

HDH STAT Requisition

Requisition completed by: _____
Sample collected by: _____
Physician Name (REQUIRED): _____

Location: _____
Date/Time of Collection: ____/____/____/____
yyyy mm dd hhhh

Material Submitted: Blood Urine Fluid: _____ (specify)

Light Green (Li Heparin PST)

- Albumin
- Alcohol (Ethanol)
- Alkaline Phosphatase (ALP)
- ALT
- BHCG, Total (HCG)
- Bilirubin, Total
- Bilirubin, Direct
- Calcium, Total
- CK, Total
- Cortisol AM PM
- CRP (High Sensitivity)
- Creatinine (includes eGFR)
- Electrolytes (Na, K, Cl, TCO₂)
- Glucose, Fasting
- Glucose, Random
- Glucose Meter Split Sample**
GM result _____
Operator ID: _____
- Lipase
- Magnesium
- Phosphate
- Protein, Total
- Urea
- Uric Acid

Gold (Gold Top SST)

- Beta Hydroxybutyrate
(BOHB/Ketones)
- Calcium, Ionized
(needs separate tube)
- Osmolality

Urine

- Pregnancy Test
- Urine Drug Screen
Suspected Drugs:

Other tests (print clearly)

Red Tube (No Gel)

- Acetaminophen
- Carbamazepine
- Digoxin
- Gentamicin* Pre Post
Dosing: Traditional Extended
- Lithium
- Methotrexate *(protect from light)
Dose Start Time _____
- Phenobarbital
- Phenytoin
- Salicylate
- Theophylline
- Tobramycin* Pre Post
Dosing: Traditional Extended
- Valproic Acid
- Vancomycin* Pre Post
Dosing: Traditional Extended
* Indicate date and time of last dose
____/____/____/____
yyyy mm dd hhhh

Lavender (EDTA)

- (needs separate tube for each test)
- Ammonia (on ice water)
 - Cyclosporin *
 - Sirolimus *
 - Tacrolimus (FK506) *
 - Troponin
- * Indicate date and time of last dose
____/____/____/____
yyyy mm dd hhhh

Hep. Syringe on Ice or Pediatric Capillary Tube on Ice Water

- Blood Gases
FiO₂ _____
 Arterial
 Capillary
 Venous

Hep. Syringe, Dark Green (Li Heparin, No Gel), or Pediatric Capillary Tube on Ice Water

- Carboxyhemoglobin
- Methemoglobin
- Lactate

Order of Draw

- Blue (Na Citrate) _____
- Red (no gel) _____
- Gold (gel) _____
- Lt Green (Li Hep) _____
- Dark Green (Li Hep) _____
- Dark Green (Na Hep) _____
- Lavender (EDTA) _____
- Pink (EDTA) _____
- Royal Blue (K2 EDTA) _____
- Grey (Na Fluoride) _____
- Venous Blood Gas
(Hep syringe) _____

ROUTINE HEMATOLOGY

(Lavender)

- CBC
- Differential
- ESR
- Retic Count
- Body Fluid Cell Count & Diff
_____ (collection site)
- Malarial Smear
Provide Travel History: _____
- Sickle Cell Screen

HEMOSTASIS (Blue – Na Citrate)

- PT (includes INR)
- PTT
- D-Dimer
- Fibrinogen
- Thrombin Time

MEDICATION

- Oral Anticoagulant: No Yes
If yes, type: _____
- Heparin: No Yes
- If yes: UFH or LMWH
- Other: _____
- Unknown/Not Provided: