



Children's Hospital Colorado

**Children's Hospital Colorado**  
**Department of Pathology & Laboratory Medicine**  
**General & Microbiology Lab Requisition**  
**Phone (720) 777-6711**  
**Fax (720) 777-7118**

**Specimen Shipping Address:**  
 Children's Hospital Colorado  
 Clinical Laboratory - Room B0200  
 13123 E. 16th Ave  
 Aurora, CO 80045

**FAILURE TO COMPLETE BELOW FIELDS WILL DELAY RESULTS**

**\*\*\*PLEASE PROVIDE COMPLETE BILLING INFORMATION ON THE BACK OF THIS FORM\*\*\***

**Contact Information**

Ordering Institution Name		Ordering Institution Address Street _____ City, State, Zip	
Ordering Provider (Last, First, and Middle Initial)		Ordering Provider Phone	
Result Contact Name	Result Phone	Result Fax	

**Patient Information**

Last Name	First Name	Middle I	Birthdate (MM/DD/YYYY)	Sex
Client Medical Record Number	Client Specimen Number		Diagnosis/ICD-10 Code	

**General Lab Specimen Information**

Date Collected (MM/DD/YY) _____	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Serum	Urine	<b>Methotrexate Testing ONLY:</b> How many hours since last dose?: _____
Time Collected (HHMM) _____ AM / PM	<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Plasma		

**General Lab Test Information**

<input type="checkbox"/> Acute Hepatitis Panel (L5077) <input type="checkbox"/> Basic Metabolic Panel (L1489) <input type="checkbox"/> Comprehensive Metabolic Panel (L1486) <input type="checkbox"/> Electrolyte Panel (L1611) <input type="checkbox"/> Food Allergy Profile (L4837) <input type="checkbox"/> Hepatic Function Panel (L1718) <input type="checkbox"/> Inhalant Allergy Profile (L4916)	<input type="checkbox"/> Cyclosporin (L1829) <input type="checkbox"/> D-Dimer (L1215) <input type="checkbox"/> Ferritin (L1913) <input type="checkbox"/> Fibrinogen (L1207) <input type="checkbox"/> Follicle Stimulating Hormone (L7053) <input type="checkbox"/> G-Glutamyl Transferase (L1749) <input type="checkbox"/> Glucose, Serum (L1643) <input type="checkbox"/> GOT/AST, Serum (L1750) <input type="checkbox"/> GPT/ALT, Serum (L1753) <input type="checkbox"/> Hematocrit (L1027) <input type="checkbox"/> Hemoglobin (L1025) <input type="checkbox"/> HEP B sAB Total (L5079) <input type="checkbox"/> HEP B sAG (L5483) <input type="checkbox"/> HEP C Virus AB (L6136) <input type="checkbox"/> HIV Ag/Ab Screen (L5734) <input type="checkbox"/> IGF-1 (L4912) <input type="checkbox"/> Immunoglobulin A (L1510) <input type="checkbox"/> Immunoglobulin E (L1513) <input type="checkbox"/> Immunoglobulin G (L1511) <input type="checkbox"/> Immunoglobulin Profile (L1509) <input type="checkbox"/> Iron & Iron Bind.Cap Panel (L1775) <input type="checkbox"/> LDH Total, Serum (L1754) <input type="checkbox"/> Lead Screen, Blood (L4786)	<input type="checkbox"/> Lipase (L1771) <input type="checkbox"/> Lipid Panel (L1889) <input type="checkbox"/> Luteinizing Hormone (L1908) <input type="checkbox"/> Magnesium, Serum (L1708) <input type="checkbox"/> Methotrexate, Serum (L1823) <input type="checkbox"/> Mumps IgG (L5870) <input type="checkbox"/> Mycophenolic Acid [MPA] (L5073) <input type="checkbox"/> Parathyroid Hormone, Intact (L5070) <input type="checkbox"/> Partial Thromboplastin (L1197) <input type="checkbox"/> Phenyl/Tyr Ratio (L1896) <input type="checkbox"/> Phosphorus (L1704) <input type="checkbox"/> Platelet Count (L1036) <input type="checkbox"/> Platelet Funct. Analysis-ADP (L1259) <input type="checkbox"/> Platelet Funct. Analysis-EPI (L1258) <input type="checkbox"/> Pregnancy, Urine (L1957) <input type="checkbox"/> Procalcitonin (L5510) <input type="checkbox"/> Protein/Creatinine Ratio (L5043) <input type="checkbox"/> Prothrombin Time & INR (L1187) <input type="checkbox"/> Rapamycin [Sirolimus] (L5076) <input type="checkbox"/> Renal Function Panel (L1487) <input type="checkbox"/> Retic Profile (L1138) <input type="checkbox"/> Rubella IgG (L5218) <input type="checkbox"/> T4 Free (L1916)	<input type="checkbox"/> T4 Total (L1915) <input type="checkbox"/> Tacrolimus (L1832) <input type="checkbox"/> Testosterone, Total (L4970) <input type="checkbox"/> Thyroid Stim. Hormone (L1917) <input type="checkbox"/> Tox-Sub Abuse Panel (L1843) <input type="checkbox"/> Triglycerides (L1892) <input type="checkbox"/> TTG IgA Antibody (L5871) <input type="checkbox"/> Uric Acid, Serum (L1741) <input type="checkbox"/> Valproic Acid Level (L1819) <input type="checkbox"/> Vancomycin Trough (L1805) <input type="checkbox"/> Varicella Zoster IgG (L6435) <input type="checkbox"/> Vitamin B12 (L5772) <input type="checkbox"/> Vitamin D 25 OH (L6426) <input type="checkbox"/> Sed Rate (L1152) <input type="checkbox"/> Sickle Cell Test (L1168) <input type="checkbox"/> Specific Gravity, Urine (L1415) <input type="checkbox"/> Surface Marker TBNK Panel (L1275) <input type="checkbox"/> Sweat Test (L1606) <input type="checkbox"/> T Cell Subsets (CD3,CD4,CD8) (L5162) <input type="checkbox"/> UA Dip Stick (L1405) <input type="checkbox"/> Urinalysis (L1403) <input type="checkbox"/> Other _____
---	--	--	---

