

ANMC LABORATORY FIELD REQUISITION

Alaska Native Medical Center Laboratory
4315 Diplomacy Drive, Anchorage, AK 99508
Phone: (907) 729-1200, Fax: (907)729-1227

All Information in yellow/red fields is required. Use full names (NO ABBREVIATIONS).

Field Requisition and Specimen Requirements Info Available at: <http://anmc.org/services/laboratory>

Diagnosis/Signs/Symptoms in ICD-9 or IDC-10 Format (Highest Specificity)

Patient's Last Name		Patient's First Name	
Maiden Name	Date of Birth	Medical Record #	Gender

Provider's Last Name		Provider's First Name	
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Provider's Signature:

CHEMISTRY			CHEMISTRY		
Acetaminophen	SST	T-4, Total	SST		
AFP	SST	Triglyceride	SST		
Alkaline Phosphatase	SST	TSH	SST		
ALT	SST	TSH w/ Reflex FT4 *	SST		
Amylase	SST	Valproic Acid	SST		
AST	SST	Vancomycin (spin & send plasma)	LAV		
BMP (Na, K, Cl, Glu, CO2, BUN, Creat, Ca, GFR)	SST	Vitamin B12	SST		
Bilirubin, Direct	SST	Vitamin D 25 OH, Total	SST		
Bilirubin, Total	SST	COAGULATION			
Cholesterol, Total	SST	D-Dimer	BLUE		
CK, Total	SST	Fibrin Degredation Products (FDP)	BLUE		
CMP (Glu, Lytes, BUN, Creat, Ca, TP, Alb, TBili, Alk Phos, ALT, AST, GFR)	SST	Fibrinogen	BLUE		
Diabetic Chemistry Panel (Glu, Lytes, Lipids, AST, ALT, BUN, Creat, Ca, GFR)	SST	Heparin (Anti-Xa)	BLUE		
Diabetic Urine Panel (Microalbumin, Creat, Microalbumin:Creat Ratio)	SST	PT with INR	BLUE		
Digoxin	SST	PTT, Activated	BLUE		
Electrolyte Panel (Na, K, Cl, CO2)	SST	HEMATOLOGY			
Ethanol	SST	Hemoglobin and Hematocrit	LAV		
Ferritin	SST	CBC with Differential	LAV		
Folate	SST	CBC without Differential	LAV		
Gentamicin	SST	Manual Differential	SMEAR		
GGT	SST	Reticulocyte count	LAV		
Glucose	SST	Erythrocyte Sedimentation Rate	LAV		
Hepatic Function Panel (Alb, TBili, DBili, Alk Phos, TP, ALT, AST)	SST	HEPATITIS AND SEROLOGY			
HCG (Serum), Quant	SST	Acute Hepatitis Screen (HAV IgM, HBV Core IgM, HBV Surface Ag, HCV Ab)	SST		
Hemoglobin A1C	LAV	Chronic Hepatitis Screen (HAV Ab, HBV Core Ab, HBV Surface Ab, HCV Ab)	SST		
Iron Panel (Iron, TIBC, UIBC, % Sat)	SST	Hep A Antibody, Total IgG/IgM	SST		
Iron, Total	SST	Hep A Antibody, IgM	SST		
Lipid Panel (Fasting) (TChol, Trig, HDL, LDL, Chol:HDL Ratio)	SST	Hep B Carrier Panel (Hep B Surface Ag, Hepatic Panel, AFP)	SST		
LDH	SST	Hep B Core Antibody *	SST		
Magnesium	SST	Hep B Core IgM Antibody	SST		
Phenytoin (Dilantin)	SST	Hep B Surface Antibody	SST		
Phosphorous	SST	Hep B Surface Antigen *	SST		
Potassium (K)	SST	Hep B Quant Viral Load (PCR)	SST		
PSA	SST	Hep C Antibody *	SST		
PSA w/ Reflex Free PSA *	SST	Hep C Carrier Panel (Hepatic Panel, AFP)	SST		
PTH, Intact	SST	Hep C Quant Viral Load (PCR)	SST		
Renal Function Panel (Na, K, Cl, Alb, Ca, CO2, Creat, Glu, PO4, BUN, GFR)	SST	HIV 1/2 Screen Ag/Ab Combo *	SST		
Salicylate	SST	Syphilis Screen with Reflex RPR *	SST		
T-3, Free	SST	Rubella Antibodies, IgG	SST		
T-4, Free	SST	TRANSFUSION MEDICINE			
		ABO Group & Rh	Pink		
		Antibody Screen w/ Reflex Ab ID *	Pink		
		Antibody Titer	Pink		
		Direct Antiglobulin Test (DAT)	Pink		

Clinic's FULL NAME (NO ABBREVIATIONS)		
Clinic's Phone #	Clinic's Fax #	
Collection Date	Collection Time	
Bill To: Client/Clinic _____ Medicare (Primary) _____ Medicare (Secondary) _____ Medicaid _____ Other _____		
Patient's Relationship to Insured Person: Self _____ Spouse _____ Child _____ Other _____		
Insured Person's Full Name (If Not Pt) (Last, First)		
Insurance Company Name	Insured's SS #	
Subscriber/Member #	Carrier Code	
Plan Name or #	Group #	
Physician's Provider #	Workers's Comp (Y/N)	
Employer's Name	Employer's #	
City/Village FULL NAME (NO ABBREVIATIONS)		
URINALYSIS		
HCG (Urine), Qual	Urine	
Urinalysis Dipstick Only	BD Preservative Tube(s)	
Urinalysis w/ Reflex Micro *		
Urinalysis w/ Microscopic Exam		
Urinalysis Microscopic Only		
MICROBIOLOGY		
Source of Specimen (REQUIRED):		
Aerobic Bacterial Culture	Swab	
Anaerobic Bacterial Culture	Swab	
Blood Culture _____ Peripheral _____ Cath	Bottle	
Clostridium Difficile (DNA Amplification)	Stool	
Fecal Lactoferrin (Leukocytes)	Stool	
Gram Stain - Source:	Swab	
Influenza A & B (Rapid Antigen)	NP Swab	
Parasite Antigen Panel	Alpha Tec	
Rotavirus (Rapid Antigen)	Stool	
RSV (Rapid Antigen)	NP Swab	
Sputum, Upper Respiratory Culture	Sputum	
Stool Culture	Alpha Tec	
Throat Culture, Beta Strep Group A	Swab	
Urine Culture _____ Clean Catch _____ Cath	BD Tube	
Chlamydia / N. gonorrhoeae / Trichomonas		
CT/GC - Endocervix (APTIMA)	Purple "Unisex" APTIMA Kit	
CT/GC/Trich - Endocervix (APTIMA)		
CT/NG - Male Urethra (APTIMA)		
CT/NG/Trich - Male Urethra (APTIMA)		
CT/NG - Rectal (APTIMA)		
CT/NG - Throat (APTIMA)		
CT/NG - Urine (APTIMA)		
CT/NG/Trich - Urine (APTIMA)		
CT/NG - Vaginal (APTIMA)	Orange APTIMA Kit	
CT/NG/Trich - Vaginal (APTIMA)		
MISC / OTHER		
Fecal Immunochemical Occult Blood Test (PolymedCo)	PolymedCo FIT Kit	
ADDITIONAL TESTS / NOTES / 24 Hour Urine Volume		

Legend: * = Has potential reflexive testing

Updated 10/26/17