



County of Los Angeles – Department of Health Services
 LAC+USC Medical Center
 1200 North State Street
 Los Angeles, CA 90033
 Ira A. Shulman, M.D., Lab Director

ROUTINE CHEMISTRY- IMMUNOSEROLOGY (BLOOD)

DATE OF REQUEST		DIAGNOSIS	
ORDERING PHYSICIAN'S I.D. #	PHYSICIAN'S NAME	PAGER #	EXTENSION
ATTENDING PHYSICIAN'S I.D. #	PHYSICIAN'S NAME	PAGER #	EXTENSION
COLLECTION DATE	COLLECTION TIME	AM PM	Specimen collected by: <input type="checkbox"/> Ward/Clinic Staff <input type="checkbox"/> Phlebotomy Staff <input type="checkbox"/> Other _____ Initial _____

NAME: _____

D.O.B. _____

MRUN: _____ SEX: _____

SOURCE CODE: _____ (CLINIC CODE OR WARD)

ACCOUNT: _____

FACILITY: LAC+USC Other _____

The Medical Necessity of each individual test ordered should be documented in the patient's Medical Record.

CHEMISTRY TESTS – 1 FULL Gold Top Gel Tube <input type="checkbox"/> METABOLIC PANEL, BASIC Calcium, Bicarbonate, Chloride, Creatinine, Glucose, Potassium, Sodium, Urea Nitrogen (BUN) <input type="checkbox"/> METABOLIC PANEL, COMPREHENSIVE Albumin, ALP, ALT, AST, Bilirubin (Total), Calcium, Bicarbonate, Chloride, Creatinine, Glucose, Potassium, Protein, Sodium, Urea Nitrogen (BUN) <input type="checkbox"/> HEPATIC FUNCTION PANEL Albumin, ALP, ALT, AST, Bilirubin (total and direct), Protein <input type="checkbox"/> LIPID PANEL (requires 12 hrs fasting) Cholesterol, Cholesterol-HDL, Triglyceride, Calculated LDL-Cholesterol <input type="checkbox"/> RENAL PANEL Albumin, Calcium, Bicarbonate, Chloride, Creatinine, Glucose, Phosphorus, Potassium, Sodium, Urea Nitrogen (BUN) <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Alanine Aminotransferase (ALT) <input type="checkbox"/> Albumin <input type="checkbox"/> Alkaline Phosphatase (ALP) <input type="checkbox"/> Amylase <input type="checkbox"/> Aspartate Aminotransferase (AST) <input type="checkbox"/> β-hydroxybutyrate <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> C-reactive protein (hs) <input type="checkbox"/> Calcium <input type="checkbox"/> Carbon Dioxide (bicarbonate) <input type="checkbox"/> Chloride <input type="checkbox"/> Cholesterol <input type="checkbox"/> Creatine Kinase (CK), Total <input type="checkbox"/> Creatinine <input type="checkbox"/> Ethanol <input type="checkbox"/> Electrolytes (Bicarbonate, Chloride, Potassium, Sodium) <input type="checkbox"/> Ferritin <input type="checkbox"/> Fructosamine <input type="checkbox"/> GGT <input type="checkbox"/> Glucose <input type="checkbox"/> HDL cholesterol <input type="checkbox"/> Iron only <input type="checkbox"/> Iron and TIBC (includes % saturation) <input type="checkbox"/> Kappa/Lambda FLC, with ratio <input type="checkbox"/> Lactate Dehydrogenase (LD), Total <input type="checkbox"/> LDL cholesterol, direct <input type="checkbox"/> Lipase <input type="checkbox"/> Lithium <input type="checkbox"/> Magnesium <input type="checkbox"/> Prealbumin <input type="checkbox"/> Phosphorous <input type="checkbox"/> Potassium <input type="checkbox"/> Protein, Total <input type="checkbox"/> Salicylate <input type="checkbox"/> Sodium <input type="checkbox"/> Triglycerides <input type="checkbox"/> Urea Nitrogen (BUN) <input type="checkbox"/> Uric Acid		SPECIAL PROTEINS 1 FULL Gold Top Gel Tube <input type="checkbox"/> IGA <input type="checkbox"/> IgE <input type="checkbox"/> IGG <input type="checkbox"/> IGM <input type="checkbox"/> Rheumatoid factor <input type="checkbox"/> Anti-CCP <input type="checkbox"/> β-2-microglobulin <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> Haptoglobin
