Physician's Orders/Downtime LABORATORY REQUISITION -**EMERGENCY DEPARTMENT**

Patient Name

DOB

MRN L L L L L L L L

Unit	Room number	
ORDER INFORMATION (This section MUST be co		
PRIORITY STAT Timed	SPECIMEN DATA Order: Date Tim Collect: Date Tir	meCollector's identification
Note: Routines will be held	Received: Date	
Basic metabolic panel Comprehensive metabolic panel Troponin T Lytes NT Pro BNP Glucose Creatinine BUN Magnesium Amylase Lipase Liver panel Digoxin Ethanol/Alcohol ED drugs of abuse CHEMISTRY NT Pro BNP BUN Lipase	CSF/BODY FLUIDS CSF Cell count - differential greater than 1 WB Glucose Protein Other Body fluids Source Cell count only Cell count with differential Glucose Protein Other Fluid Downtime Label	BLOOD BANK Type and screen COMPONENTS (indicate quantity) Red blood cells Fresh frozen plasma Platelets Other SPECIAL INSTRUCTIONS (if needed) Blood Bank Label
COAGULATION PT (protime)/INR PTT Fibrinogen FDP D - Dimer vidas Coagulation Downtime	MICROBIOLOGY Rapid strep throat, culture if indicated Rapid RSV Rapid Flu A/B Trichomonas wet prep Blood culture Gram stain: Source	URINE Urinalysis Urinalysis, do culture if indicated Urine pregnancy test Urine Downtime
Label HEMATOLOGY CBC without differential CBC with differential	☐ CSF culture ☐ Culture	OTHER STAT TESTING
☐ H and H ☐ Platelet count ☐ Sedimentation rate ☐ Retic count ☐ Hematology Downtime		

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.