

**LABORATORY CONSULTATION
URINE & BODY FLUIDS**

UCSF Medical Center

UCSF Medical Center
San Francisco, CA

UCSF/Mount Zion Medical Center
San Francisco, CA

(check hospital location)

CLINICAL LABORATORIES

MZ-7060-023Z (Rev. 05/07) Relizon

<input type="checkbox"/> VPO	<input type="checkbox"/> HS
TECH CODE	
RECEIVE	ENTER
LABEL	ALIQUOT

SPECIMEN COLLECTION	
Date: _____	Time (24 hour clock): _____
M.D. # _____	ATTENDING PHYSICIAN'S NAME (PRINT) _____
M.D. # _____	ORDERING PHYSICIAN'S NAME (PRINT) _____
M.D. # _____	COPY TO NAME (PRINT) _____
Enter phone # & location to call for sample/test problems or panic results: _____	

UNIT NUMBER	
PT. NAME	
BIRTHDATE	
LOCATION	DATE
Budget Account. No.:	

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. _____

URINE		URINE (CONT'D)	
Random (spot) or collection from: _____ to _____		MGU	Magnesium
		HGU	Mercury
UA	Urinalysis, Routine	METN	Metanephrines
UAWM	UA with Microscopic	AUR	Microalbuminuria (1st a.m. preferred)
ALAQ	Aminolevulinic Acid (ALA), Quantitative	OSMU	Osmolality
ALDU	Aldosterone	OXAU	Oxalate
AMYU	Amylase (2 hour collection preferred)	PHU	pH
COCU	Benzoyl-ecgonine (cocaine)	PO4U	Phosphorus
CAU	Calcium	PBQT	Porphobilinogen (PBG), Quantitative
UCAF	Catecholamines, Fractionated	PORFU	Porphyryns, Quantitative
CLU	Chloride	KUR	Potassium
COPU	Copper	PEU	Protein Electrophoresis
CRTF	Cortisol, Unconjugated	TPU	Protein, Total
CRU	Creatinine Weight _____ kg	NAUR	Sodium
CRCL	Creatinine Clearance: Height: _____ cm Weight: _____ kg	UNU	Urea Nitrogen
		UCAU	Uric Acid
DAU	Drugs of Abuse Screen (except neonates)	VMA	VMA
NABU	Drug Screen, Neonatal	ZINU	Zinc
UA	Glucose, Qual-Order UA, Routine		
GLUU	Glucose, Quantitive		
HCGU	HCG, Urine, for Pregnancy		
HMSU	Hemosiderin		
5HQT	5-HIAA, Quantitative		
HVA	Homovanillic Acid		
17HS	17-Hydroxycorticosteroids		
IFEU	Immunofixation Electrophoresis		
17KS	17-Ketosteroids		
PBUR	Lead		

CSF		MISCELLANEOUS	
Tube #1 for Chem / Immuno, #3 for cell counts unless otherwise instructed		SWCL	Chloride, Sweat
Malignancy suspected? Y N		FATF	Fat, Fecal, 72 Hour Quantitative
		P408	Fat, Fecal, Stain for (Qualitative)
CCDC	Cell Count & Differential	EON	Nasal Smear for Eosinophils
FETC	Fetal Cells (Kleihauer-Betke)	SEMN	Semen Analysis (Volume, Count, Motility, Morphology) - By Appt. Only
GLC	Glucose	SPMO	Sperm Count & Motility - By Appt. Only
LDCF	Lactate dehydrogenase	PSCT	Sperm Count, Post-vasectomy (pelleted) - By Appt. Only
TPCF	Protein, Total, CSF		
IGGI	IgG Index (serum also needed)	STON	Stone Analysis
		OCCB	Stool For Occult Blood
OLIG	Oligoclonal Ig Bands (serum also needed)		
VDRL	VDRL		
OTHER BODY FLUIDS		OTHER TESTS	
Describe:			
Malignancy suspected? Y N			
CCDB	Cell Count & Differential (LAV)		
ALBB	Albumin		
AMYB	Amylase		
CLB	Chloride		
CRB	Creatinine		
GLBF	Glucose		
LDB	Lactic Dehydrogenase		
PHB	pH		
KBF	Potassium		
TPBF	Protein, Total		
NABF	Sodium		
UNB	Urea Nitrogen		