LABORATORY SERVICES TEST REQUISITION

MU Health Care | Call Center: 573-884-4522 | Affix Label Here

PATIENT INFORMATION (PLEASE PRINT OR USE PATIENT LABEL) *

LAST NAME: | FIRST NAME: | MIDDLE I:

DATE OF BIRTH: | SEX ☐M ☐F | **COMPLETION OF ALL FIELDS IS MANDATORY**

ORDERING PROVIDER (PLEASE PRINT) | ICD-10 CODE

NAME (First, Last, Middle I):
ADDRESS:
CITY, STATE, ZIP:
FAX:
PHONE (critical call-backs):
NPI:

PHYSICIAN SIGNATURE

GENERAL LABORATORY TESTS

HEMATOLOGY	ALLERGEN PANELS	URINE	MISCELLANEOUS TESTING
☐ CBC WITH AUTO DIFFERENTIAL	☐ ANIMAL EPIDERMAL ALLERGENS	☐ UA WITH RFLX MICROSCOPY	
☐ CBC W/ PLTS (NO DIFFERENTIAL)	☐ BASIC ENT ALLERGEN	☐ URINALYSIS WITH MICROSCOPY	
☐ RETICULOCYTE COUNT	☐ CENTRAL MO ALLERGEN	☐ HCG QUALITATIVE	
☐ SEDRATE (ESR)	☐ COMPREHENSIVE ENT ALLERGEN	☐ PROTEIN	
☐ HEMOGLOBIN	☐ COMPREHENSIVE FOOD ALLERGEN	☐ CREATININE	
☐ HEMATOCRIT	☐ FOOD ENT	☐ MICROALBUMIN	
	☐ GRASS POLLEN ALLERGEN PANEL	☐ URINE CULTURE	
	☐ MAJOR FOOD ALLERGEN	☐ 24 HR CREATININE	
CHEMISTRY PANELS	☐ MOLD ALLERGEN PANEL	☐ 24 HR PROTEIN	
☐ BASIC METABOLIC PANEL	☐ NUT ALLERGEN	☐ URINE DRUG TEST W/O CONFIRM	
☐ COMPREHENSIVE METABOLIC PANEL	☐ PEDIATRIC ALLERGEN SCREEN	☐ URINE DRUG TEST W/ CONFIRM	
☐ ELECTROLYTE PANEL (LYTES)	☐ RESPIRATORY ENT ALLERGEN		
☐ HEPATIC FUNCTION PANEL	☐ TREE POLLEN ALLERGEN		
☐ RENAL FUNCTION PANEL	**IMMUNOLOGY**		
☐ LIPID PANEL	☐ CELIAC PANEL		
GENERAL CHEMISTRY	☐ MONO SCREEN		
☐ AMYLASE	☐ EBV TITERS		
☐ BETA HCG QUALITATIVE - SERUM	**MOLECULAR**		
☐ BETA HCG QUANTITATIVE	☐ URINE GC		
☐ BILURUBIN, DIRECT	☐ CHLAMYDIA BY NAAT		
☐ BILURUBIN, FRACTIONATED	**TOXICOLOGY**		
☐ BILURUBIN, TOTAL	☐ LEAD LEVEL, FINGERSTICK		
☐ CORTISOL	☐ LEAD LEVEL, VENOUS		
☐ CK	**STATE TESTING**		
☐ CRP	☐ NEWBORN SCREENING, REPEAT		
☐ ESTRADIOL	**MICROBIOLOGY**		
☐ FERRITIN	☐ BLOOD CULTURE		
☐ FOLATE			
☐ MAGNESIUM			
☐ POTASSIUM			
☐ CREATININE			
☐ IRON	**STOOL**		
☐ IRON/TIBC	☐ GI PANEL		
☐ PTH (INTACT)	☐ FOBI		
☐ TSH 3RD GENERATION	☐ STOOL FOR OVA AND PARASITES		
☐ VITAMIN B12			
☐ VITAMIN D, 25 HYDROXY			