CARDIAC MARKERS - Green Top Tube <input type="checkbox"/> BNP, NT pro <input type="checkbox"/> Troponin, T		MISCELLANEOUS CHEMISTRY 1 FULL Gold Top Gel Tube <input type="checkbox"/> Folate <input type="checkbox"/> Procalcitonin (requires a separate full Gold Top Gel Tube) <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D 25-OH <input type="checkbox"/> Homocysteine (green top tube on ice) <input type="checkbox"/> Osmolality (requires a separate full Gold Top Gel Tube)
ENDOCRINE/TUMOR MARKERS – Gold Gel Tube ENDOCRINE <input type="checkbox"/> C-peptide <input type="checkbox"/> Cortisol <input type="checkbox"/> Estradiol <input type="checkbox"/> Follicle Stimulating Hormone (FSH) <input type="checkbox"/> Free T3 (FT3) <input type="checkbox"/> Free T4 (FT4) <input type="checkbox"/> hCG, Serum <input type="checkbox"/> Insulin <input type="checkbox"/> Luteinizing Hormone (LH) <input type="checkbox"/> Parathyroid Hormone (PTH) <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin <input type="checkbox"/> Testosterone, total <input type="checkbox"/> T4 (total) <input type="checkbox"/> TSH-Diagnostic (Reflex to FT4 if TSH abnormal) <input type="checkbox"/> TSH- Monitoring TSH only (Order other thyroid tests separately) <input type="checkbox"/> Thyroid Peroxidase Antibody (Anti-TPO) TUMOR MARKERS <input type="checkbox"/> Alpha-Fetoprotein (AFP) <input type="checkbox"/> CA125 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> Carcinoembryonic Antigen (CEA) <input type="checkbox"/> HE4 (Human Epididymal Protein 4) <input type="checkbox"/> Prostatic Specific Antigen (PSA)		FASTING GLUCOSE & LACTATE – Grey Top Tube <input type="checkbox"/> Glucose, fasting <input type="checkbox"/> Lactate HbA1c – Lavendar Top Tube <input type="checkbox"/> Glycated Hemoglobin (HbA1c) PROTEIN ELECTROPHORESIS – Gold Gel Tube <input type="checkbox"/> Protein Electrophoresis, Serum (includes total protein determination) PEPS: <i>Abnormal protein bands will be identified by immunofixation.</i> <input type="checkbox"/> Protein Electrophoresis, Urine PEP <i>First morning urine specimen is preferred. Please mark choice.</i> <input type="checkbox"/> early morning specimen <input type="checkbox"/> 24 hr specimen <input type="checkbox"/> random specimen
GLUCOSE TOLERANCE TESTS – Grey Top Tube <input type="checkbox"/> 1 Hour Glucose Tolerance Test (Gestational) <input type="checkbox"/> 2 Hour Glucose Tolerance Test (Gestational) : <input type="checkbox"/> Fasting <input type="checkbox"/> 2-hr <input type="checkbox"/> 2 Hour Glucose Tolerance Test (Non-gestational): <input type="checkbox"/> Fasting <input type="checkbox"/> 2-hr <input type="checkbox"/> 3 Hour Glucose Tolerance Test (Gestational): <input type="checkbox"/> Fasting <input type="checkbox"/> 1-hr <input type="checkbox"/> 2-hr <input type="checkbox"/> 3-hr		OTHER TESTS Call Laboratory or check LIS for specimen requirements
INFECTIOUS DISEASE SEROLOGY – Gold Gel Tube <input type="checkbox"/> Hepatitis Acute Panel (includes HAV IgM, HB Core IgM, HB surface antigen and HCV antibody) <input type="checkbox"/> Hepatitis A Antibody, IgM <input type="checkbox"/> Hepatitis A Antibody, Total <input type="checkbox"/> Hepatitis B Surface Antigen <i>(confirmatory reflex per lab protocol)</i> <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> Hepatitis B Core Antibody, IgM <input type="checkbox"/> Hepatitis B Core Antibody, Total <input type="checkbox"/> Hepatitis C Antibody (Anti-HCV)		
Separate Gold Gel Tube Required <input type="checkbox"/> HIV 1/2 antibody/antigen screen (Reactive confirmed by HIV1/2 Ab diff)		
Separate Gold Gel Tube Required <input type="checkbox"/> Rubella Screen (IgG) RUBIGG <input type="checkbox"/> Syphilis Screen (RPR), serum only RPR (Reactives confirmed by Treponemal specific test)		