

UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS

PATHOLOGY  
 TESTING/DIAGNOSTIC/SCREENING  
 REQUISITION - CHEMICAL PATHOLOGY LABORATORY  
 REQUISITION & PHYSICIAN ORDER

**RESULTS REPORTING LOCATION CODE:**

- Routine
- STAT

ORDER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mm/dd/yyyy)

ICD-9 Code/Diagnosis:		Ordering Clinician to receive report: <input type="checkbox"/> See label above	UMHS Dr. #: _____
Collected by:		Attending Physician: (if different from above)	UMHS Dr. #: _____
Collected Date: ____/____/____	Collection Time: ____:____am/pm		

**CHEMICAL PATHOLOGY PROFILES**

- LYTES** Electrolyte Profile Sodium, Potassium, Chloride, CO2
- BASIC** Basic Metabolic Profile Glucose, Urea Nitrogen, Creatinine, Sodium, Potassium, Chloride, CO2, Calcium
- LIVER** Hepatic Function Profile Protein, Albumin, Bilirubin (Total & Direct), AST, ALT, Alkaline Phosphatase
- COMP** Comprehensive Metabolic Profile Glucose, Urea Nitrogen, Creatinine, Sodium, Potassium, Chloride, CO2, Bilirubin (Total), Calcium, Protein, Albumin, AST, ALT, Alkaline Phosphatase
- RENAL** Renal Profile Glucose, Urea Nitrogen, Creatinine, Calcium, Phosphorus, Albumin, Sodium, Potassium, Chloride, CO2
- LIPID** Lipid Panel Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol

**AUTOMATED TESTING**

**URINE STUDIES**

				TIMED/24-HOUR COLLECTIONS	
<input type="checkbox"/>	ALB Albumin	S	<input type="checkbox"/>	GLUC3 Glucose Tolerance, 3 Hour	S
<input type="checkbox"/>	ALK Alkaline Phosphatase	S	<input type="checkbox"/>	GLU1P Glucose, 1HR postprandial	S
<input type="checkbox"/>	A1AT Alpha 1 Antitrypsin (includes CRP)	S	<input type="checkbox"/>	GLU2P Glucose, 2HR postprandial	S
<input type="checkbox"/>	ALT ALT	S	<input type="checkbox"/>	HPT Haptoglobin	S
<input type="checkbox"/>	AMMO Ammonia	L	<input type="checkbox"/>	A1C Hemoglobin A1c	L
<input type="checkbox"/>	AMYL Amylase	S	<input type="checkbox"/>	HGBE Hemoglobin Fractionation	L
<input type="checkbox"/>	ASO Anti-Streptolysin O	S	<input type="checkbox"/>	IRON Iron	S
<input type="checkbox"/>	APOA1 Apolipoprotein A1	S	<input type="checkbox"/>	TIBC Iron Total & Binding Capacity	S
<input type="checkbox"/>	APOB Apolipoprotein B	S	<input type="checkbox"/>	LACT Lactic Acid	Grey
<input type="checkbox"/>	AST AST	S	<input type="checkbox"/>	LDH LDH	S
<input type="checkbox"/>	TBIL Bilirubin, Total	S	<input type="checkbox"/>	LIP Lipase	S
<input type="checkbox"/>	BHOB Beta-Hydroxybutyrate	S	<input type="checkbox"/>	LPA Lipoprotein (a)	S
<input type="checkbox"/>	BILFR Bilirubin, Total, Direct & Indirect	S	<input type="checkbox"/>	MAG Magnesium	S
<input type="checkbox"/>	BNP B Type Natriuretic Peptide	L	<input type="checkbox"/>	MYO Myoglobin	S
<input type="checkbox"/>	C3 C3 Complement	S	<input type="checkbox"/>	OSMO Osmolality	S
<input type="checkbox"/>	C4 C4 Complement	S	<input type="checkbox"/>	PHOS Phosphorus	S
<input type="checkbox"/>	CAL Calcium	S	<input type="checkbox"/>	POT Potassium	S
<input type="checkbox"/>	ICAL Calcium, Ionized	S	<input type="checkbox"/>	PAB Prealbumin	S
<input type="checkbox"/>	CERUL Ceruloplasmin	S	<input type="checkbox"/>	PROT Protein	S
<input type="checkbox"/>	CHLOR Chloride	S	<input type="checkbox"/>	PRG Pregnancy Screen	S
<input type="checkbox"/>	CHOL Cholesterol	S	<input type="checkbox"/>	SOD Sodium	S
<input type="checkbox"/>	CHDL Cholesterol and HDL	S	<input type="checkbox"/>	TSF Transferrin	S
<input type="checkbox"/>	CO2 Carbon Dioxide	S	<input type="checkbox"/>	TRIG Triglycerides	S
<input type="checkbox"/>	CRP C Reactive Protein	S	<input type="checkbox"/>	TROP Troponin I	G
<input type="checkbox"/>	HSCRCP High Sensitivity CRP	S	<input type="checkbox"/>	T3U T3 Uptake	S
<input type="checkbox"/>	CK Creatine Kinase	G	<input type="checkbox"/>	T3 T3 Total	S
<input type="checkbox"/>	TCK CK, Total and MB	G	<input type="checkbox"/>	T4 T4 Total	S
<input type="checkbox"/>	CREAT Creatinine	S	<input type="checkbox"/>	FT3 Free T3	S
<input type="checkbox"/>	CYSC Cystatin C	S	<input type="checkbox"/>	FT4 Free T4	S
<input type="checkbox"/>	LDL Direct LDL	S	<input type="checkbox"/>	TSH Thyroid Stimulating Hormone	S
<input type="checkbox"/>	FRUC Fructosamine	S	<input type="checkbox"/>	UN Urea Nitrogen	S
<input type="checkbox"/>	GGTP GGTP	S	<input type="checkbox"/>	URIC Uric Acid	S
<input type="checkbox"/>	GLUC Glucose	S	<input type="checkbox"/>	25HD 25-Hydroxyvitamin D	S
<input type="checkbox"/>	GLUC2 Glucose Tolerance, 2 Hour	S			

