox"/>	Tacrolimus	TACRO
<input type="checkbox"/>	Alb, Globulin, AST, Alk Phos, Bili T, ALT		<input type="checkbox"/>	Calcium	CA	<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"/>	Thyroid Indices	EFTP
<input type="checkbox"/>	Lipid Panel	LIPID	<input type="checkbox"/>	Carbamazepine	CARB	<input type="checkbox"/>	H. pylori Ab	HPYLG	<input type="checkbox"/>	Thyroglobulin Ab	ATHYG
<input type="checkbox"/>	Chol,Trig,HDL, LDL Calculation		<input type="checkbox"/>	CEA	CEA	<input type="checkbox"/>	Immunofixation EP	IFEP	<input type="checkbox"/>	Thyroglobulin	THYRO
<input type="checkbox"/>	Acute Hepatitis Panel	HEPAP	<input type="checkbox"/>	Cholesterol	CHOL	<input type="checkbox"/>	IgE	IGE	<input type="checkbox"/>	Toxoplasma Ab, IgG	TOXOG
<input type="checkbox"/>	anti-HAV IgM, anti-HBc total w/reflex, HBsAg w/reflex, anti-HCV		<input type="checkbox"/>	CMV ,IgG	CMVIG	<input type="checkbox"/>	IgG	IGG	<input type="checkbox"/>	Toxoplasma Ab, IgM	TOXOM
<input type="checkbox"/>	Chronic Hepatitis Panel	HEPCP	<input type="checkbox"/>	CMV DNA PCR (Quant), Blood	CMVQT	<input type="checkbox"/>	IgA	IGA	<input type="checkbox"/>	TSH, Thyrotropin	TSH
<input type="checkbox"/>	HBsAg w/ reflex, anti-HBs, anti-HBc total w/reflex, anti-HCV		<input type="checkbox"/>	CMV, IgM	CMVM	<input type="checkbox"/>	IgM	IGM	<input type="checkbox"/>	Triglycerides	TRIG
<input type="checkbox"/>	Hepatitis B Panel	HEPBP	<input type="checkbox"/>	Cold Agglutinin	COLD	<input type="checkbox"/>	Influenza A RT-PCR w/Subtyping (Swine)	FLANP	<input type="checkbox"/>	Uric Acid	URIC
<input type="checkbox"/>	HBsAg, anti HBc total w/reflex, anti-HBs		<input type="checkbox"/>	Complement C3	C3	<input type="checkbox"/>	Iron, TIBC, %Sat	FEPAN	<input type="checkbox"/>	Urinalysis	UMAC
<input type="checkbox"/>	Lupus Anticog Panel	LUPUS	<input type="checkbox"/>	Complement C4	C4	<input type="checkbox"/>	LDH	LD	<input type="checkbox"/>	Urine Drugs of Abuse	UDRGS
<input type="checkbox"/>	RVVT, PTT, Phospholipid Neutralization, if PTT abnormal reflex tp Mixing Study		<input type="checkbox"/>	Cortisol	CORT	<input type="checkbox"/>	LH	LH	<input type="checkbox"/>	VDRL	VDRLG
<input type="checkbox"/>	Hyper Coag Panel	HYPER	<input type="checkbox"/>	CPK	CK	<input type="checkbox"/>	Lipase	LIPAS	<input type="checkbox"/>	Vitamin B12	VB12
<input type="checkbox"/>	APC Resistance, Antithrombin 3, Protein C, Protein S, functional - if abnormal reflex to Protein S, free and total Antigen		<input type="checkbox"/>	Creatinine	CREAT	<input type="checkbox"/>	Magnesium	MG	<input type="checkbox"/>	Vitamin D 25-OH	VID25
<input type="checkbox"/>	VWD Panel	VWD	<input type="checkbox"/>	C-Reactive Protein(hS)	CRP	<input type="checkbox"/>	Measles IgG	MEASG	<input type="checkbox"/>	Vitamin D 1,25 di-OH	VD125
<input type="checkbox"/>	vWFAg, Ristocetin Cofactor, F VIII activity		<input type="checkbox"/>	Cryoglobulin	CRYGG	<input type="checkbox"/>	Microalbumin(Urine)	UALB	<input type="checkbox"/>	VZV Ab, IgG	VZVBG
ALPHABETICAL LIST											
<i>*Any component may be ordered separately</i>											
<input type="checkbox"/>	A1C Hemoglobin	A1C	<input type="checkbox"/>	CSF, Cell Count	CSFCC	<input type="checkbox"/>	Monospot(Heterophile)	HETER	<input type="checkbox"/>	Respiratory Virus DFA, Nasopharynx	RDFNP
<input type="checkbox"/>	AFP (Tumor Marker)	AFPT	<input type="checkbox"/>	CSF, Oligoclonal Bands	OLIGG	<input type="checkbox"/>	Mycoplasma Ab IgG	MYCOG	<input type="checkbox"/>	HSV Culture, Dermal	HSVCX
<input type="checkbox"/>	Alk Phos	ALKP	<input type="checkbox"/>	Cyclosporin	CYCLO	<input type="checkbox"/>	Mycoplasma Ab IgM	MYCOM	SOURCE:		
<input type="checkbox"/>	ALT	ALT	<input type="checkbox"/>	D-Dimer	DD	<input type="checkbox"/>	Norovirus Genogroup 1/2 RT-PCR	NOROQ	MICROBIOLOGY		
<input type="checkbox"/>	Amylase	AMYL	<input type="checkbox"/>	Digoxin	DIG	<input type="checkbox"/>	Occult Blood, StoolX3	OBLD	<input type="checkbox"/>	Bacterial Culture	
<input type="checkbox"/>	ANA	ANA	<input type="checkbox"/>	EBV Panel (Acute)	EBVAP	<input type="checkbox"/>	Parvovirus B19 IgG, IgM	PB19P	<input type="checkbox"/>	Blood Culture	CXBLD
<input type="checkbox"/>	Antibody Screen	ABSC	<input type="checkbox"/>	EBV Panel (Immune)	EBVIP	<input type="checkbox"/>	Phenytoin	PHENY	<input type="checkbox"/>	Chlamydia DNA Probe	PRCHL
<input type="checkbox"/>	Anti Platelet Ab	IPLT	<input type="checkbox"/>	Erythropoietin	EPO	<input type="checkbox"/>	Phosphate	PHOS	<input type="checkbox"/>	GC DNA Probe	PRGC
<input type="checkbox"/>	Anti DNase B	DNSB	<input type="checkbox"/>	ESR(Sed Rate)	ESR	<input type="checkbox"/>	Platelet Count	PLT	<input type="checkbox"/>	GC Culture	CXGC
<input type="checkbox"/>	ASLO	ASO	<input type="checkbox"/>	Ferritin	FERR	<input type="checkbox"/>	Potassium	K	<input type="checkbox"/>	Ova & Parasite	OPEXM
<input type="checkbox"/>	AST	AST	<input type="checkbox"/>	Fibrinogen	FIB	<input type="checkbox"/>	Protein,CSF	CTP	<input type="checkbox"/>	Strep Grp A Rapid Ag	AGSTR
<input type="checkbox"/>	Bilirubin, Direct	DBIL	<input type="checkbox"/>	Fluid Cell Count	FCC	<input type="checkbox"/>	Protein,EP	SPEP	<input type="checkbox"/>	Strep Grp B PCR	PRGBS
<input type="checkbox"/>	Bilirubin, Total	TBIL	<input type="checkbox"/>	Folate (Serum)	FOL	<input type="checkbox"/>	Protein,Total	TP	<input type="checkbox"/>	Urine Culture	CXURN
			<input type="checkbox"/>	Glucose, CSF	CGLU	<input type="checkbox"/>	Protein,Urine	UTP			
			<input type="checkbox"/>	Glucose, Fasting	GLUF	<input type="checkbox"/>	PT/INR	PTINR			
			<input type="checkbox"/>	Glucose, 1HR (Gestational)	1HGTT	<input type="checkbox"/>	PSA, Total	PSA			
			<input type="checkbox"/>	Glucose, Random	GLUG	<input type="checkbox"/>	PSA, Screening	PSAS			
			<input type="checkbox"/>	Haptoglobin	HAPT						
			<input type="checkbox"/>	HAV Ab, Total	HAVBT						
			<input type="checkbox"/>	HAV Ab, IgM	HAVMG						

