

Patient Name:
MR #:
CSN#:
DOB: dd-mmm-yyy Age: Sex:
Date/time: dd-mmm-yyy y

Manually Complete or Attach Label with required data

Document Type Bar Code Here

**Vanderbilt University Medical Center
Downtime &/or Code Requisition**

Diagnostic Laboratory 4605 TVC, Nashville, TN 37232

Month:	Day:	Year:	Collection Time: a.m. p.m.	Unit/Bed:	Ordering Dept./Service:	Collection Location:	<input type="checkbox"/> STAT LAB
Ordering Physician:				Physician Beeper/Phone:		Height _____	Weight _____

MAIN LAB (Multiple Lab Tests Can Be Ordered) (Tubes: 109, 606, 801) ICD10 CODE:

#	Lab Code	Chemistry	Tube Color	#	Lab Code	Chemistry	Tube Color	#	Lab Code	Hematology	Tube Color	#	Lab Code	Body Fluids	Tube Color
	ABL	Albumin	LGN		LDH	LDH, Blood	LGN		CBP	CBC/Platelets	LV		CSF	CSF Cell Count (Body Fluid Container)	
	AMY	Amylase	LGN		MG	Magnesium	LGN		CPD	CBC/Platelets/ Diff	LV		SFG	CSF, Glucose (Sterile Plastic LP Tube)	
	BMP	Basic Metabolic Panel (Elec, Glu, Bun, Crea, CA)	LGN		OSM	Osmolality	LGN		HCT	Hematocrit	LV		SFP	CSF, Protein (Sterile Plastic LP Tube)	
	BHC	Beta HCG, Serum	LGN		PO4	Phosphorus, Inorganic	LGN		PLT	Platelets	LV		UCG	Pregnancy Test, Urine	UR
	TBR	Bilirubin, Total	LGN		K	Potassium	LGN	#	Lab Code	Coagulation	Tube Color		UA1	Urinalysis	UR
	CA	Calcium	LGN		PRO	Protein Total, Blood	LGN		DDI	D-Dimer for DIC, Quant	LB		OSU	Urine Osmolality (ARUP # 0020228)	UR
	CO2	Carbon Dioxide	LGN		ALT	SGOT	LGN		FBG	Fibrinogen	LB				
	CL	Chloride	LGN		NA	Sodium	LGN		PT	Prothrombin Time	LB	#	Lab Code	Other	Tube Color
	CHL	Cholesterol	LGN		TGL	Triglycerides	LGN		PTT	Partial Throm- boplastin Time	LB		ABG	Blood Gas, Arterial	
	CK-MB	CK-MB CK Ratio	LGN		TRI	Troponin I	LGN	#	Lab Code	Toxicology	Tube Color		VBG	Blood Gas, Venous	
	CMP	Comp Metabolic Panel (BMP, TBIL,Alk Phos, PRO, AST,ALT)	LGN		UAB	Uric Acid	LGN		DIG	Digoxin Date/time last dose:	DGN		CAI	Ionized Calcium	Full Dark Green
	CRE	Creatinine	LGN			Other:			DSA	Drug Profile (U)	UR			Other:	
	GLU	Glucose	LGN			Other:			PYT	Phenytoin (Dilantin) Date/time last dose:	DGN			Other:	

Ancillary Departments: One (1) department/product per form

Requested Order/s: _____

Reason/History/Diagnosis/ICD10 Code _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Pulmonary Function
(Phone 2-0626; Fax 2-6637)
(Pulmonary Function &
Cardio/pulmonary Stress) | <input type="checkbox"/> Neurology TVC (Phone 6-0060, Fax 3-2008)
Neurology PRB (Phone 2-7246, Fax 6-7147)
MS, OHO (Phone 3-1176, Fax 3-1219) | <input type="checkbox"/> Radiology (Phone 3-3310,
Fax 2-8997) (Tube 104) |
| <input type="checkbox"/> Cardiology (Phone 2-2318,
Fax 3-2450 EKG & Heart Monitors)
(Adult Echo Fax 6-0840) | <input type="checkbox"/> *Nutrition (Phone 3-9761, Fax 3-8810) (Tube 607)
Reason not required for diet orders. | <input type="checkbox"/> Rehabilitation (Phone 2-0100) |
| <input type="checkbox"/> *Consult (Not MD) _____ | <input type="checkbox"/> Vasular Lab (Phone 3-9205 or 3-3455 Fax 3-3762) | <input type="checkbox"/> Respiratory (Phone 480-2766,
Fax 3-0684) |
| <input type="checkbox"/> Miscellaneous _____ | <input type="checkbox"/> Social Work (beep SW) | |

Collector's	Collector's	Collector's
Print Name:	Signature:	Date/Time:
		Vunet ID: