

**UNIVERSITY OF MISSOURI HEALTH CARE PATHOLOGY  
OR TEST REQUEST FORM**

Pathology: STAMP HERE

FORM WILL BE RETURNED AND EXAMINATION DELAYED IF ITEMS IN RED ARE INCOMPLETE

<b>PATIENT LABEL HERE --or-- COMPLETE BELOW</b> Patient name (last, first middle): Date of Birth: Visit (encounter) number: Patient ID#:	CALL BACK NUMBER:  OR Room #:  OR RN/Person completing form:
--	--

Collection date:	PRIORITY (circle): <b>STAT</b>	Order date:
Collection time:	<b>ROUTINE</b>	Order time:

HISTORY, PHYSICAL FINDINGS, INDICATIONS, ETC.:

PRE-OP DIAGNOSIS: ICD coded diagnosis:	POST-OP DIAGNOSIS:
---	--------------------

ATTENDING PHYSICIAN (printed) PERFORMING OPERATION/PROCEDURE \_\_\_\_\_

PRINTED NAME AND SIGNATURE OF STAFF MEMBER FILLING OUT ORDER FORM: \_\_\_\_\_

**LABORATORY ORDERS (DELIVER TO PROCROSSESSING UNLESS INDICATED)**

<b>Specimens delivered to Blood Bank ONLY</b>  <input type="checkbox"/> ABORh/ABSC (pink) _____ RBC _____ FFP _____ PLT _____ Cryo  <input type="checkbox"/> TEG Bleeding (light blue) <input type="checkbox"/> TEG - Heparin (light blue) <input type="checkbox"/> TEG – Platelet Inhibition (dark green)	<b>CHEMISTRY AND HEMATOLOGY</b> <input type="checkbox"/> Basic metabolic panel(BMP)(mint green) <input type="checkbox"/> CBC with Auto Diff (purple) <input type="checkbox"/> CBC without Differential (purple) <input type="checkbox"/> Creatine Kinase (mint green) <input type="checkbox"/> Ionized calcium level (mint green) <input type="checkbox"/> Ionized magnesium (mint green) <input type="checkbox"/> Lactic acid (gray) <input type="checkbox"/> Troponin I (mint green) <input type="checkbox"/> Other  <b>Coag</b> <input type="checkbox"/> PT/INR (light blue) <input type="checkbox"/> PTT (light blue) <input type="checkbox"/> Fibrinogen (light blue) <input type="checkbox"/> Thrombin Time (light blue) D- <input type="checkbox"/> Dimer (light blue)	<b>CSF:</b> <input type="checkbox"/> Cell Count <input type="checkbox"/> Protein CSF <input type="checkbox"/> Glucose level CSF  <b>FLUID OTHER THAN CSF</b> <input type="checkbox"/> Cell Count FLUID (purple top - 1mL) <input type="checkbox"/> Crystals (red top - 1mL)  <div style="border: 1px dashed black; padding: 5px;"> <input type="checkbox"/> Intraop PTH (purple)          Time left OR _____          Time Sample given to Lab _____       </div>
--	---	--

**MICROBIOLOGY (TISSUE OR FLUID IS PREFERRED SPECIMEN) ONE REQUESTION PER SPECIMEN**

Specimen number (circle):      1   2   3   4   5   6   7   8   9   10      Specimen Site:

**CULTURES**

ROUTINE BACTERIAL CULTURE WITH GRAM STAIN (**CHECK ONLY ONE OF THE FOLLOWING TWO OPTIONS**)

☐ Aerobic culture ONLY with susceptibility

☐ Anaerobic/Aerobic culture with susceptibility for aerobes (Must be submitted in anaerobic transport/collection conditions)

☐ FUNGUS CULTURE (Does **NOT** include fungal stain)

<b>ACCEPTABLE SPECIMENS:</b> All Cultures: Tissue in sterile, tightly-closed container, Fluid in capped syringe (needle removed), E-Swab or BBL Swab for Aerobic Bacterial or Fungal Culture	<b><u>OTHER TESTS</u></b> <input type="checkbox"/> AFB CULTURE AND STAIN (SWABS ARE NOT ACCEPTABLE AND WILL BE REJECTED) <input type="checkbox"/>
---	---

UH Chemistry    882-1245	Cytology 882-5992	UH Blood Bank    882-1297
UH Hematology   882-1243	Coagulation 882-1293	Microbiology 882-1287