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 (ICD 9 code or narrative) are REQUIRED.

Authorizing Physician Signature _____

I authorize YNHH 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
 F4950 (Rev 05/10)

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 06510
203-688-5006
M-F 7:30 AM - 5:30 PM

Long Wharf Drawstation

150 Sargent Drive
New Haven, CT 06511
203-688-1009
M-F 8:00 AM - 6:30 PM
Saturday 9 AM - 1 PM

Madison Drawstation

6 Woodland Road
Madison, CT 06443
203-318-3580
M-F 7 AM - 4 PM
Closed Noon - 1 PM

East Haven Drawstation

317 Foxon Rd, East
Haven, CT 06512
203-466-5550
M-F 7 AM - 4 PM
Closed 12:30-1:30 PM

North Haven Drawstation

100 Broadway
North Haven, CT 06473
203-239-0792
M-F 8 AM - 4:30 PM
Closed from
Noon - 12:30 PM

Hamden Drawstation

2560 Dixwell Ave
Hamden, CT 06514
203-230-3300
M-F 7 AM-5 PM
Closed 12:30-1PM
Saturday 8 AM-Noon

Branford Draw Station

11 Harrison Ave
Branford, Ct 06405
203-315-2101
M-F 7 AM-5 PM
Sat 8 AM-12 Noon

Temple Drawstation

40 Temple Street
New Haven, CT 06504
203-688-3183
M-F 8:30 AM - 5 PM

Shoreline Medical Center

Drawstation
111 Goose Lane
Guilford, CT 06437
203-453-7160
M-F 7 AM - 5:00 PM
Saturday 8 AM - Noon

Reflex Testing

HBsAg w/ reflex: HBeAg 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 tp 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*, Benzodiazapines, 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*