GREENWICH HOSPITAL
YALE NEW HAVEN HEALTH

Laboratory
**203-863-3086**

MD000001729907

**Patient Information *(Please Print Clearly)*:**

Last Name | First Name | MI

Address (House or Apartment # and Street)

City | State | Zip

Social Security# | Date of Birth | Sex

Patient Phone # | Medical Record#

**ICD-9 Code:**

REQUIRED

Ordering MD Name (Print/Signature):

**Patient Insurance Information:**

Insurance Company Name | Plan Type

Address (Number & Street)

City | State | Zip

Member Number | Group Number or Group Name

Insurer's Telephone Number

**Guarantor Information for Patient Under 18 Years of Age:**

Last Name (if different than patient) | First Name | Sex

Relationship to Patient

**Copies of FRONT & BACK of ALL Insurance Cards, Must be Attached, Indicating Which is Primary.**

**Specimen Collection:**

Date ________________

Time ________________

**FASTING** ☐ YES ☐ NO

☐ **STAT**

☐ Call To: ________________

☐ FAX To: ________________

| Code | Panel | Tube |
|---|---|---|
| BMP | ☐ BASIC METABOLIC PANEL<br>Na, K, CL, CO2, Calcium, Glucose, BUN & Creatinine, EGFR (calculated) | SST |
| LYTE | ☐ ELECTROLYTE PANEL<br>Na, K, Cl & CO2 | SST |
| CMP | ☐ COMP. METABOLIC PANEL<br>Na, K, CL, CO2, Calcium, Glucose, BUN, Creatinine, T. Protein, Albumin, AST, ALT, Alk. Phos. & T. Bilirubin Globulin (calculated), A/G ratio, EGFR (calculated) | SST |
| CRL | ☐ LIPID PANEL<br>Chol, Trig, HDL, LDL Calculation & Chol/HDL Ratio | SST |
| RP | ☐ RENAL FUNCTION PANEL<br>Na, K, CL, CO2, Calcium, Phosphorus, Glucose, BUN, Creatinine & Albumin, EGFR (calculated) | SST |
| LP | ☐ HEPATIC FUNCTION PANEL<br>AST, ALT, Alk. Phos., T. Bilirubin, D. Bilirubin, T.Protein & Albumin | SST |
| AHEP | ☐ ACUTE HEPATITIS PANEL<br>Hep A IgM Ab, Hep B Core IgM Ab, Hep B Surf Ag & Hep C Ab | SST |
| ARTP | ☐ ARTHRITIS PANEL<br>RA Factor, quant., ANA w/Reflex, C-Reactive Protein, Westergren ESR & Lyme Ab (reflex to Western Blot) | SST & LT |
| CRSK | ☐ CARDIAC RISK PANEL<br>Homocysteine, Apolipoprotein A1, Apolipoprotein B & Cardio-CRP | SST & LT |
| AGHP | ☐ GENERAL HEALTH SCREEN<br>Comprehensive Metabolic Panel, TSH & CBC with Differential | SST & LT |
| OBSP | ☐ OBSTETRICS PANEL<br>CBC with Differential, Hep B Surface Antigen, TPA, HIV Ab, Rubella ABO, Rh & Ab Screen (Indirect Coombs) | SST, LT & PNK |
| CCLRU | ☐ 24 HOUR CREATININE CLEARANCE<br>[must have serum & 24 hour urine container]<br>________ Height ________ Weight | SST & 24 Hr UR |

| Code | Test | Tube |
|---|---|---|
| ALB | ☐ ALBUMIN | SST |
| ALP | ☐ ALK PHOSPHATASE | SST |
| AFP | ☐ AFP (Tumor Marker) | SST |
| ALT | ☐ ALT/GPT | SST |
| AMY | ☐ AMYLASE | SST |
| ANA | ☐ ANA by IFA w/Reflex | SST |
| APOA | ☐ APOLIPOPROTEIN A1 | SST |
| APOB | ☐ APOLIPOPROTEIN B | SST |
| AST | ☐ AST/GOT | SST |
| DBIL | ☐ BILIRUBIN, Direct | SST |
| TBIL | ☐ BILIRUBIN, Total | SST |
| ABRH | ☐ BLOOD GROUP & Rh | PNK |
| C153 | ☐ CA 15-3 | SST |
| C199 | ☐ CA 19-9 | SST |
| C279 | ☐ CA 27.29 | SST |
| CA | ☐ CALCIUM | SST |
| C125 | ☐ CA-125 | SST |
| CARB | ☐ CARBAMAZEPINE | SST |
| CCRP | ☐ CARDIO-CRP | SST |
| CBC | ☐ CBC with PLATELETS | LT |
| CBCD | ☐ CBC w/PLT & DIFF | LT |
| CEA | ☐ CEA | SST |
| CHOL | ☐ CHOLESTEROL | SST |
| CMV | ☐ CMV Ab (IgG & IgM) | SST |
| COR | ☐ CORTISOL | SST |
| CPT | ☐ C-PEPTIDE | SST |
| CPK | ☐ CREATINE KINASE | SST |
| CRE | ☐ CREATININE | SST |
| CRP | ☐ C-REACTIVE PROTEIN | SST |
| VPA | ☐ DEPAKENE | RT |
| DIG | ☐ DIGOXIN | SST |
| UDS | ☐ DRUGS of ABUSE SCRN | UR |
| EBV | ☐ EPSTEIN-BARR Ab | SST |
| ESR | ☐ ESR (Westergren) | LT |
| ES2 | ☐ ESTRADIOL | SST |
| FERR | ☐ FERRITIN | SST |
| FOL | ☐ FOLATE, Serum | SST |

| Code | Test | Tube |
|---|---|---|
| FSH | ☐ FSH | SST |
| GGT | ☐ GGT | SST |
| GLU | ☐ GLUCOSE | SST |
| GPG | ☐ GLUC. TOL. (Pregnancy) | SST |
| GTT | ☐ GLUCOSE TOLERANCE<br>________ Hours | SST |
| GHGB | ☐ HEMOGLOBIN A1C | LT |
| HPYL | ☐ H. pylori Ab IgG | SST |
| HCG | ☐ hCG, quant. | SST |
| HDL | ☐ HDL, cholesterol | SST |
| HH | ☐ HGB & HCT | LT |
| HE4 | ☐ HGB Electrophoresis | LT |
| AAB | ☐ Hep A Ab Total w/Reflex | SST |
| BCAB | ☐ Hep B CORE Ab w/Reflex | SST |
| BSAB | ☐ Hep B sAb | SST |
| BSAG | ☐ Hep B sAg w/Reflex | SST |
| HCV | ☐ Hep C Ab Screen | SST |
| HIV | ☐ HIV 1 & 2 Ab w/Reflex | SST |
| HOMC | ☐ HOMOCYSTEINE | LT |
| IEP | ☐ Immunoelectrophoresis, Serum | SST |
| IGQN | ☐ IgG, IgA & IgM, Quant. | SST |
| FE | ☐ IRON | SST |
| IIB | ☐ IRON & IRON Binding | SST |
| LD | ☐ LD, Total | SST |
| LDLD | ☐ LDL, Direct Meas. | SST |
| PB | ☐ LEAD, Blood | DBL |
| LIP | ☐ LIPASE | SST |
| LIA | ☐ LIPOPROTEIN (a) | SST |
| LITH | ☐ LITHIUM | SST |
| LH | ☐ LH | SST |
| LYME | ☐ LYME Ab w/Reflex | SST |
| MG | ☐ MAGNESIUM | SST |
| MONO | ☐ MONO SCREEN | SST |
| PT | ☐ PT w/INR | BLU |
| PTT | ☐ PTT | BLU |
| PHY | ☐ PHENYTOIN (Dilantin) | SST |
| PHOS | ☐ PHOSPHORUS | SST |

| Code | Test | Tube |
|---|---|---|
| K | ☐ POTASSIUM | SST |
| PROG | ☐ PROGESTERONE | SST |
| PROL | ☐ PROLACTIN | SST |
| PEP | ☐ Protein Electrophoresis | SST |
| TP | ☐ PROTEIN, Total | SST |
| SPSA | ☐ PSA, Total (Screening) | SST |
| PSA | ☐ PSA, Total (Diagnostic) | SST |
| FREEPSA | ☐ PSA, Total & Free | SST |
| PTH | ☐ PTH, Intact Molecule | SST |
| PRA | ☐ RENIN | LT |
| RETC | ☐ RETIC COUNT | LT |
| RAS | ☐ RA FACTOR, Quant. | SST |
| RUBS | ☐ RUBELLA SCREEN | SST |
| NA | ☐ SODIUM | SST |
| FT3 | ☐ T3, Free | SST |
| TT3 | ☐ T3, Total | SST |
| FT4 | ☐ T4, Free | SST |
| TT4 | ☐ T4, Total | SST |
| TEST | ☐ TESTOSTERONE, Total | SST |
| THEO | ☐ THEOPHYLLINE | SST |
| ATAB | ☐ THYROGLOBULIN Ab | SST |
| ATPO | ☐ THYR. PEROXIDASE Ab | SST |
| TPA | ☐ Treponema Pallidum IgG AB | SST |
| TSH | ☐ TSH | SST |
| TOXO | ☐ TOXO IgG & IgM Ab | SST |
| TRIG | ☐ TRIGLYCERIDES | SST |
| BUN | ☐ UREA NITROGEN | SST |
| UAC | ☐ URIC ACID | SST |
| UTOP | ☐ URINALYSIS, Dipstick Only | UR |
| UA | ☐ URINALYSIS, w/Reflex to Microscopic Examination | UR |
| B12 | ☐ VITAMIN B12 | SST |
| D25 | ☐ VITAMIN D25, Total | SST |
| VARZ | ☐ Varicella IgG | SST |

