



Patient Name: \_\_\_\_\_  
 MR #: \_\_\_\_\_  
 CSN#: \_\_\_\_\_  
 DOB: dd-mmm-yyyy Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date/time: dd-mmm-yyyy

Manually Complete or Attach Label with required data

**VCH Downtime &/or Code Requisition**  
 Not Part of Medical Record - Do Not Scan

Diagnostic Laboratory 4605 TVC, Nashville, TN 37232

Month:	Day:	Year:	Collection Time: a.m. p.m.	Ordering Dept./Service:	Collection Location:	Allergies:
Ordering Physician:			Physician Beeper/Phone:		Unit/Bed:	<input type="checkbox"/> STAT LAB
			Height:	Weight		

**MAIN LAB ( Multiple Lab Tests Can Be Ordered) (Tubes: 109, 606, 801) ICD 10 CODE:**

✓	Lab Code	Chemistry	Tube Color	✓	Lab Code	Chemistry	Tube Color	✓	Lab Code	Hematology	Tube Color	✓	Lab Code	Body Fluids	Tube Color
	ABL	Albumin	LGN		LDH	LDH, Blood	LGN		CBP	CBC/Platelets	LV		CSF	CSF Cell Count w/Diff	
	LP	Lipase	LGN		MG	Magnesium	LGN		CPD	CBC/Platelets/Diff	LV		SFG	CSF, Glucose	
	BMP	Basic Metabolic Panel (Elec, Glu, Bun, Crea, CA)	LGN		OSM	Osmolality	RED		HCT	Hematocrit	LV		SFP	CSF, Protein (Sterile Plastic LP Tube)	
	BHC	Beta HCG, Serum	LGN		PO4	Phosphorus, Inorganic	LGN		PLT	Platelets	LV		UCG	Pregnancy Test, Urine	UR
	CRP	C React Prot	LGN		K	Potassium	LGN						UA1	Urinalysis	UR
	HPF	Hepatic Function Panel	LGN		PRO	Protein Total, Blood	LGN	✓		<b>Coagulation</b>	Tube Color		OSU	Urine Osmolality	UR
	BNP	BNP	LAV		K	Potassium LVL	LGN		DDI	D-Dimer Qt	LB	✓		<b>Microbiology</b>	Tube Color
	TSH	Thyroid Stimulating Hormone	Gold		PRO	Total Protein, Blood	LGN		FBG	Fibrinogen	LB		BAB	Blood Culture	1 Aerobic/Ferrous Bottle & 1 Lytic/10 Anaerobic bottle
	CA	Calcium	LGN		ALA	Transaminase			PT/INR	Prothrombin Time / INR	LB		URB	UA with rfx Urine Culture	Grey
	CO2	Carbon Dioxide	LGN		NA	Sodium	LGN		PTT	Partial Thromboplastin Time	LB			COVID/Influenza/RSV PCR	VTM
	CL	Chloride	LGN		TGL	Triglycerides	LGN	✓		<b>Toxicology</b>	Tube Color	✓		<b>Other</b>	Tube Color
	CHL	Cholesterol	LGN		TRI	Troponin I	LGN		DIG	Digoxin Date/Time last dose:	DGN				
	CMP	Comp Metabolic Panel (BMP, TBIL, Alk Phos, PRO, ALT, AST)	LGN		UAB	Uric Acid	LGN		DSA	Drug Profile (U)	UR		ABG	Blood Gas, Arterial	
	CRE	Creatinine	LGN			Other:			PY	Phenytoin (Dilantin) Date/time last dose:	DGN		VBG	Blood Gas, Venous	
	GLU	Glucose	LGN			Other:			FK5	Tacrolimus Trough LVL	LAV		CAI	Ionized Calcium	Full Dark Green
														Other:	

For all other laboratory tests, print legibly the order, or print the EPIC requisition, if available.

**Ancillary Departments: One (1) department/product per form**

<b>Requested Order/s:</b>	
<b>Reason/History/Diagnosis/ICD 10 Code:</b>	
<input type="checkbox"/> Peds Nutrition: (Phone 3-9763, Fax 3-8810)	<input type="checkbox"/> Peds Pulmonary Function: (Phone 6-2556, Fax 6-3665)
<input type="checkbox"/> Peds Respiratory: (Phone 715-9014, Fax 6-4351)	<input type="checkbox"/> Peds Radiology: (Phone 6-7155, Fax 3-1841)
<input type="checkbox"/> Peds Echo: (Phone 6-2481, Fax 3-1432)	<input type="checkbox"/> Social Work (beep SW)
<input type="checkbox"/> *Non-MD Consult:	<input type="checkbox"/> Peds EKG (pager 835-1980)
<input type="checkbox"/> Miscellaneous:	<input type="checkbox"/> Other:

Collector's Print Name: \_\_\_\_\_ Collector's Signature: \_\_\_\_\_

Vunet ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_