PATIENT STAMP

STELLAR LABS NW TESTING REQUISITION

6464 SW BORLAND ROAD, SUITE C-5 1/2, TUALATIN, OREGON 97062 PH: 503-427-2471 AND 503-855-4527 fax: 888-972-9515

(This form is subject to the Privacy Act of 1974. Use Blanket PAS-DD Form 2005)

Patient's Name(Last, First and MI) *		STATUS * Routine ○ STAT ○ ASAP ○	PREFERRED NAME
FMP MRN# *	SPONSOR'S SSN	REGISTER NUMBER	
DATE OF BIRTH	SEX ☐ MALE ☐ FEMALE	CELL PHONE	HOME PHONE
REQUESTING PHYSICIAN (First, Last and MI) *			
DATE/TIME OF COLLECTION **	Location (ward/Clinic)	UCA Code	

PHYSICIAN STAMP

COMMENTS

ADDITIONAL TESTS NEEDED

- ○ HDL Cholesterol
- ○ LDL Choleterol
- ○ Cholesterol
- ○ Enzymatic Carbonate (CO2)/Lytes
- ○ Folate
- ○ Vitamin B12
- ○ Vitamin D2/D3

PANELS

- ○ Comprehensive Metabolic Panel
- ○ Basic Metabolic Panel
- ○ Anemia Panel
- ○ Lipids Panel

CHEMISTRY

- ○ Glucose
- ○ Triglycerides
- ○ BUN
- ○ Creatinine
- ○ Uric Acid
- ○ Potassium
- ○ Calcium
- ○ Phosphorus
- ☐ Magnesium
- ○ Bilirubin, Total
- ☐ Bilirubin, Neonatal
- ○ Alkaline Phosphatase
- ○ AST
- ○ ALT
- ☐ GGT
- ☐ LDH
- ☐ Total CK
- ○ Total Protein
- ○ Albumin
- ☐ Amylase
- ☐ Lipase
- ☐ Ammonia
- ☐ Lactic Acid
- ☐ Osmolality
- ☐ Ethanol (BAT)
- ☐ C-Reactive Protein
- ☐ Rheumatoid Factor

THERAPEUTIC DRUGS

- ☐ Acetaminophen
- ☐ Carbamazepine
- ☐ Digoxin
- ☐ Phenobarbital
- ☐ Phenytoin
- ☐ NAPA/Procainamide
- ☐ Quinidine
- ☐ Salicylates
- ☐ Theophylline
- ☐ Valproic Acid
- ☐ Lithium

	Trough*	Peak*
☐ Amikacin---------->	☐	☐
☐ Gentamicin---------->	☐	☐
☐ Vancomycin--------->	☐	☐

Dose start at: _____
Dose completed at: _____
* Trough collected at: _____
**Peak collected at: _____

SPECIAL CHEMISTRY

- ○ Iron ○ TIBC
- ○ ferritin
- ○ Thyroid Screen (TSH)
- ☐ Cortisol ☐ AM ☐ PM
- ☐ CEA
- ☐ PSA
- ☐ Intact PTH
- ☐ Serum Protein Electrophoresis
- ☐ Urine Protein Electrophesis
- ☐ LDH iso
- ○ Hgb A1C
- ☐ CK-MB
- ☐ PAP
- ☐ Hepatitis Screen
- ☐ HBs Ag
- ☐ HBs Ab
- ☐ Hbc Ab
- ☐ HCG (Serum Screen)
- ☐ HCG Quantitative
- ☐ Progesterone
- ☐ Estradiol
- ☐ Hep A - Antibody
- ☐ Hep C - Antibody

URINE CHEMISTRY

- ☐ Random
- ☐ 24 Hour
- ☐ Time
- ☐ Creatinine
- ☐ Creatinine Clearance
- ☐ Glucose
- ☐ Amylase
- ☐ Urea Nitrogen
- ☐ Calcium
- ☐ Phosphorus
- ☐ Uric Acid
- ☐ Protein
- ☐ Osmolality

GLUCOSE TOLERANCE TESTS

- ☐ 2 HR PP
- ☐ 1 HR Screen (OB)

INSURANCE INFORMATION

INSURANCE: _____

- ☐ ID#
- ☐ GROUP#

HEMATOLOGY/COAGULATION

- ○ Reticulocyte Count
- ☐ Sedimentation Rate
- ☐ Fibrinogen
- ○ CBC
- ○ Differential
- ○ Hct/Hgb
- ○ PT/INR
- ○ PTT

Pt on ANTICOAGULANT *(Check One)*

- ☐ Heparin
- ☐ Coumadin
- ☐ None

URINALYSIS

- ☐ Routine Urinalysis
- ☐ Microscopic
- ☐ Specific Gravity
- ☐ Glucose

URINE CULTURE

ICD 10 CODES

MICROBIOLOGY

Specimen Source/Site :_____

Antimicrobial Therapy:_____

History:_____

- ☐ Gram Stain
- ☐ Culture/Sensitivity
- ☐ AFB Smear/Culture
- ☐ Fungal Culture
- ☐ Macroscopic Exam
- ☐ Ova And Parasites
- ☐ Occult Blood
- ☐ Fecal Leukocytes

CLIA#
38D2242535
NPI#1497428379
TAXONOMY#
291U00000X

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