**Microbiology Specimen Information**

Date Collected (MM/DD/YY) _____	<input type="checkbox"/> Serum	<input type="checkbox"/> Nasal Wash	<input type="checkbox"/> Other
Time Collected (HHMM) _____ AM / PM	<input type="checkbox"/> Plasma	<input type="checkbox"/> BAL	<b>Infection and/or Organism Expected:</b> _____
	<input type="checkbox"/> Stool	<input type="checkbox"/> Swab Source & Site: _____	
	<input type="checkbox"/> Urine		

**Microbiology Test Information**

<input type="checkbox"/> Adenovirus PCR Qual (L6342) <input type="checkbox"/> Adenovirus PCR Quant (L7431) <input type="checkbox"/> B. pertussis by PCR (L6357) <input type="checkbox"/> B. parapertussis by PCR (L6359) <input type="checkbox"/> C. difficile Toxin B PCR (L5736) <input type="checkbox"/> CF Path Culture - Throat (L4093)	<input type="checkbox"/> CMV PCR Quant (L7321) <input type="checkbox"/> CT and NG PCR (L7166) <input type="checkbox"/> EBV PCR Quant (L7322) <input type="checkbox"/> Enterovirus PCR Qual (L4299) <input type="checkbox"/> Enterovirus D-68 PCR (L7456) <input type="checkbox"/> GI Pathogen Panel (L6958)	<input type="checkbox"/> HHV6 PCR Quant (L7430) <input type="checkbox"/> HSV PCR (L5891) <input type="checkbox"/> Influenza A&B PCR (L5738) <input type="checkbox"/> MEP Panel PCR (L7329) <input type="checkbox"/> MRSA PCR (L5491) <input type="checkbox"/> Parechovirus PCR Qual (L6915)	<input type="checkbox"/> Respiratory Path Panel (L5595) <input type="checkbox"/> Strep B Culture (L5552) <input type="checkbox"/> VZV PCR (L6621)
---	--	--	---

Specimen requirements and shipping and handling information can be found on our website at  
[www.childrenscolorado.org/lab](http://www.childrenscolorado.org/lab). By submitting this document you agree to the terms and conditions listed on our  
 website



Children's Hospital Colorado

**Children's Hospital Colorado**  
**Department of Pathology & Laboratory Medicine**  
**General & Microbiology Lab Requisition**  
**Phone (720) 777-6711**  
**Fax (720) 777-7118**

**Specimen Shipping Address:**  
Children's Hospital Colorado  
Clinical Laboratory - Room B0200  
13123 E. 16th Ave  
Aurora, CO 80045

**Client**

**Please do not send patient insurance. We bill clients only, referring provider will be held responsible for payment if no billing information is provided.**

**FAILURE TO COMPLETE WILL DELAY RESULTS**

**Bill To:**  **Billing Facility and Address same as listed on page 1**

**Institution Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Billing Contact Information:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_