**MICROBIOLOGY CULTURES:**

| Code | Culture |
|---|---|
| BLOODCULTURE | ☐ BLOOD |
| EARCULTURE | ☐ EAR |
| EYECULTURE | ☐ EYE |
| RCULUPPER | ☐ NOSE |
| RCULLOWER | ☐ RESPIRATORY (Sputum) |
| STOOLCULTURE | ☐ STOOL |
| THROATCULTURE | ☐ THROAT (Grp A Strep ONLY) |
| URINECULTURE | ☐ URINE |
| GRPBSTREPCUL | ☐ GROUP B STREP Cervical/Rectal |

For the following cultures, please indicate Source: ________________________

| Code | Culture |
|---|---|
| BODYFLUIDCULT | ☐ JOINT FLUID |
| WCULDEEP | ☐ MISC/DEEP (Abscess/Cyst/Drain) |
| WCULSUPER | ☐ SUPERFICIAL / SKIN |
| GENITALCULTURE | ☐ GENITAL |
| FUNGD | ☐ DERMATOPHYTES ONLY |
| FUNGCUL | ☐ FUNGUS |
| HCUL | ☐ HERPES |
| VCUL | ☐ VIRAL |

NOTE: Positive cultures will reflex to ID & sensitivities when appropriate.

| Code | Test |
|---|---|
| AFFIRM | ☐ BD AFFIRM™ VPIII BACTERIAL VAGINOSIS |
| CDIF | ☐ C. DIFFICILE Toxin A & B Stool |
| GAG | ☐ GIARDIA Ag, Stool |
| OVA | ☐ OVA & PARASITES, Stool |
| DNAP | ☐ CHLAMYDIA/GC (DNA Probe) |
| DOBL | ☐ OCCULT BLOOD, Stool Diagnostic |
| SOBL | ☐ OCCULT BLOOD, Stool(x3) Scrng |

**Send Copies of Test Results to:**

________________________________

Physician: (Full Name)

________________________________

Phone | Fax

**Note Reporting Changes as of October 2009:**
Due to overlapping tests in these two panels, **LP** (hepatic function panel - CPT 80076) will not be reported separately if ordered in conjunction with **CMP** (comprehensive metabolic panel – CPT 80053). **CMP** test components will be resulted with the addition of **DBIL** (direct Bilirubin) and **IBXX** (indirect Bilirubin calculation).

## 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.

## 24 HOUR URINE COLLECTION

Avoid alcoholic beverages and vitamins for at least 24 hours before you start collecting the specimen and during the collection period. Ask your physician if you should take any medication before or during the collection period and when you should take it.

1. You will receive a special collection container from your physician or from the laboratory. Refrigerate the container or keep it on ice during the collection. **Do not freeze.**
2. Do not drink more fluids than usual during the day before and the day of the collection, unless your physician gives you directions to do otherwise.
3. The 24-hour collection period begins when you get up in the morning and empty your bladder. **DO NOT COLLECT THIS FIRST URINE.**
4. Make your final collection when you empty your bladder the next morning – **COLLECT THIS SECOND DAY MORNING URINE** – approximately 24 hours from the first morning urine that was discarded.
5. Be sure to collect ALL urine – day and night – for the 24 hour period.

Return the specimen as soon as possible to a Greenwich Hospital Draw Station or to your physician.

