

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	SST	
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 Antibody *	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 #
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Subscriber/Member #	Carrier Code
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Plan Name or #	Group #
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Physician's Provider #	Workers's Comp (Y/N)
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Employer's Name	Employer's #
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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 2/8/17