



MD000001729907

LABORATORY REQUISITION

Patient Information (Please Print Clearly):			Patient Insurance Information:		
Last name	First Name	MI	Insurance Company Name	Plan Type	
Address (House or Apartment # and Street)			Address (Number & Street)		
City			State	Zip	
Social Security #	Date of Birth	Sex	Member Number	Group Number or Group Name	
Patient Phone #	Medical Record #		Insurer's Telephone Number		
Diagnosis Code(s):			Copies of FRONT & BACK of ALL Insurance Cards, Must be Attached, Indicating Which is Primary.		
Ordering MD Name (Print/Signature):			Specimen		<input type="checkbox"/> STAT
			Date _____	<input type="checkbox"/> Call To: _____	
			Time _____	<input type="checkbox"/> FAX To: _____	
			FASTING <input type="checkbox"/> YES <input type="checkbox"/> NO		

LAB15 <input type="checkbox"/> BASIC METABOLIC PANEL LiHep Na, K, CL, CO2, Calcium, Glucose, BUN & Creatinine, EGFR (calculated)	LAB45 <input type="checkbox"/> ALBUMIN LiHep	LAB86 <input type="checkbox"/> FSH LiHep	LAB113 <input type="checkbox"/> PHOSPHORUS LiHep	MICROBIOLOGY CULTURES:
	LAB112 <input type="checkbox"/> ALK PHOSPHATASE LiHep	LAB85 <input type="checkbox"/> GGT LiHep	LAB3914 <input type="checkbox"/> PLASMA RENIN ACTIVITY LT LiHep	LAB462 <input type="checkbox"/> BLOOD
	LAB559 <input type="checkbox"/> AFP (Tumor Marker) SST	LAB3010 <input type="checkbox"/> GLUCOSE LiHep	LAB114 <input type="checkbox"/> POTASSIUM LiHep	LAB942 <input type="checkbox"/> EAR
	LAB132 <input type="checkbox"/> ALT/GPT LiHep	LAB2356 <input type="checkbox"/> GLUC. TOL. (Pregnancy) SST	LAB529 <input type="checkbox"/> PROGESTERONE SST	LAB943 <input type="checkbox"/> EYE
LAB16 <input type="checkbox"/> ELECTROLYTE PANEL LiHep Na, K, Cl & CO2	LAB48 <input type="checkbox"/> AMYLASE LiHep	LAB <input type="checkbox"/> GLUCOSE TOLERANCE LiHep	LAB531 <input type="checkbox"/> PROLACTIN LiHep	LAB3594 <input type="checkbox"/> UPPER RESPIRATORY NOSE
	LAB147 <input type="checkbox"/> ANA by IFA w/Reflex SST	Hours _____	LAB119 <input type="checkbox"/> Protein Electrophoresis SST	LAB3221 <input type="checkbox"/> LOWER RESPIRATORY (SPUTUM)
LAB17 <input type="checkbox"/> COMP. METABOLIC PANEL LiHep Na, K, CL, CO2, Calcium, Glucose, BUN, Creatinine, T. Protein, Albumin, AST, ALT, Alk. Phos. & T. Bilirubin Globulin (calculated), A/G ratio, EGFR (calculated)	LAB2618 <input type="checkbox"/> APOLIPOPROTEIN A1 LiHep	LAB90 <input type="checkbox"/> HEMOGLOBIN A1C LT	LAB118 <input type="checkbox"/> PROTEIN, Total LiHep	LAB8759 <input type="checkbox"/> STOOL PATHOGENS BY PCR
	LAB2619 <input type="checkbox"/> APOLIPOPROTEIN B LiHep	LAB572 <input type="checkbox"/> H. pylori Breath Test	LAB116 <input type="checkbox"/> PSA, Total (Screening) SST	LAB9512 <input type="checkbox"/> Group A Strep PCR
	LAB131 <input type="checkbox"/> AST/GOT LiHep	LAB3037 <input type="checkbox"/> hCG, quant. LiHep	LAB3389 <input type="checkbox"/> PSA, Total (Diagnostic) LiHep	LAB239 <input type="checkbox"/> URINE
	LAB52 <input type="checkbox"/> BILIRUBIN, Direct LiHep	LAB101 <input type="checkbox"/> HDL, cholesterol LiHep	LAB171 <input type="checkbox"/> PSA, Total & Free LiHep	LAB5809 <input type="checkbox"/> Group B Strep PCR (PEN Non-Allergic) Cervical/Rectal
	LAB50 <input type="checkbox"/> BILIRUBIN, Total LiHep	LAB753 <input type="checkbox"/> HGB & HCT LT	LAB813 <input type="checkbox"/> PTH, Intact w/Calcium SST	
	LAB895 <input type="checkbox"/> BLOOD GROUP & Rh PNK	LAB288 <input type="checkbox"/> HGB Electrophoresis LT	LAB296 <input type="checkbox"/> RETIC COUNT	LAB3025 <input type="checkbox"/> GROUP B STREP PCR (PEN Allergic) Cervical/Rectal
LAB18 <input type="checkbox"/> LIPID PANEL LiHep Chol, Trig, HDL, LDL Calculation & Chol/HDL Ratio	LAB776 <input type="checkbox"/> CA 15-3 SST	LAB797 <input type="checkbox"/> Hep A Ab Total w/Reflex SST	LAB206 <input type="checkbox"/> RA FACTOR, Quant. LiHep	For the following cultures, please indicate Source: _____
	LAB777 <input type="checkbox"/> CA 19-9 SST	LAB1242 <input type="checkbox"/> Hep B CORE Ab w/Reflex SST	LAB496 <input type="checkbox"/> RUBELLA SCREEN SST	<input type="checkbox"/> JOINT FLUID
	LAB853 <input type="checkbox"/> CA 27.29 SST	LAB472 <input type="checkbox"/> Hep B sAb SST	LAB122 <input type="checkbox"/> SODIUM LiHep	<input type="checkbox"/> DEEP WOUND (Abscess/Cyst/Drain)
	LAB53 <input type="checkbox"/> CALCIUM LiHep	LAB471 <input type="checkbox"/> Hep B sAg w/conf SST	LAB137 <input type="checkbox"/> T3, Free LiHep	<input type="checkbox"/> SUPERFICIAL WOUND/SKIN
