



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

Date: _____

REFERRED PATIENT REQUISITION FORM - LABORATORY

Referring Institution: _____

Contact Person: _____

Phone# _____

Fax# _____

Ordering Provider: _____

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.

Provider

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)

Specimen Type(s): (circle the correct specimen type(s) below)

Whole Blood Plasma Serum Urine Stool Spinal Fluid Tissue Swab
Body Fluid

Other: _____ Collection Date: _____

Collectors Name: _____ Collection Time: _____

X	LAB#	Test Name	X	LAB#	Test Name	X	LAB#	Test Name
Hematology			Chemistry			SEROLOGY/IMMUNOLOGY		
	LAB1748	CBC w/ Differential		LAB94	Iron		LAB3075	Mitogen Transformation
	LAB294	CBC w/out Differential		LAB29	Lithium	INFECTIOUS DISEASE		
	LAB322	Erythrocyte Sedimentation Rate		LAB103	Magnesium		LAB4541	ACH COVID-19 by RT-PCR
	LAB320	PT/INR		LAB481	Methotrexate Level		LAB219	Anti Streptolysin-O
	LAB325	PTT		LAB30	Phenobarbital		LAB923	Bordetella pertussis PCR
CHEMISTRY				LAB113	Phosphorus		LAB223	Culture, Stool
	LAB16	Electrolytes		LAB876	Tacrolimus (FK506)		LAB1319	Giardia/Cryptosporidium Ag
	LAB15	Basic Metabolic Profile		LAB3763	Tegretol (Carbamazepine)		LAB798	Hepatitis A Ab IgM
	LAB17	Comprehensive Metabolic Panel		LAB3765	Thyroid Stimulating Hormone		LAB549	Hepatitis B Core Ab IgM
	LAB20	Hepatic Function Panel		LAB3143	TIBC		LAB472	Hepatitis B Surface Ab
	LAB3177	Lipid Panel + LDL		LAB37	Tobramycin		LAB471	Hepatitis B Surface Ag
	LAB19	Renal Function		LAB134	Triglyceride		LAB868	Hepatitis C Antibody
	LAB52	Bilirubin Direct		LAB24	Valproic Acid		LAB3106	HIV 1&2 Antibody
	LAB50	Bilirubin Total	Urine Testing				LAB4178	HSV 1&2 NAAT (Skin/Mucosa)***
	LAB140	BUN		LAB347	Urinalysis		LAB3803	HSV PCR, Plasma
	LAB149	C-Reactive Protein		LAB385	Urine Creatinine		LAB924	Influenza A/B Antigens, Rapid
	LAB53	Calcium		LAB239	Urine Culture		LAB3549	Kingella kingae PCR
	LAB3074	CH50 Complement Activity		LAB437	Urine Pregnancy		LAB3525	Mening/enceph PCR CSF
	LAB66	Creatinine		LAB441	Urine Total Protein		LAB1747	MRSA PCR
	LAB874	Cyclosporin					LAB258	Ova & Parasite
	LAB3757	Dilantin	METABOLIC GENETICS				LAB3475	Pneumo Titers PRE/POST
	LAB68	Ferritin		LAB811	Amino acids (Quant.)		LAB3478	Respiratory Pathogen PCR**
	LAB127	Free T4		LAB3282	Branched-chain Amino Acids (MSUD)		LAB3479	RSV Ag, Rapid
	LAB3758	Gentamycin		LAB2900	Hemoglobin Electrophoresis w/interp (must also order CBC w/diff)		LAB885	Strep A Screen, Rapid
	LAB3713	GGT				Test(s) Not Listed Above		
	LAB82	Glucose		LAB3587	Phenylalanine/Tyrosine			
	LAB90	Hemoglobin A1C	PATHOLOGY					
	LAB93	Homocysteine		LAB4331	Consult only			
	LAB3731	Immunoglobulin A	Other: _____					
	LAB3732	Immunoglobulin G						
	LAB3733	Immunoglobulin M						

***Centers for Medicare & Medicaid (CMS) Approved Panels**

*Liver Panel (Hepatic Function Panel)	*Electrolyte	*Basic Metabolic	*Lipid Panel	*Renal Panel	*Comprehensive Metabolic Panel
Albumin AST Alkaline Phosphatase ALT Total Bilirubin Direct Bilirubin Total Protein	Sodium Potassium Chloride CO2	Glucose BUN Creatinine Calcium Sodium Potassium Chloride CO2	Cholesterol Triglycerides HDL	Glucose Creatinine Sodium Chloride Phosphorus BUN Albumin Calcium Potassium CO2	- Basic Metabolic Panel and Albumin AST ALT Alkaline Phosphatase Total Protein Total Bilirubin

(**) Detects adenovirus, coronaviruses (HKU1, NL63, 229E, OC43, SARS-CoV-2 [COVID19]), FluB, FluA H1, FluA H3 and 2009 H1, human metapneumovirus, parainfluenza 1-4, RSV, rhinovirus/enterovirus, Bordetella pertussis, Bordetella parapertussis, Mycoplasma pneumoniae.

(***) Submit swab from vesicle/lesion, multi-site swab, genital, vaginal, or eye for HSV NAAT in viral transport media.