EAST VALLEY ER & HOSPITAL

LABORATORY ORDER FORM

5656 S Power Rd, Gilbert, AZ 85295
Phone: 602-830-4911 • Fax: 602-830-4912 • info@eastvalleyhospital.com

Requested Test Date: ☐ **Routine:**_____ ☐ **Urgent Within the Next 48 Hours** ☐ **STAT**

Prep Instructions Given: ☐ **Yes (Specify):**_____ ☐ **NO** ☐ **N/A**

PATIENT INFORMATION

Name: _____ **Date of Birth:** ___/___/___ **Phone:** _____

Insurance/Policy #: _____ **Pre-Authorized #/Date Range:** _____

Ordering Physician (Please Print): _____ **Clinic:** _____

Physician Signature: _____ **NPI#:** _____ **Date:** _____

Phone: _____ **Fax Number for Results:** _____ **Other:** _____

Clinical Reason for Exam (Including ICD 10 Codes): _____

_____

HEMATOLOGY

- ☐ CBC
- ☐ D-Dimer
- ☐ PT/INR
- ☐ Sed Rate

CHEMISTRY TESTS

- ☐ Cholesterol
- ☐ CK-MB
- ☐ Glucose ☐ Fasting ☐ Random
- ☐ Hemoglobin A1c
- ☐ Uric Acid

CHEMISTRY PANELS

- ☐ BNP (Basic Natriuretic Peptide)
- ☐ BMP (Basic Metabolic Panel)

  BUN, Creatinine, Calcium, CO2, Chloride, Glucose, Potassium, Sodium
- ☐ BMP+

  BUN, Creatinine, Calcium, CO2, Chloride, Glucose, Lactate Dehydrogenase, Magnesium, Potassium, Sodium
- ☐ CMP (Complete Metabolic Panel)

  Albumin, Alk Phos, ALT, AST, BUN, Creatinine, Calcium, CO2, Chloride, Glucose, Potassium, Sodium, Total Bilirubin, Total Protein

CHEMISTRY PANELS (CONT.)

- ☐ Chem 8+

  BUN, Creatinine, Calcium, CO2, Chloride, Hemoglobin, Hematocrit, Glucose, Potassium, Sodium
- ☐ CG8+

  pH, pCO2, PO2, Sodium, Potassium, iCA, Glucose, Hemoglobin, Hematocrit, HCO3, TCO2, BE, sO2
- ☐ CG4+

  pH, pC02, PO2, Lactic acid, HCO3, TC02, BE, sO2
- ☐ Hepatic Function Panel

  Albumin, Alk Phos, ALT, AST, Direct Bilirubin, Total Bilirubin, Total Protein
- ☐ Lipase
- ☐ Lipid Panel

  Total Cholesterol, HDL, Triglycerides, LDL, Total Cholesterol / HDL Ratio, VLDL
- ☐ Magnesium
- ☐ MetLac 12

  Albumin, BUN, Creatinine, CO2, Chloride, Glucose, Lactic Acid, Magnesium, Phosphorus, Potassium, Sodium
- ☐ Potassium
- ☐ Phosphorus
- ☐ Qualitative hCG
- ☐ Quantitative hCG - up to 2000 IU/L
- ☐ Troponin I

URINE TEST

- ☐ Urinalysis
- ☐ Urine Drug Screen
- ☐ Urine Pregnancy

RAPID TESTS

- ☐ Influenza A/B Screening
- ☐ Mononucleosis Test
- ☐ RSV
- ☐ Strep A

OTHER

Any other lab is available through a partnership with RML. Please list any other lab order below:

_____

_____

_____

_____

_____

_____

This form must be completed, signed by a physician, and presented to the East Valley ER & Hospital outpatient registration desk prior to any test being performed.