**FLUID STUDIES: Type of Fluid** \_\_\_\_\_

<input type="checkbox"/>	ALBF Fluid Albumin	<input type="checkbox"/>	POTF Fluid Potassium
<input type="checkbox"/>	AMYLF Fluid Amylase	<input type="checkbox"/>	PROTF Fluid Protein
<input type="checkbox"/>	TBILF Fluid Bilirubin	<input type="checkbox"/>	SODF Fluid Sodium
<input type="checkbox"/>	CLF Fluid Chloride	<input type="checkbox"/>	TRIGF Fluid Triglyceride
<input type="checkbox"/>	CHOLF Fluid Cholesterol	<input type="checkbox"/>	UREAF Fluid Urea Nitrogen
<input type="checkbox"/>	CREAF Fluid Creatinine	<input type="checkbox"/>	URICF Fluid Uric Acid
<input type="checkbox"/>	LDHF Fluid LDH	<input type="checkbox"/>	OTHER _____
<input type="checkbox"/>	LIPF Fluid Lipase	<input type="checkbox"/>	OTHER _____

**CEREBRAL SPINAL FLUID (CSF) STUDIES**

<input type="checkbox"/>	GLCSF CSF Glucose	<input type="checkbox"/>	LDCSF CSF LDH
<input type="checkbox"/>	LACSF CSF Lactic Acid	<input type="checkbox"/>	PRCSF CSF Protein

**RANDOM URINE TESTING**

<input type="checkbox"/>	CALU Random Urine Calcium
<input type="checkbox"/>	CLU Random Urine Chloride
<input type="checkbox"/>	CREAU Random Urine Creatinine
<input type="checkbox"/>	GLUCU Random Urine Glucose
<input type="checkbox"/>	MAGU Random Urine Magnesium
<input type="checkbox"/>	UMYO Random Urine Myoglobin
<input type="checkbox"/>	OSMOU Random Urine Osmolality
<input type="checkbox"/>	PHOSU Random Urine Phosphorus
<input type="checkbox"/>	PORBL Porphobilinogen, Qualitative
<input type="checkbox"/>	POTU Random Urine Potassium
<input type="checkbox"/>	PROTU Random Urine Protein/Creatinine
<input type="checkbox"/>	SODU Random Urine Sodium
<input type="checkbox"/>	UREAU Random Urine Urea Nitrogen
<input type="checkbox"/>	URICU Random Urine Uric Acid
<input type="checkbox"/>	UMA Urine Micro Albumin
<input type="checkbox"/>	OTHER _____

THOSE TESTS PRINTED IN RED ARE AVAILABLE ON A STAT BASIS

TEST THAT ARE BLACK REVERSE REQUIRE SPECIAL HANDLING, REFER TO HANDBOOK or CALL 6-6702

21-10118	VER: A/15 HIM: 01/15	<b>LABORATORY</b>		<b>TESTING/DIAGNOSTIC/SCREENING REQUISITION - CHEMICAL PATHOLOGY LABORATORY REQUISITION &amp; PHYSICIAN ORDER</b>
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