



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

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: \_\_\_\_\_

Last name \_\_\_\_\_ First 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 Source: \_\_\_\_\_  
Other: \_\_\_\_\_ Collection Date: \_\_\_\_\_  
Collectors Name: \_\_\_\_\_ Collection Time: \_\_\_\_\_

X	LAB#	Test Name	X	LAB#	Test Name	X	LAB#	Test Name
<b>Hematology</b>			<b>Chemistry</b>			<b>SEROLOGY/IMMUNOLOGY</b>		
	LAB1748	CBC w/ Differential		LAB94	Iron		LAB3075	Mitogen Transformation
	LAB294	CBC w/out Differential		LAB29	Lithium	<b>INFECTIOUS DISEASE</b>		
	LAB3720	Platelet Aggregation		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
<b>CHEMISTRY</b>				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 AG/AB Screen
	LAB50	Bilirubin Total	<b>Urine Testing</b>				LAB4178	HSV 1&2 NAAT (Skin/Mucosa)***
	LAB140	BUN		LAB347	Urinalysis w/reflex to culture		LAB3803	HSV PCR, Plasma
	LAB149	C-Reactive Protein		LAB384	Urine Creatinine		LAB924	Influenza A/B Antigens, Rapid
	LAB53	Calcium		LAB437	Urine Pregnancy		LAB3549	Kingella kingae PCR
	LAB3074	CH50 Complement Activity		LAB439	Urine Total Protein		LAB3525	Mening/enceph PCR CSF
	LAB66	Creatinine					LAB1747	Staph Aureus PCR
	LAB874	Cyclosporin					LAB258	Ova & Parasite
	LAB3757	Dilantin	<b>METABOLIC GENETICS</b>				LAB3475	Pneumo Titers PRE/POST
	LAB68	Ferritin		LAB811	Amino acids (Quant.)		LAB4579	Resp Path Panel+Covid-19 PCR**
	LAB127	Free T4		LAB418	Urine Organic Acids		LAB3479	RSV Ag, Rapid
	LAB3758	Gentamicin		LAB2900	Hemoglobin Electrophoresis w/interp (must also order CBC w/diff)		LAB885	Strep A Screen, Rapid
	LAB3713	GGT		LAB3587	Phenylalanine/Tyrosine	<b>Test(s) Not Listed Above</b>		
	LAB82	Glucose	<b>PATHOLOGY</b>					
	LAB90	Hemoglobin A1C		LAB4331	Consult only			
	LAB93	Homocysteine	Other:					
	LAB3731	Immunoglobulin A						
	LAB3749	Immunoglobulin E						
	LAB3732	Immunoglobulin G						
	LAB3733	Immunoglobulin M						

\*Centers for Medicare & Medicaid (CMS) Approved Panels Molecular Genetic Testing requires consent. Contact Lab (501-364-1300) for consent form.

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