## REFLEX TESTING & CONDITIONS:

*(All reflex testing will be performed at additional cost)*

| Test | Condition |
|---|---|
| **ANA Screening by IFA:** | If positive, and titer of > or = 1:160, Automatic Reflex will follow: SSA, SSB, Scl-70, Sm, RNP, Jo-1, dsDNA, Histone and Centromere B. If weak positive only titer and patterns reported unless requested by physician for any ANA multi-flex confirmatory. |
| **CBCD:** | If CBC values meet specific criteria, a full manual differential will be performed. |
| **CLOSURE TIME:** | If COL/EPI is elevated, COL/ADP will be run. |
| **CRL:** | 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. |
| **HIV:** | Positive results will be confirmed by Western Blot. |
| **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. |

## SPECIMEN COLLECTION KEY:

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

| Code | Specimen |
|---|---|
| **BLU** | Light Blue Top (Sodium Citrate) |
| **DBL** | Dark Blue Top (Sodium 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) |
| **UR** | Random Urine Sample |

## GREENWICH HOSPITAL LABORATORY LOCATIONS:

| Location | Address | | Number | | Hours | |
|---|---|---|---|---|---|---|
| **Greenwich, CT** | Greenwich Hospital<br>5 Perryridge Road<br>Main Floor, Off Lobby | Phone:<br>FAX: | 203-863-3333<br>203-863-3845 | Hours: | Mon thru Fri: 7 AM to 7 PM | Saturday: 7 AM to Noon |
| **Greenwich, CT** | 49 Lake Avenue<br>2nd Floor, Suite 202 | Phone:<br>FAX: | 203-863-4530<br>203-863-4531 | Hours: | Mon thru Fri: 7:30 AM to 5 PM | Saturday: 9 AM to 1 PM |
| **Greenwich, CT** | 75 Holly Hill Lane<br>Level C | Phone:<br>FAX: | 203-863-3987<br>203-863-4740 | Hours: | Mon thru Fri: 7 AM to 6 PM | Saturday: 8:00 AM to 12:30 PM |
| **Greenwich, CT** | 4 Dearfield Drive<br>2nd Floor | Phone:<br>FAX: | 203-863-3162<br>203-863-4789 | Hours: | Mon thru Thu: 8:00 AM to 5 PM<br>Closed 12:30 PM to 1:30 PM Daily | Fri: 8 AM to 1:30 PM |
| **Greenwich, CT** | 15 Valley Drive<br>Suite 200 | Phone:<br>FAX: | 203-869-2111<br>203-869-2203 | Hours: | Mon thru Fri: 8 AM to 4:30 PM<br>Closed 1 PM to 2 PM Daily | |
| **Greenwich, CT** | 159 W. Putnam Avenue<br>2nd Floor | Phone:<br>FAX: | 203-863-2126<br>203-869-7034 | Hours: | Mon thru Thu: 8 AM to 4:30 PM<br>Closed Noon to 1 PM | Fri: 8 AM - 4 PM<br>Closed 12 to 12:30 PM |
| **Stamford, CT** | 90 Morgan Street<br>3rd Floor, Suite 302 | Phone:<br>FAX: | 203-358-8031<br>203-358-8142 | Hours: | Mon thru Fri: 8 AM to 5 PM | Saturday: 8 AM to Noon |
| **Stamford, CT** | 1275 Summer Street<br>3rd Floor | Phone:<br>FAX: | 203-674-6781<br>203-674-6783 | Hours: | Mon thru Fri: 7:15 AM to 3:15 PM<br>Closed 1:30 PM to 2 PM Daily | |
| **Stamford, CT** | 2015 W. Main Street<br>3rd Floor | Phone:<br>FAX: | 203-863-2876<br>203-863-2879 | Hours: | Mon thru Fri: 8 AM to 4 PM<br>Closed Noon to 12:30 PM Daily | |
| **Darien, CT** | 106 Noroton Avenue<br>Suite 204 | Phone:<br>FAX: | 203-656-1529<br>203-662-1073 | Hours: | Mon thru Fri: 7:30 AM to 4 PM<br>Closed 1 PM to 2 PM Daily | |
| **Norwalk, CT** | 40 Cross Street<br>3rd Floor, Suite 350 | Phone:<br>FAX: | 203-845-0003<br>203-845-0058 | Hours: | Mon thru Fri: 8 AM to 4:30 PM<br>Closed Noon to 1 PM Daily | Saturday: 8 AM to Noon |
| **Norwalk, CT** | 148 East Avenue<br>Suite 1F | Phone:<br>FAX: | 203-855-8602<br>203-855-8615 | Hours: | Mon thru Fri: 7:15 AM to 3:15 PM<br>Closed 2 PM to 2:30 PM Daily | Saturday: 8 AM to Noon |
| **Rye Brook, NY** | 90 South Ridge Street, LL5A | Phone:<br>FAX: | 914-937-4029<br>914-937-4049 | Hours: | Mon thru Fri: 8:00 AM to 4:30 PM<br>Closed 12 PM to 1 PM Daily | |