Arkansas Children's
HOSPITALS · RESEARCH · FOUNDATION

Date: _____

NEWBORN TESTING REQUISITION - LABORATORY

Referring Institution: _____
_____
Contact Person: _____
Phone# _____
Fax# _____
Referring/
Ordering MD: _____
Provider NPI: (REQUIRED) _____
NOTE: Non-PCP providers must have a PCP referral on file for Medicaid patients.

The undersigned physician certifies that the ordered tests are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.
Physician
Signature: _____ Date: _____

Patient Name: _____
Patient 10 Digit ACH MRN: M _____

Sex: ☐ Male ☐ Female Date of Birth: _____

Please list all diagnoses codes for each lab that has been ordered:
Diagnosis / ICD 10 Code (s)
1. _____
2. _____
3. _____

PLEASE ATTACH A COPY OF ID AND INSURANCE CARD
(if applicable)

Collection Date:

Collection Time:

Collectors Name:

X	LAB #	TEST NAME	SPECIMEN SOURCE	VOLUME	CONTAINER	INSTRUCTIONS
	LAB429	ACYLCARNITINE	Plasma	0.5 mL	Dk Green/Lt Green	Freeze within 2 hours
	LAB811	AMINO ACID	Plasma	1 mL	Dk Green/LT Green/ 2 Lt Green Microtainers	Send on Ice, Freeze Immediately
	LAB355	AMINO ACID	Urine	3 mL	Urine Cup	Freeze within 1 hour of collection
	LAB518	ANDROSTENEDIONE	Plasma/Serum	1 mL	Dk Green/Lt Green/ Gold/Purple	Refrigerate
	LAB958	BIOTINIDASE	Serum	1 mL	Gold	Freeze Immediately
	LAB815	CARNITINE FREE & TOTAL	Plasma/Serum	1 mL	Dk Green/Red	Freeze within 2 hours of collection
	LAB3653	CARNITINE	Urine	5 mL	Urine Cup	Freeze Immediately
	LAB1748	CBC WITH DIFF	Whole Blood	1 mL	Purple/Purple Lavender Microtainer	Greater than 4 hours Refrigerate
	LAB3297	CFTR COMP REFLEX	Whole Blood	3 mL	Purple/Pale Yellow	Refrigerate
	LAB61	CORTISOL	Plasma/Serum	0.3 mL	Lt Green/Gold/Red/ Lt Green Microtainer	Refrigerate
	LAB4497	GALT ENZYME, RBC	Whole Blood	3 mL	Dk Green/ Lt Green/Purple	Send on Ice, Refrigerate
	LAB2900	HEMOGLOBIN ELECTROPH	Whole Blood	2 mL	Purple	Refrigerate (order CBC with this test)
	LAB93	HOMOCYSTEINE TOTAL	Plasma/Serum	0.5 mL	Lt Green/Gold/Red/ Lt Green Microtainer	Refrigerate within 1 hour of collection
	LAB720	17-HYDROXYPROGRESTERONE	Plasma/Serum	1 mL	Dk Green/ Lt Green/Gold/Red	Freeze (Gross Hemolysis Rejected)
	LAB480	NEWBORN SCREEN	Whole Blood	2-3 Drops (In Each Circle)	ADH Newborn Screening Card (HL-11)	Allow to air dry away from sunlight/heat
	LAB418	ORGANIC ACID	Urine	5 mL	Urine Cup	Freeze Immediately
	LAB3587	PHENYLALANINE/TYROSINE	Plasma/Serum	0.3 mL	Dk Green/Lt Green/ Gold/Red/Lt Green Microtainer	Refrigerate
	LAB4488	SPINAL MUSCULAR ATROPHY	Whole Blood	4 mL	Purple	Room Temperature
	LAB127	T4, FREE	Plasma/Serum	0.3 mL	Lt Green/ Gold/Red/ Lt Green Microtainer	Refrigerate
	LAB126	T4, TOTAL	Plasma/Serum	0.3 mL	Lt Green/Gold/Red/ Lt Green Microtainer	Refrigerate
	LAB3765	TSH	Plasma/Serum	0.3 mL	Lt Green/ Gold/Red/ Lt Green Microtainer	Refrigerate

Test(s) Not Listed Above

Specimen Mail Address:
Clinical Laboratory/Arkansas Children's Hospital, 1 Children's Way, Slot 820, Little Rock, AR 72202. (501)-364-1300 PH, (501)-364-3578 FAX