LAB19 <input type="checkbox"/> RENAL FUNCTION PANEL LiHep Na, K, CL, CO2, Calcium, Phosphorus, Glucose, BUN, Creatinine & Albumin, EGFR (calculated)	LAB155 <input type="checkbox"/> CA-125 SST		LAB136 <input type="checkbox"/> T3, Total LiHep	LAB3517 <input type="checkbox"/> GENITAL
	LAB21 <input type="checkbox"/> CARBAMAZEPINE LiHep	LAB868 <input type="checkbox"/> Hep C w/Reflex to PCR SST	LAB127 <input type="checkbox"/> T4, Free LiHep	LAB3002 <input type="checkbox"/> DERMATOPHYTES ONLY
	LAB4080 <input type="checkbox"/> CARDIO-CRP LiHep	LAB8454 <input type="checkbox"/> HIV 1/2, 4th Gen w/Reflex SST	LAB126 <input type="checkbox"/> T4, Total LiHep	LAB240 <input type="checkbox"/> FUNGUS
	LAB3679 <input type="checkbox"/> CBC with PLATELETS LT	LAB2333 <input type="checkbox"/> HOMOCYSTEINE SST	LAB124 <input type="checkbox"/> TESTOSTERONE, Total *SST	LAB8506 <input type="checkbox"/> HERPES SIMPLEX VIRUS 1/2
LAB20 <input type="checkbox"/> HEPATIC FUNCTION PANEL LiHep AST, ALT, Alk. Phos., T. Bilirubin, D. Bilirubin, T.Protein & Albumin	LAB293 <input type="checkbox"/> CBC w/PLT & DIFF LT	LAB4020 <input type="checkbox"/> Immuno-electrophoresis, Serum SST	LAB35 <input type="checkbox"/> THEOPHYLLINE LiHep	LAB8623 <input type="checkbox"/> HERPES SIMPLEX VIRUS 1/2 DIRECT PCR
	LAB7768 <input type="checkbox"/> MANUAL DIFFERENTIAL LT	LAB5395 <input type="checkbox"/> IgG, IgA & IgM, Quant. LiHep	LAB3535 <input type="checkbox"/> THYROGLOBULIN Ab SST	NOTE: Positive cultures will reflex to ID & sensitivities when appropriate.
	LAB57 <input type="checkbox"/> CEA SST	LAB94 <input type="checkbox"/> IRON LiHep	LAB858 <input type="checkbox"/> THYR. PEROXIDASE Ab SST	
	LAB60 <input type="checkbox"/> CHOLESTEROL LiHep	LAB829 <input type="checkbox"/> IRON & IRON Binding LiHep	LAB1197 <input type="checkbox"/> Treponema Pallidum IgG/AB SST	LAB10034 <input type="checkbox"/> BACTERIAL VAGINOSIS NAAT
LAB551 <input type="checkbox"/> ACUTE HEPATITIS PANEL SST Hep A IgM Ab, Hep B Core IgM Ab, Hep B Surf Ag & Hep C Ab	LAB4084 <input type="checkbox"/> CMV Ab (IgG & IgM) SST	LAB96 <input type="checkbox"/> LD, Total LiHep	LAB129 <input type="checkbox"/> TSH LiHep	
	LAB61 <input type="checkbox"/> CORTISOL SST	LAB102 <input type="checkbox"/> LDL, Direct Meas. LiHep	LAB3560 <input type="checkbox"/> TOXO IgG & IgM Ab SST	
	LAB521 <input type="checkbox"/> C-PEPTIDE LiHep	LAB98 <input type="checkbox"/> LEAD, Blood TAN	LAB134 <input type="checkbox"/> TRIGLYCERIDES LiHep	
	LAB62 <input type="checkbox"/> CREATINE KINASE SST	LAB99 <input type="checkbox"/> LIPASE LiHep	LAB140 <input type="checkbox"/> UREA NITROGEN LiHep	
LAB383 <input type="checkbox"/> 24 HOUR CREATININE CLEARANCE SST & 24 Hr UR [must have serum & 24 hour urine container]	LAB66 <input type="checkbox"/> CREATININE LiHep	LAB563 <input type="checkbox"/> LIPOPROTEIN (a) SST	LAB141 <input type="checkbox"/> URIC ACID Rasburicase Y or N? LiHep	
	LAB149 <input type="checkbox"/> C-REACTIVE PROTEIN LiHep	LAB29 <input type="checkbox"/> LITHIUM SST	LAB3608 <input type="checkbox"/> URINALYSIS, w/Reflex to Microscopic Examination UR	LAB6446 <input type="checkbox"/> H. pylori Antigen, Stool
	LAB24 <input type="checkbox"/> DEPAKENE (VPA) LiHep	LAB87 <input type="checkbox"/> LH LiHep		LAB7877 <input type="checkbox"/> C. DIFFICILE PCR Stool
	LAB23 <input type="checkbox"/> DIGOXIN LiHep	LAB4977 <input type="checkbox"/> LYME Ab w/Reflex SST	LAB67 <input type="checkbox"/> VITAMIN B12 SST	LAB259 <input type="checkbox"/> GIARDIA Ag, Stool
	LAB5261 <input type="checkbox"/> DRUGS of ABUSE SCRIN UR	LAB103 <input type="checkbox"/> MAGNESIUM LiHep	LAB3645 <input type="checkbox"/> VITAMIN D25, Total SST	LAB6447 <input type="checkbox"/> OVA & PARASITES, Stool
	LAB2941 <input type="checkbox"/> EPSTEIN-BARR ACUTE PANEL SST	LAB3093 <input type="checkbox"/> HETEROPHILE AB (Monospot) SST	LAB162 <input type="checkbox"/> Varicella IgG SST	LAB1376 <input type="checkbox"/> CHLAMYDIA/GC (DNA Probe) Source: _____
	LAB3471 <input type="checkbox"/> ESR (Westergren) LT	LAB320 <input type="checkbox"/> PT w/INR BLU		LAB4103 <input type="checkbox"/> OCCULT BLOOD, Stool Diagnostic
	LAB523 <input type="checkbox"/> ESTRADIOL LiHep	LAB2315 <input type="checkbox"/> PTT BLU		LAB5028 <input type="checkbox"/> OCCULT BLOOD, Stool (x3) Scmg
	LAB68 <input type="checkbox"/> FERRITIN LiHep	LAB31 <input type="checkbox"/> PHENYTOIN (Dilantin) LiHep		
	LAB69 <input type="checkbox"/> FOLATE, Serum SST			

