



M/V ANASTASIS LAB REQUISITION FORM

Name: _____ Age: _____ ID#: _____

Doctor: _____ Collect Date: _____ Time: _____

HEMATOLOGY	SEROLOGY
Instructions: Purple tube, call Lab for Malaria Smear	Instructions: Red tube
CBC <input style="float: right;" type="checkbox"/>	RPR (Syphilis) <input style="float: right;" type="checkbox"/>
DIFF <input style="float: right;" type="checkbox"/>	HIV <input style="float: right;" type="checkbox"/>
Malaria Smear <input style="float: right;" type="checkbox"/>	Hepatitis B <input style="float: right;" type="checkbox"/>
Other: <input style="float: right;" type="checkbox"/>	Hepatitis C <input style="float: right;" type="checkbox"/>
COAGULATION	Monospot <input style="float: right;" type="checkbox"/>
Instructions: Call Lab first, Blue tube	Other: <input style="float: right;" type="checkbox"/>
PT <input style="float: right;" type="checkbox"/>	BLOOD BANK
PTT <input style="float: right;" type="checkbox"/>	Instructions: Red & Purple tubes
Bleeding Time <input style="float: right;" type="checkbox"/>	Blood type & screen <input style="float: right;" type="checkbox"/>
Other: <input style="float: right;" type="checkbox"/>	Crossmatch for _____ units <input style="float: right;" type="checkbox"/>
Other: <input style="float: right;" type="checkbox"/>	URINALYSIS
CHEMISTRY	Instructions: 12cc, clean catch
Instructions: Red tube	Urinalysis <input style="float: right;" type="checkbox"/>
NA ⁺ / K ⁺ <input style="float: right;" type="checkbox"/>	Microscopic <input style="float: right;" type="checkbox"/>
Urea Nitrogen (BUN) <input style="float: right;" type="checkbox"/>	Pregnancy test <input style="float: right;" type="checkbox"/>
Creatinine <input style="float: right;" type="checkbox"/>	Other: <input style="float: right;" type="checkbox"/>
ALT (SGPT) <input style="float: right;" type="checkbox"/>	MICROBIOLOGY
AST (SGOT) <input style="float: right;" type="checkbox"/>	Instructions: Must identify source, call Lab
GGT <input style="float: right;" type="checkbox"/>	Culture Source: <input style="float: right;" type="checkbox"/>
Alkaline Phosphatase <input style="float: right;" type="checkbox"/>	Ova & Parasite <input style="float: right;" type="checkbox"/>
Other: <input style="float: right;" type="checkbox"/>	Occult Blood <input style="float: right;" type="checkbox"/>
Other: <input style="float: right;" type="checkbox"/>	Other: <input style="float: right;" type="checkbox"/>
Other: <input style="float: right;" type="checkbox"/>	Other: <input style="float: right;" type="checkbox"/>

Requisition by: _____, RN