

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

**MICHIGAN MEDICINE
PATHOLOGY
SPECIAL TESTING LABORATORY
REQUISITION & PHYSICIAN ORDER**

MRN:
NAME:
BIRTHDATE:
CSN:

RESULTS REPORTING LOCATION CODE:

Routine
 STAT

ORDER DATE: ____/____/____
(mm/dd/yyyy)

ICD-9 Code/Diagnosis:		Ordering Clinician to receive report: <input type="checkbox"/> See label above	
Collected by:			UMHS Dr. #: ____
Collected Date: ____/____/____	Collection Time: ____:____ am/pm	Attending Physician: (if different from above)	UMHS Dr. #: ____

SPECIAL TESTING

CALL 6-6724

<input type="checkbox"/> 17PRG	17 Hydroxypregnenalone	R,S	<input type="checkbox"/> HMSB	*Heavy Metal Screen, Blood	Nw/EDTA	<input type="checkbox"/> PSAFT	PSA, Free and Total	R,S
<input type="checkbox"/> 6MMP	6MMP Metabolites (Prometheus)	L	<input type="checkbox"/> HMSU	*Heavy Metal Screen, Urine	24U	<input type="checkbox"/> SELEN	Selenium	Navy
<input type="checkbox"/> ARAB	Acetylcholine Receptor Ab	R	<input type="checkbox"/> HELIG	Helicobacter pylori IgM	R	<input type="checkbox"/> SEROB	Serotonin, blood	L
<input type="checkbox"/> ACHS	Acetylcholinesterase, Erythrocytes	G	<input type="checkbox"/> VHV6P	HHV-6 PCR Quant, Plasma	L	<input type="checkbox"/> SEROS	Serotonin, serum	R,S
<input type="checkbox"/> FADV	Adenovirus Ab	R,S	<input type="checkbox"/> VHV6C	HHV-6 PCR Quant CSF _____		<input type="checkbox"/> BCSRA	Serotonin Releasing Assay	R
<input type="checkbox"/> FALKI	Alkaline Phosphatase Isoenzymes	R,S	<input type="checkbox"/> VHV8P	HHV-8 PCR Quant, Blood	L	<input type="checkbox"/> PN23	S. pneumoniae IgG Ab (23 serotypes)	R,S
<input type="checkbox"/> A1AP	Alpha 1 Antitrypsin Phenotype	R,S	<input type="checkbox"/> VHV8C	HHV-8 PCR Quant CSF _____		<input type="checkbox"/> CASA	Stone Analysis source: _____ Stone	
<input type="checkbox"/> AL	Aluminum	Navy (no add)	<input type="checkbox"/> FHISU	Histoplasma AG, Urine		<input type="checkbox"/> TBGI	Thyroxine-Binding Globulin	R
<input type="checkbox"/> AVP	Arginine Vasopressin(ADH)	L	<input type="checkbox"/> WHIVG	HIV Genotype		<input type="checkbox"/> TAA	Tetanus Toxoid Ab	R,S
<input type="checkbox"/> ASPAG	Aspergillus Ag (Galactomannen)	S	<input type="checkbox"/> SO	HIV Phenotype		<input type="checkbox"/> TOPI	Topiramate	R
<input type="checkbox"/> VGBAL	Aspergillus Ag, BAL fluid	BF	<input type="checkbox"/> MMLR	HPV Typing, DNA ISH	Block/slides	<input type="checkbox"/> TPMT	TPMT Enz. Act/Phenotype (Mayo) ¹	G
<input type="checkbox"/> BART	Bartonella Ab	R,S	<input type="checkbox"/> HTLVI	HTLVI I/II Ab	R,S	<input type="checkbox"/> TPMT E	TPMT Enz. Act/Phenotype (Prometheus)	L
<input type="checkbox"/> BHYD	Beta-Hydroxy Butyrate	R,S	<input type="checkbox"/> HYP ER	Hypersensitivity pneumonitis Panel	R,S	<input type="checkbox"/> TPMTG	TPMT Genotype (Prometheus)	L
<input type="checkbox"/> MMLR	Bile Acids, Fractionated	R,S,U	<input type="checkbox"/> IBDS D	IBD sgi Diagnostic	R & L	¹ Default for this test is Mayo Medical Laboratories, unless otherwise specified.		
<input type="checkbox"/> TTBS	Bioavailable Testosterone	R,S	<input type="checkbox"/> IGFBP	IGF-1/IGF BP3	R,S	<input type="checkbox"/> URRP	Ureaplasma urealyticum culture source: _____	
<input type="checkbox"/> MMLR	Blastomyces Ag	R,S,U	<input type="checkbox"/> IGFB3	IGF BP3	R	<input type="checkbox"/> VITA	Vitamin A	R
<input type="checkbox"/> FPDP	Bordetella Pertussis IgA/IgM	R,S	<input type="checkbox"/> IGDS	Immunoglobulin D	R,S	<input type="checkbox"/> VAE	***Vitamin A and E	R
<input type="checkbox"/> C1ES	C1 Esterase Inhibitor Ag	R	<input type="checkbox"/> INXFR	Infliximab (plus reflex to AB)	R	<input type="checkbox"/> PLVB1	***Vitamin B1, Plasma or serum	L,R
<input type="checkbox"/> FC1EQ	C1 Esterase Inhibitor, Functional	R,S	<input type="checkbox"/> SFLA	Influenza Virus A Ab	R,S	<input type="checkbox"/> TDP	***Vitamin B1, whole blood	G
<input type="checkbox"/> C1Q	C1Q Complement Component	R,S	<input type="checkbox"/> SFLB	Influenza Virus B Ab	R,S	<input type="checkbox"/> B6	Vitamin B6	R,G
<input type="checkbox"/> CLCTN	Calcitonin	R	<input type="checkbox"/> IFBA	Intrinsic Factor Blocking Ab	R,S	<input type="checkbox"/> VITE	***Vitamin E	R
<input type="checkbox"/> CARN	Carnitine F and T	G	<input type="checkbox"/> FE-T	Iron, Liver Tissue	Tissue	<input type="checkbox"/> VORI	Voriconazole	R,G,L
<input type="checkbox"/> WCARO	Carotene	R,S***	<input type="checkbox"/> GAD65	Islet Cell Ab	R,S	<input type="checkbox"/> ZONI	Zonisamide	R
<input type="checkbox"/> CBPA	Cell Bound Platelet Autoantibody	ACD-B	<input type="checkbox"/> LEVET	Levetiracetam	R	GI Hormone Screen		
<input type="checkbox"/> SCLAM	Chlamydia Ab Panel	R,S	<input type="checkbox"/> MUR	Lysozyme (Muramidase)	L	<input type="checkbox"/> FMOT	Motilin	R,L
<input type="checkbox"/> CHC	Chlamydia Cult		<input type="checkbox"/> RMAG	Magnesium RBC	Nw/EDTA	<input type="checkbox"/> FSOMA	Somatostatin	call lab
<input type="checkbox"/> CGAK	Chromogranin A	R	<input type="checkbox"/> MECO	Meconium Drug Screen	F	<input type="checkbox"/> FSUBP	Substance P	L
<input type="checkbox"/> CLOZ	Clozapine	R,L	<input type="checkbox"/> PMET	Metanephrines, Fractionated, Free	L	<input type="checkbox"/> GLP	**Glucagon, Plasma	L
<input type="checkbox"/> COXA	Coxsackie A Ab	R,S	<input type="checkbox"/> MMAS	Methylmalonic Acid, Serum	R,S	<input type="checkbox"/> HPP	Pancreatic Polypeptide	L
<input type="checkbox"/> COXB	Coxsackie B Ab	R,S	<input type="checkbox"/> MMAU	Methylmalonic Acid, Urine	U	<input type="checkbox"/> PINS	**Proinsulin	L
<input type="checkbox"/> CIFS	Cutaneous Immunofluorescent Ab	R,S	<input type="checkbox"/> MPC	Mycoplasma pneumoniae culture	source: _____	<input type="checkbox"/> VIP	Vasoactive Intestinal Peptide	L
<input type="checkbox"/> DALA	***Delta Aminolevulinic Acid	U***	<input type="checkbox"/> SO	Myelin Basic Protein, CSF	CSF			
<input type="checkbox"/> DIP	Diphtheria Ab	R,S	<input type="checkbox"/> MYOSI	Myositis	R,S			
<input type="checkbox"/> EONE	Estrone	R	<input type="checkbox"/> FNTX	N-Telopeptides, serum	R,S			
<input type="checkbox"/> FAPAP	Fatty Acids, Essential	R,S	<input type="checkbox"/> NTXU	N-Telopeptides, urine	U			
<input type="checkbox"/> FFA	Fatty Acids, Free and Total	R	<input type="checkbox"/> NICOS	Nicotine and Metabolites	R,S			
<input type="checkbox"/> POX	Fatty Acid Profile, Peroxisomal	R,S	<input type="checkbox"/> PAVAL	Paraneoplastic Autoab Evaluation	R,S	<input type="checkbox"/> OTHER	_____	
<input type="checkbox"/> FATF	Fecal Fat, Quant	F	<input type="checkbox"/> PTHRP	Parathyroid Related Peptide	Call Lab	<input type="checkbox"/> OTHER	_____	
<input type="checkbox"/> FUNS	Fungal Serology (Histo, Blast, Cocco)	R,S	<input type="checkbox"/> FPIG	Phosphatidylserine ab	R,S	<input type="checkbox"/> OTHER	_____	
<input type="checkbox"/> GABA	Gabapentin	R,L	<input type="checkbox"/> PREGN	Pregnenolone	R	<input type="checkbox"/> OTHER	_____	
<input type="checkbox"/> GAL1P	Galactose-1-phosphate, RBC	G	<input type="checkbox"/> PSTF	Protein S, Total and Free	B			

* Test requires an additional form. Call 66724 to obtain.
** Test requires lavender tube on ice.
*** Protect specimen from light.

21-10047	VER: A/19 HIM: 12/19	LABORATORY		TESTING/DIAGNOSTIC/SCREENING REQUISITION
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SPECIMEN CODES:

TUBES

B = BLUE
F = FSP
G = GREEN
N = NAVY BLUE
L = LAVENDER
P = PINK
R = RED
S = SST (CORVAC)

SITE/MATERIAL

A = AMNIOTIC FLUID
BF = BODY FLUID
BM = BONE MARROW
CSF = SPINAL FLUID
GA = GASTRIC
M = MUSCLE TISSUE
SK = SKIN
T = TISSUE
U = URINE

HANDLING CODES:

BLACK REVERSE = SPECIMENS REQUIRE SPECIAL HANDLING. Refer to on-line handbook, "<http://www.pathology.med.umich.edu/handbook/>"

BLACK REVERSE ITALICS = SPECIMENS REQUIRE SPECIAL HANDLING AND A HISTORY AND DIAGNOSIS.

BLACK BOLD ITALICS = THESE TESTS REQUIRE A HISTORY AND DIAGNOSIS IN ORDER TO REPORT RESULTS.

COLOR BOLD ITALICS = THESE TESTS REQUIRE A SPECIAL CDC OR MDPH HISTORY FORM AVAILABLE IN THE LAB.

* = THESE TESTS INCLUDE A CONSULTATION AND REQUIRE A HISTORY AND DIAGNOSIS.

PROOF