

DATE/TIME RECEIVED

ACCP

PHYSICIAN NAME (Print)

I.D. #

PAGER/EXT.

PATIENT NAME

MEDICAL RECORDS NUMBER

BILLING

BIRTHDATE

SEX: M F

DIAGNOSIS/HISTORY - (REQUIRED FOR IMMUNOLOGY. REQUIRED FOR SEROLOGY SENDOUT TESTS. INCLUDE DATE OF ONSET, SYMPTOMS, LABS, THERAPY.)

ICD - 9 CODE:

MEDICATION: (Indicate time of last dose):

LAB USE ONLY

BLOOD/SERUM CLINICAL LABORATORY REQUISITION

San Francisco General Hospital Clinical Laboratory (TUBE STATION 21)

BLOOD DRAWING STATION 1C33 WINDOW 5

STAT TEST - INDICATE BY

- 1)Checking Red Box after test, or 2)Writing "STAT" after test. (RESIDENT APPROVAL MAY BE NEEDED)

PHONE SPECIMEN PROBLEMS OR CRITICAL VALUES TO:

DR. PHONE #

COLLECTED BY DATE TIME (24 hour time) WARD or CLINIC LOCATION

CHECK BLOOD TUBE TYPE (COLOR)

- Gold Gel, Red (Plain), Gray, Green Gel, Dark Green Non Gel, Blue, Royal Blue, Lavender, Micro (Gel), Micro (Lavender), PPT (EDTA), TAN (Lead)

(FOR URINES AND FLUIDS, USE URINE/FLUID REQUISITION)

Table with columns for test codes (e.g., CP, CDP, MSS, AAF, ALB, AFP, ALT, AMO, ANA, AST, B12, BNP, BHOB, DBL, TBL, CA125, CA, ICA, CBZ, CO2, CEA) and test names (e.g., CBC with Platelets, Fibrinogen, FSH, G6PD, Gentamicin, Chloride, Cholesterol, CK, Co, Com, Cortisol, Creatinine, C-Reactive Protein, Calcium, Cryoglobulins, Digoxin, Electrolyte Panel, Electrophoresis, Erythrocyte Sed Rate, Ethanol, Ethylene Glycol, Ferritin). Includes a large 'SAMPLE' watermark.

TESTS SENT TO THE CALIF. DEPT. OF HEALTH LAB OR CDC LAB. PROVIDE HISTORY ABOVE. INDICATE TEST BELOW:

PHLE Lab Phlebotomy Outpatient

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