

PHYSICIAN ORDER/FIELD REQUISITION

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

All Information in shaded fields are required. Use full names (NO ABBREVIATIONS).
Field Requisition and Specimen Requirements Info Available at: <http://anmc.org/services/laboratory>

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)

Reason for Test: Diagnosis/Signs/Symptoms and ICD-10 Format (Highest Specificity)

Patient's Last Name _____ Patient's First Name _____

Maiden Name _____ Date of Birth _____ Medical Record # _____ Gender _____

Provider's printed Last Name _____ Provider's printed First Name _____

Provider's Signature: _____ Date: _____ Time: _____ am pm

CHEMISTRY

Acetaminophen	SST
AFP	SST
Alkaline Phosphatase	SST
ALT	SST
Amylase	SST
AST	SST
BMP (Na, K, Cl, Glu, CO2, BUN, Creat, Ca, GFR)	SST
Bilirubin, Direct	SST
Bilirubin, Total	SST
Cholesterol, Total	SST
CK, Total	SST
CMP (Glu, Lytes, BUN, Creat, Ca, TP, Alb, TBili, Alk Phos, ALT, AST, GFR)	SST
Diabetic Chemistry Panel (Glu, Lytes, Lipids, AST, ALT, BUN, Creat, Ca, GFR)	SST
Diabetic Urine Panel (Microalbumin, Creat, Microalbumin:Creat Ratio)	SST
Digoxin	SST
Electrolyte Panel (Na, K, Cl, CO2)	SST
Ethanol	SST
Ferritin	SST
Folate	SST
Gentamicin	SST
GGT	SST
Glucose	SST
Hepatic Function Panel (Alb, TBili, DBili, Alk Phos, TP, ALT, AST)	SST
HCG (Serum), Quant	SST
Hemoglobin A1C	LAV
Iron Panel (Iron, TIBC, UIBC, % Sat)	SST
Iron, Total	SST
Lipid Panel (Fasting) (TChol, Trig, HDL, LDL, Chol:HDL Ratio)	SST
LDH	SST
Magnesium	SST
Phenytoin (Dilantin)	SST
Phosphorous	SST
Potassium (K)	SST
PSA	SST
PSA w/ Reflex Free PSA *	SST
PTH, Intact	SST
Renal Function Panel (Na, K, Cl, Alb, Ca, CO2, Creat, Glu, PO4, BUN, GFR)	SST
Salicylate	SST
T-3, Free	SST
T-4, Free	SST

CHEMISTRY

T-4, Total	SST
Triglyceride	SST
TSH	SST
TSH w/ Reflex FT4 *	SST
Valproic Acid	SST
Vancomycin (spin & send plasma)	SST
Vitamin B12	SST
Vitamin D 25 OH, Total	SST

COAGULATION

D-Dimer	BLUE
Fibrin Degredation Products (FDP)	BLUE
Fibrinogen	BLUE
Heparin (Anti-Xa)	BLUE
PT with INR	BLUE
PTT, Activated	BLUE

HEMATOLOGY

Hemoglobin and Hematocrit	LAV
CBC with Differential	LAV
CBC without Differential	LAV
Manual Differential	SMEAR
Reticulocyte count	LAV
Erythrocyte Sedimentation Rate	LAV

HEPATITIS AND SEROLOGY

Acute Hepatitis Screen (HAV IgM, HBV Core IgM, HBV Surface Ag, HCV Ab)	SST
Chronic Hepatitis Screen (HAV Ab, HBV Core Ab, HBV Surface Ab, HCV Ab)	SST
Hep A Antibody, Total IgG/IgM	SST
Hep A Antibody, IgM	SST
Hep B Carrier Panel (Hep B Surface Ag, Hepatic Panel, AFP)	SST
Hep B Core Antibody *	SST
Hep B Core IgM Antibody	SST
Hep B Surface Antibody	SST
Hep B Surface Antibody *	SST
Hep B Quant Viral Load (PCR)	SST
Hep C Antibody *	SST
Hep C Carrier Panel (Hepatic Panel, AFP)	SST
Hep C Quant Viral Load (PCR)	SST
HIV 1/2 Screen Ag/Ab Combo *	SST
Syphilis Screen with Reflex RPR *	SST
Rubella Antibodies, IgG	SST

TRANSFUSION MEDICINE

ABO Group & Rh	Pink
Antibody Screen w/ Reflex Ab ID *	Pink
Antibody Titer	Pink
Direct Antiglobulin Test (DAT)	Pink

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)	Yellow APTIMA Kit
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
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ADDITIONAL TESTS / NOTES / 24 Hour Urine Volume

Legend: * = Has potential reflexive testing

Updated 6/6/19