

## CLINICAL LABORATORY SERVICES

Patient Name:	LAST, FIRST	Ordering Physician:	
Date of Birth: DD/MM/YYYY	Gender: M F (please circle)	Copy To:	
MRN #:	Insurance:		
Address:	Policy #	Cert#	
	ICD10:		
Telephone:	Physician Signature:		
Sample Collected By:	Collection Date: DD/MM/YYYY	Collection Time: (HH:MM)	

CHEMISTRY	CHEMISTRY	HEMATOLOGY
Acetaminophen	Phosphorus (Phos)	CBC – Auto Diff
Albumin	Potassium (K)	ESR
Alkaline Phosphatase (ALKP)	Sodium	Monospot
Amylase	Rheumatoid Factor (RF)	
ALT (SGPT)	Total Protein (TP)	<b>HEPATITIS AND HIV</b>
AST (SGOT)	Triglyceride (Trig)	HIV combo
Bilirubin <input type="checkbox"/> Total <input type="checkbox"/> Direct	Uric Acid	Hepatitis B Surface Ag
BUN	Vitamin B12	Hepatitis B Surface Ab
Calcium	Vitamin D	Hepatitis B Core Ab
Chloride	<b>HORMONES</b>	Hepatitis C Ab
Cholesterol <input type="checkbox"/> Fasting <input type="checkbox"/> Non-Fasting	Beta hCG II,	Hepatitis A Ab
Creatinine	Estradiol	<b>TUMOR MARKERS</b>
Creatine Kinase (CK)	Follicle-Stimulating Hormone (FSH)	AFP
C-Reactive Protein (CRP)	Luteinizing Hormone (LH)	CA 125
eGFR African American	Progesterone	CEA
eGFR Non-African American	Prolactin	PSA (Total)
Ferritin	Testosterone (Total)	CA15-3
Folate (Folic Acid)	Cortisol	CA-19-9
GGT	iPTH	
Glucose <input type="checkbox"/> Fasting <input type="checkbox"/> Non-Fasting	<b>THYROID</b>	<b>URINE</b>
Hemoglobin A1C	Free T3	Urine Creatinine (Random)
HDL, Direct	Free T4	Urine Protein (Random)
Iron	Total T3	Microalbumin
LDH	Total T4	<b>SARS-COVID-2</b>
Lipase	TSH	PCR - Nasal Pharyngeal Swab
Magnesium (Mg)		COV-2-Antibody Total - Serum
<b>PANELS</b>	<b>OTHER TESTS</b>	
<b>CMP:</b> Glu, Na, K, Cl, Ca, eCO2, TP, Alb, TBIL, Phos, AST, ALT, ALKP, GGT, A/G Ratio, LDH, BUN, Creat/eGFR, Uric acid		
<b>BMP:</b> Glu, Na, K, Cl, Ca, eCO2, BUN, Creat/eGFR		
<b>LFTs:</b> Alb, TP, AST, ALKP, ALT, GGT, Glob, TBIL		
<b>Lipid:</b> Chol, HDL, LDL, Trig, LDL/HDL Ratio		
<b>Iron Profile:</b> Iron, TIBC, % Sat, Ferritin		
<b>Renal:</b> Alb, BUN, Creat/eGFR, Ca, Cl, Glu, Phos, K, Na		