Send Copies of Test Results to:

Physician: (Full Name) _____

Phone Fax _____

FASTING BLOOD SPECIMENS

Your physician should instruct you about fasting before having your blood sample taken. If you have a question, please contact your doctor. However, most tests require an 8-12 hour fast, which for most people would mean nothing to eat or drink (except water) after 8pm the night before and the morning of your test.

REFLEX TESTING & CONDITIONS: *(All reflex testing will be performed at additional cost)*

ANA Screening by IFA:	If positive, and titer of > or = 1:160, Automatic Reflex will follow: SSA, SSB, Scl-70, Sm, RNP, Jo-1, sDNA, Histone and Centromere B. If weak positive only titer and patterns reported unless requested by physician for any ANA multi-flex confirmatory.
CBC w/PLT & DIFF:	If CBC values meet specific criteria, a full manual differential will be performed.
LIPID PANEL:	Calculated LDL reflexed to LDLD (LDL Direct) when Triglycerides > 400.
HEPATITIS A Ab	Reflexed to IgM if positive.
HEPATITIS B Core Ab:	Reflexed to IgM if positive.
HEPATITIS B Surface Ag:	Reflexed to Confirmatory Test if positive.
HEPATITIS C:	Reflexed to Hep C PCR, Quantitative if positive.
HIV:	Reflexed to HIV 1/2 Differential.
LYME Ab:	Reflexed to Western Blot if positive.
TPA:	Reactive T. Pallidum IgG results will automatically reflex to RPR with titer.
URINALYSIS w/Reflex:	Microscopic performed ONLY if: Blood, Nitrite, or Leukocyte Esterase Positive, color is not Yellow/appearance is not Clear, or Protein > trace
MICROBIOLOGICAL CULTURES:	If an organism requiring susceptibilities is isolated, susceptibilities will be performed.
TESTOSTERONE, Total:	SST for Males 18 and over. RT for all Females and Children under 18.

