



Please Fill In All Fields & Attach Patient's Face Sheet

CHECK IF STAT ORDER

Phone (local) (720) 746-9578
 Fax: (720) 743-0465

ACCOUNT INFO	Facility Name		Ordering Provider 1
	Wing	Floor/Rm #	Ordering Provider 2
	Phone	Fax	Ordering Provider 3

PATIENT INFO	Last Name	First Name	Middle In.
	DOB	SS#	Sex __M __F

BILLING INFO	__ Part A	__ Part B	Medicare #
	Primary Insurance Co.		
	Insurance ID	Group ID	

REQUISITION

(__ SST __ LAV __ BLUE __ PL RD __ GRN __ GRY __ RYL BLUE __ URINE __ SWAB __ TGR TOP __ OTHER) PATIENT FASTING? __ YES __ NO

CHEMISTRY PANELS		CK (Total)	SST	Procalcitonin	SST
Anemia Panel	1SST/2LAV	CO2	SST	PSA, Total	SST
Basic Metabolic Panel w/GFR	SST	Cortisol	SST	PTH Intact	SST
Comp. Metabolic Panel w/GFR	SST	Creatinine (Serum)	SST	Rheumatoid Factor	SST
Hepatitis Panel, Acute	SST	CRP __ High Sensitivity __ Latex	SST	SHBG	SST
Lipid Panel	SST	DHEA	SST	Syphilis Total W/ Rflx RPR	SST
Liver Panel	SST	Digoxin	SST	T3 Uptake	SST
Renal Function	SST	Dilantin/Phenytoin	PLN RED	Testosterone	SST
Thyroid Profile	SST	Estradiol	SST	Theophylline	SST
COAGULATION		Ferritin	SST	TIBC	SST
D-Dimer	BLUE	Folate	SST	Tobramycin __ PK __ TR __ RNDM	PLN RED
Protime (PT/INR)	BLUE	Free T3	SST	Total Protein (Serum)	SST
PTT	BLUE	Free T4	SST	Total T3	SST
HEMATOLOGY		FSH	SST	Total T4	SST
CBC w/ diff/PLT	LAV	Gentamicin __ PK __ TR __ RNDM	PLN RED	Transferrin	SST
ESR/SED Rate Westergren	LAV	GGT	SST	Triglycerides	SST
HGB/HCT	LAV	Glucose/FB	SST	TSH	SST
Hemogram/PLT	LAV	HDL	SST	Uric Acid	SST
Retic Count	LAV	Hemoglobin A1C	LAV	Valproic Acid (Depakote)	PLN RED
CHEMISTRY		Hep B Surface Antibody	SST	Vancomycin __ PK __ TR __ RNDM	PLN RED
Albumin	SST	Hep B Surface Antigen	SST	25-OH Vitamin D Total	SST
Alkaline Phosphate	SST	Hep C Antibody	SST	MICROBIOLOGY	
ALT	SST	HIV 1/2 Ab/Ag	SST	Blood Culture x ____ (1,2 or 3)	
Amikacin __ PK __ TR __ RNDM	PLN RED	Insulin US	SST	COVID- 19 By PCR (Select Collection Type)	
Ammonia	LAV	Iron	SST	<input type="checkbox"/> NASAL SWAB <input type="checkbox"/> ORAL SWAB	
Amylase	SST	Iron Profile (FE/TIBC)	SST	FLU A/B Swab	
ANA Reflex Autoimm	SST	Keppra (Levetiracetam)	PLN RED	RSV Swab	
AST	SST	LDL	SST	Strep A By PCR Swab	
B12	SST	LDL Direct	SST	STOOL	
B12 & Folate	SST	LH	SST	CDiff	
Bilirubin Direct	SST	Lipase	SST	Stool for Occult Blood	
Bilirubin Total	SST	Lithium	PLN RED	URINE	
BNP	SST	Magnesium	SST	Method: __ Clean Catch __ Cath __ Void	
BUN	SST	Phenobarbital	PLN RED	UA Reflex/PCR	
Calcium	SST	Phosphorus	SST	UA w/Micro, Reflex/Culture	
Carbamazepine (Tegretol)	SST	Prealbumin	SST	Microalbumin	
CCP	SST	Progesterone	SST	Drug Screen __ 5 Panel __ 10 Panel	
Cholesterol (Total)	SST	PSA, Free	SST		

**ICD-10 DIAGNOSIS CODES
(MEDICAL NECESSITY/DX CODES REQUIRED)**

PHLEBOTOMY (REQUIRED)

Collection Date	Collection Time
Draw Site	Phleb initials

NOTES/ADDITIONAL TESTING

APPLY AUDIT LABEL HERE

PROVIDER SIGNATURE

Signature	Date
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By signing, I acknowledge that these tests are medically necessary for my patient and I authorize Peak Clinical Diagnostics to perform the test(s) indicated on this requisition form in accordance with Peak Clinical Diagnostics Terms and Conditions.

PEAK CLINICAL DIAGNOSTICS PANELS

ANEMIA PANEL

CBC
Ferr
B12
Fol
Fe/UIBC
Retic

BASIC METABOLIC PANEL W/GFR

NA
K
Cl
Glu
BUN
Creat
CO2
Ca

COMP. METABOLIC PANEL W/GFR

Na
K
CL
CO2
Glu
BUN
Creat
Ca
TP
Alb
Tbili
ALT
AST
AIKP

HEPATITIS PANEL, ACUTE

HA Ab-IgM
HBsAG
HBc Ab-IgG
HC Ab

LIPID PANEL

Chol
Trig
HDL
Calc
LDL

LIVER PANEL

Alb
Tbili
Dbili
AlkP
Tprot
ALT
AST
GGT

RENAL FUNCTION

Alb
Ca
CO2
Cl
Creat
Glu
Phos
K
Na
Bun

THYROID PROFILE

TU
T4
TSH
FTI

CBC PANEL

WBC
NEU
LYM
MON
EO
BAS
NEU%
LYM%
MON%
EO%
BAS%
RBC
HGB
HCT
MCV
MCH
MCHC
RDWsd
RDWcy
PLT
MPV

UTI MOLECULAR PCR PANEL

Acinetobacter baumannii
Citrobacter freundii
Candida albicans
Candida glabrata
Candida krusei
Enterobacter cloacae
Enterococcus faecalis
Escherichia coli
Klebsiella oxytoca
Klebsiella pneumoniae
Klebsiella aerogenes
Morganella morganii
Proteus vulgaris
Providencia stuartii
Pseudomonas aeruginosa
Staphylococcus saprophyticus
Streptococcus agalactiae

ANTIBIOTIC RESISTANCE PANEL

NDM
IMP
VIM
KPC
OXA
CTX-M1
5VAN AMON%
VAN B