NOTE: PLEASE REFER TO THE BACK OF THIS REQUISITION FOR SPECIMEN HANDLING INSTRUCTIONS

UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS

PATHOLOGY

TESTING / DIAGNOSTIC / SCREENING REQUISITION - HEMATOLOGY LABORATORY REQUISITION & PHYSICIAN ORDER

☐ Routine
☐ STAT

ORDER DATE: _____ /_____ /_____ (mm/dd/yy)

RESULTS REPORTING LOCATION CODE:

MRN:
NAME:
BIRTHDATE:
CSN:

ICD-9 Code/Diagnosis:		Ordering Clinician to receive report: ☐ See label above	
Collected by:			___ ___ ___ ___ ___ UMHS Dr. #:
Collected Date: _____ /_____ /_____	Collection Time: _____:_____am/pm	Attending Physician: (if different from above)	___ ___ ___ ___ ___ UMHS Dr. #:

HEMATOLOGY

BLOOD SURVEYS

☐	CBC	Complete Blood Count	L	WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, RDW, PLATELET COUNT
☐	CBCD	Complete Blood Count and Differential Count	L	Complete Blood Count, Differential %, ABSOLT CNT

BLOOD STUDIES

☐ * PREVD ***Pathologist Peripheral Smear Interpretation*** ☐ * RBCMF RBC morphology

"Brief history/reason for interpretation (required)." _____

☐	PLT	Platelet Count	L	☐	ESRA	Westergren Sedimentation Rate	BK	☐	KBT	Fetal Red Cell Quantitation	L
☐	RETIK	Reticulocyte Count	L	☐	WIN	Wintrobe Sedimentation Rate	L	☐	G6PD	G-6-PD Qualitative	G
☐	SCP	Sickle Cell Preparation	L	☐	* MALAR & GIMSA	Giemsa Stain (Malaria Smear & Microfilaria)					L

* These tests include a consultation and require a history and diagnosis.

SPECIAL STUDIES (BY APPOINTMENT ONLY; CALL 6-6821)

HISTORY/DIAGNOSIS SPECIMEN NOT PROCESSED WITHOUT THIS INFORMATION:

☐ ***Bone Marrow Examination***

MISCELLANEOUS STUDIES

☐ **Prussian Blue (iron)**

* These tests include a consultation and require a history and diagnosis.

FLUID STUDIES

CLINICAL HISTORY

HISTORY OF MALIGNANCY: ☐ NO ☐ YES-SPECIFY TYPE _____

SPECIMEN TYPE: ☐ CSF ☐ Lavage ☐ Pleural ☐ Abdominal ☐ Joint ☐ Dialysate ☐ Other (Specify)_____

STUDY:

☐	CSFCD	CSF Cell Count and Differential	☐	SPGR	Specify Gravity
☐	BFFCD	Body Fluid Cell Count and Differential	☐	BFPH	pH
			☐	CRYS	Crystal Exam

☐ BMTNC (Photopheresis product)

URINE STUDIES

☐ UA Urinalysis ☐ UEOS Eosinophil, Qualitative ☐ BFPH pH ☐ UC Urinalysis & Urine Culture (if criteria met)

21-10084	VER: A/14 HIM: 08/14	LABORATORY	University of Michigan Hospitals and Health Centers	TESTING / DIAGNOSTIC / SCREENING REQUISITION - HEMATOLOGY LABORATORY REQUISITION & PHYSICIAN ORDER