SPECIMEN COLLECTION KEY:

The following table interprets the specimen type code indicated after each test on the front of this requisition.

BLU	Light Blue Top (Sodium Citrate)
DBL	Dark Blue Top (EDTA)
LiHep	Light Green Top (Lithium Heparin)
LT	Lavender Top Tube (EDTA)
PNK	Pink Top Tube (EDTA)
RT	Red Top Tube (No Additive)
SST	Red/Black Speckle top or Gold top (Silicone)
TAN	Tan Top Tube
UR	Random Urine Sample

GREENWICH HOSPITAL BLOOD DRAW STATION LOCATIONS

Greenwich, CT	Greenwich Hospital 5 Perryridge Road Main Floor, Off Lobby	Phone: 203-863-3333 FAX: 203-863-3845	Hours: Mon thru Fri: 6:30 AM to 6 PM	Saturday: 7 AM to 1 PM Closed all holidays
Greenwich, CT	Bendheim Cancer Center 77 Lafayette Place, Suite 251	Phone: 203-863-3732 FAX: 203-863-3725	Hours: Mon thru Fri: 8 AM to 4:30 PM	Closed all holidays
Greenwich, CT	49 Lake Avenue 2nd Floor, Suite 202	Phone: 203-863-4530 FAX: 203-863-4531	Hours: Mon thru Fri: 7:30 AM - 4 PM Closed 12 PM - 12:30 PM Daily	Saturday: 8 AM to 12 PM Closed all holidays
Greenwich, CT	55 Holly Hill Lane Suite 160	Phone: 203-863-3987 FAX: 203-863-4740	Hours: Mon thru Fri: 7 AM - 3:30 PM Closed 12 - 12:30 PM Daily	Saturday: 8 AM to 12:30 PM Closed all holidays
Greenwich, CT	15 Valley Drive Suite 204	Phone: 203-863-4617 FAX: 203-661-6457	Hours: Mon thru Fri: 8 AM to 4:30 PM Closed 1 PM to 2 PM Daily	Closed all holidays
Greenwich, CT	35 River Road Suite 101	Phone: 203-340-2624 FAX: 203-340-2625	Hours: Mon thru Fri: 8 AM to 4:30 PM Closed 12 PM to 1 PM Daily	Closed all holidays
Greenwich, CT	500 West Putnam Avenue Suite 150	Phone: 475-240-8273 FAX: 475-240-8270	Hours: Mon thru Fri: 8 AM to 4 PM Closed 12 PM to 1 PM Daily	Closed all holidays
Stamford, CT	90 Morgan Street 3rd Floor, Suite 302	Phone: 203-358-8031 FAX: 203-358-8142	Hours: Mon thru Fri: 8 AM to 4 PM Closed 12 PM to 12:30 PM Daily	Saturday: 8 AM to 12 PM Closed all holidays
Stamford, CT	260 Long Ridge Road Suite 2201	Phone: 475-619-6037 FAX: 203-316-0534	Hours: Mon thru Fri: 8 AM to 4:30 PM Closed 12 PM to 1 PM Daily	Closed all holidays
Stamford, CT	2015 W. Main Street 2nd Floor	Phone: 203-357-9432 FAX: 203-863-2879	Hours: Mon thru Fri: 8 AM to 4:30 PM Closed 12 PM to 1 PM Daily	Closed all holidays
Darien, CT	106 Noroton Avenue Suite 204	Phone: 203-656-1529 FAX: 203-662-1073	Hours: Mon thru Fri: 7:30 AM to 4 PM Closed 1 PM to 2 PM Daily	Closed all holidays
Norwalk, CT	40 Cross Street 3rd Floor, Suite 350	Phone: 203-845-0003 FAX: 203-845-0058	Hours: Mon thru Fri: 8 AM to 4:30 PM Closed 12 PM to 1 PM Daily	Saturday: 8 AM to 12 PM Closed all holidays
Rye Brook, NY	90 South Ridge Street Suite 2-161	Phone: 914-937-4029 FAX: 914-305-9564	Hours: Mon thru Fri: 8:00 AM to 4:30 PM Closed 12 PM to 1:00 PM Daily	Closed all holidays
Wilton, CT	67 Old Ridgefield Road	Phone: 203-762-1899 FAX: 203-762-2013	Hours: Mon thru Fri: 7:15 AM to 4:30 PM Closed 1 PM to 2 PM	Closed all holidays