



# CHILDREN'S HEALTH

- 1935 Medical District Drive - Dallas, Texas 75235
- 7601 Preston Road - Plano, Texas 75024  
Dallas (214) 456-7000 Plano (469) 303-7000

Dallas: CLIA ID# - 45D0481024 CAP# - 20708-1  
Plano: CLIA ID# - 45D1081681 CAP# - 7211417-01

MED REC NO: \_\_\_\_\_ ACCT NO: \_\_\_\_\_  
 PATIENT: \_\_\_\_\_  
 DATE: \_\_\_\_\_ DOB: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_ ROOM #: \_\_\_\_\_  
 COLLECTION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 COLLECTORS ID: \_\_\_\_\_

PHYO  
CMC3788-009 NS Rev. 10/2017

## General Laboratory Downtime Order Form

Lab call centers: Dallas- (214)456-2320 ; Fax: Dallas- (214)-456-5163; Plano- (469) 303-2320; Fax: (469)303-4470  
 Please refer to the Lab Test Catalog for detailed information on specimen collection.

Mark test priority:  ROUTINE  ASAP  Outpatient wait  
 Blood  Urine  24hr. Urine  CSF  CVVH  Other source: \_\_\_\_\_

NOTE: A separate order form must be provided for each specimen type submitted to the lab.

**MEDICAL NECESSITY:** ICD-10 Codes must be completed for each ordered test for all outpatients to indicate medical necessity.

**DOCUMENTATION:** Tests for screening purposes may be ordered but may not be reimbursed.

All completed results will be sent via portal access or automated fax. Please contact Physician Relations at 214-456-9933 for your preferred set up. Verbal results given for critical values only.

|             |                                    |             |                                    |                    |  |                               |
|-------------|------------------------------------|-------------|------------------------------------|--------------------|--|-------------------------------|
| ICD-10 CODE | <b>AUTOMATED CHEMISTRY</b>         |             | LH (luteinizing hormone)           |                    | Phenobarbital  | Last dose at _____            |
|             | Blood Gas                          |             | PTH (parathyroid hormone)          |                    | Phenytoin  | Last dose at _____            |
|             | Ionized Calcium (ICA)              |             | Ethanol                            |                    | Salicylates  | Last dose at _____            |
|             | <b>Source:</b> _____               |             | Troponin-1                         |                    | Theophylline   | Last dose at _____            |
|             | <b>Patient Temperature:</b> _____  |             | HCG Quantitative (blood)           |                    | Tobramycin   | Last dose at _____            |
|             | Electrolytes (Na, K, CL, CO2)      |             | HIV Screen w/reflex confirmatory   |                    | Valproate  | Last dose at _____            |
|             | Sodium                             |             | IgA (Immunoglobulin A)             |                    | Vancomycin   | Last dose at _____            |
|             | Potassium                          |             | IgE (Immunoglobulin E)             | ICD-10 CODE        | <b>HEMATOLOGY / COAGULATION</b>                        |                               |
|             | Chloride                           |             | IgG (Immunoglobulin G)             |                    | CBC (Hemogram Only)                                    |                               |
|             | Carbon Dioxide                     |             | IgM(Immunoglobulin M)              |                    | CBC with Diff. w/ reflex manual diff.                  |                               |
|             | BUN (Blood Urea Nitrogen)          |             | Ferritin                           |                    | Reticulocyte Count                                     |                               |
|             | Creatinine                         |             | Iron                               |                    | Erythrocyte Sedimentation Rate (ESR)                   |                               |
|             | Glucose *                          |             | TIBC (total iron binding capacity) |                    | Heparin LMW  |                               |
|             | Bilirubin, T/D **                  |             | Lactic Acid                        |                    | Unfractionated Heparin                                 |                               |
|             | Calcium                            |             | Beta-Hydroxybutyric Acid           |                    | PTT (partial thromboplastin time)                      |                               |
|             | Phosphorus                         |             | Ceruloplasmin                      |                    | PT w / INR (Prothrombin time with international ratio) |                               |
|             | Magnesium                          |             | Osmolality: Blood or Urine         |                    | Fibrinogen   |                               |
|             | Albumin                            |             | Prealbumin                         |                    | D Dimer  |                               |
|             | Total Protein                      |             | Vitamin D, 25-Hydroxy              | ICD-10 CODE        | <b>URINE CHEM:</b> Collection Period: _____            |                               |
|             | Alkaline Phosphatase               |             | Vitamin B12                        |                    | Drugs of Abuse (DAU)                                   |                               |
|             | LDH (lactate dehydrogenase)        |             | Folate                             |                    | Calcium  |                               |
|             | Lipase                             |             | Amino Acids Quantitative           |                    | Creatinine   |                               |
|             | Amylase                            | ICD-10 CODE | Organic Acids (urine)              |                    | Protein  |                               |
|             | ALT (alanine aminotransferase)     |             | <b>AUTOMATED CHEMISTRY PANEL</b>   |                    | Sodium   |                               |
|             | AST (aspartate aminotransferase)   |             | Basic Metabolic Panel              |                    | Potassium  |                               |
|             | GGT (gamma glutamyltransferase)    |             | Comprehensive Metabolic Panel      |                    | HCG Qualitative  |                               |
|             | Cholesterol *                      |             | Lipid Panel                        |                    | UA w / reflex microscopic                              |                               |
|             | Triglyceride *                     |             | Renal Function Panel               | ICD-10 CODE        | <b>CSF / BODY FLUID</b>                                |                               |
|             | Ammonia ***                        | ICD-10 CODE | Hepatic Function Panel             |                    | Cell Count / Differential                              |                               |
|             | Uric Acid                          |             | <b>DRUG LEVEL</b>                  |                    | Glucose  |                               |
| ICD-10 CODE | <b>SPECIAL CHEMISTRY</b>           |             | Acetaminophen                      | Last dose at _____ | Protein  |                               |
|             | TSH (thyroid stimulating hormone)  |             | Amikacin                           | Last dose at _____ | ICD-10 CODE  | <b>RAPID SCREENS</b>          |
|             | Free T4                            |             | Carbamazepine                      | Last dose at _____ |  | Influenza A&B (seasonal)      |
|             | T4 (thyroxine)                     |             | Cyclosporine                       | Last dose at _____ |  | RSV (seasonal)                |
|             | Cortisol                           |             | Digoxin                            | Last dose at _____ | ICD-10 CODE  | <b>OTHER TEST</b>             |
|             | Prolactin                          |             | Tacrolimus (FK506)                 | Last dose at _____ |  | Strep Screen w/reflex culture |
|             | CRP (C-reactive protein)           |             | Gentamicin                         | Last dose at _____ |  |                               |
|             | FSH (follicle stimulating hormone) |             | Lithium                            | Last dose at _____ |  |                               |
|             |                                    |             | Methotrexate (MTX)                 | Last dose at _____ |  |                               |

**Lab Key:** \* Patient should be fasting for 14-16 hours; \*\* Protect from light; \*\*\* Place on ice

Print name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Ordering provider signature / credentials: \_\_\_\_\_ MD DO DDS APN PA RN

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

**Abbreviations key:** #= number; ASAP= as soon as possible; hr.= hour; CSF= cerebrospinal fluid; CVVH= continuous veno-venous hemofiltration; UA= urinalysis; CBC= complete blood count; RSV= respiratory syncytial virus; LMW= low molecular weight; Diff= differential;