

**LABORATORY CONSULTATION**



- UCSF Medical Center  
San Francisco, CA
- UCSF/Mount Zion Medical Center  
San Francisco, CA  
(check hospital location)

**CLINICAL LABORATORIES**

701-020 (Rev. 09/07) WorkflowOne

L B SS GL R F NL	<input type="checkbox"/> VPO <input type="checkbox"/> HS _____ TECH CODE	SPECIMEN COLLECTION			UNIT NUMBER
	RECEIVE	ENTER	Date: _____	Time (24 hour clock): _____	PT. NAME
			M.D. # _____	ATTENDING PHYSICIAN'S NAME (PRINT) _____	
			M.D. # _____	ORDERING PHYSICIAN'S NAME (PRINT) _____	
	LABEL	ALIUQUOT	M.D. # _____	COPY TO NAME (PRINT) _____	BIRTHDATE
					LOCATION _____ DATE _____
					<b>BUDGET ACCT. NO.:</b> _____

**MEDICAL NECESSITY AND ICD-9 CODES (Required for outpatients only)**

Medicare (and, increasingly, other insurers) will only pay for services that are reasonable and necessary for the diagnosis and treatment of the patient. The physician must specify an ICD-9 diagnostic code to indicate the medical necessity of **each** test requested. Medicare and other carriers may not pay for screening tests or tests that are not FDA-approved. If there is reason to believe that a carrier will not pay for a test, the patient should be informed and asked to sign an Advanced Beneficiary Notice (ABN - Attach to requisition) indicating acceptance of responsibility for the cost of the test if the carrier denies payment. Write the ICD-9 diagnosis code(s) for this patient in the numbered spaces below, then check off the tests desired.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

HEMATOLOGY COLLECT LAV TUBE UNLESS OTHERWISE SPECIFIED		COMMON CHEMISTRY TESTS LT GRN Preferred (GOLD acceptable)		C3	C3 Complement component	GENT	Gentamicin	PHNY	Phenytoin
CBC	CBC (components orderable separately)	LYTE	Electrolytes (NA, K, Cl, CO <sub>2</sub> )	C4	C4 Complement component	HAVM	HAV IgM Antibody (Acute)	RF	Rheumatoid Factor
CBCD	CBC w/Diff. (components orderable separately)	ALT	Alanine Aminotransferase	CH50	CH50 (Complement Total)	CORM	HBc IgM Antibody (Acute)	RPR	RPR, Routine <input type="checkbox"/> Omit Reflex MHATP
HGB	Hemoglobin	ALB	Albumin	CH50	CH50 (Complement Total)	CORE	HBc Total Antibody (Chronic)	RPRN	RPR, Prenatal <input type="checkbox"/> Omit Reflex MHATP
HCT	Hematocrit	ALKP	Alkaline Phosphatase	TBHS	CD3(T), CD19(B) and NK Cells, with CD4/CD8 (H/S) Ratio (LAV) - requires CBC w/Diff (Components may be separately ordered)	HBAG	HBsAg (Acute or Chronic)	RUBI	Rubella Antibody
PLT	Platelet Count	AST	Aspartate Aminotransferase	THI	CD4 (Helper-Inducer) T Cells with CD4/CD8 (H/S) Ratio (LAV) - requires CBC w/Diff	HBAB	HBs Antibody (Immunity)	SIRO	Sirolimus (LAV)
ESR	Sedimentation Rate	BILT	Bilirubin, Total	CRP	C- Reactive Protein	HCV	HCV Antibody (Acute or Chronic)	TAC	Tacrolimus (LAV)
RET	Reticulocyte Count	BUN	Blood Urea Nitrogen	CRPH	Highly Sens. CRP (cardiac risk)	HIVA	HIV-1 & -2 Antibody (requires consent form) (RED)	TTES	Testosterone
PT	Prothrombin Time (BLU)	CA	Calcium, Total	CZP	Carbamazepine	HIVB	HIV-1 RNA, Quantitative, by branched-chain DNA (requires consent form) (LAV 3x3mL)	FTES	Testosterone, Free (RED; Includes Total)
PTT	Part. Thromboplastin Time (BLU)	CL	Chloride	CEA	Carcinoembryonic Antigen	IFE	Immunofixation Electrophoresis	TGLB	Thyroglobulin (includes Anti-Thyroglobulin Antibodies)
FIB	Fibrinogen (BLU)	CO2	CO2, Total	CHOL	Cholesterol, Total	IGA	IgA, Quantitative	TSH	Thyrotropin
FDDQ	D-Dimer for DIC (BLU)	CR	Creatinine	HDL	Cholesterol, HDL	IGE	IgE, Quantitative	FT3	T3, Free
F8	Factor VIII Activity (BLU)	GLU	Glucose	LDL	Cholesterol, LDL (incl. Tot. and HDL chol., trig.) - 12 hour fast required	IGG	IgG, Quantitative	FT4	T4, Free
HEP	Heparin Level (BLU) (check one) <input type="checkbox"/> LMWH Type: _____ <input type="checkbox"/> Unfract. Heparin	K	Potassium	CMVD	CMV Antibody, Total	IGM	IgM, Quantitative	TOBR	Tobramycin
RVVTD	Russell's Viper Venom Test (BLU)	NA	Sodium	DCT	Coombs, Direct (LAV)	FE	Iron, Transferrin & Saturation (components orderable separately)	TRIG	Triglycerides
HEXA	Hexagonal Phospholipid Neut. (BLU)	TP	Protein, Total	CORT	Cortisol	LACT	Lactate (GRY on ice)	TRPI	Troponin-I (LT GRN)
ACLG	Anti-cardiolipin Ab, IgG (GOLD)	<b>OTHER TESTS</b> Draw GOLD top unless otherwise specified		CK	Creatine Kinase, Total	LD	Lactate Dehydrogenase	URIC	Uric Acid
ACLM	Anti-cardiolipin Ab, IgM (GOLD)	ACTH	ACTH (Special tube on ice)	MBMU	Creatine Kinase - MB Fraction (LT GRN)	LEAD	Lead (LAV)	VALP	Valproic Acid
<b>OTHER HEME TESTS</b>		AFPT	Alpha-Fetoprotein (Non-Prenatal)	CYCL	Cyclosporine (LAV)	LIPA	Lipase	<b>OTHER TESTS</b>	
		NH3	Ammonia (LT GRN on ice)	DIG	Digoxin	LH	Luteinizing Hormone	Look up abbreviations or names on back of form or in on-line lab manual. Copy them exactly below. Please do not make up your own abbreviations. They may have a different meaning in the laboratory!	
		AMY	Amylase	ADNA	DS DNA Antibody	MG	Magnesium		
		ANA	Anti-Nuclear Antibody	FERR	Ferritin	MTX	Methotrexate		
		BILD	Bilirubin, Direct	FOLR	Folate, RBC (LAV; Hct Req'd)	OSM	Osmolality		
		BNP	B-Type Natriuretic Peptide (LAV)	FSH	Follicle Stimulating Hormone	PTH	Parathormone (including Calcium)		