



HOSPITALS • RESEARCH • FOUNDATION

Date: _____

REFERRED PATIENT REQUISITION FORM - LABORATORY

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

Patient Name: _____

Patient 10 Digit ACH MRN: _____

Sex: Male Female Date of Birth: _____

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: _____

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: _____ Collection Time: _____

Collector's Name: _____

X	LAB#	Test Name	X	LAB#	Test Name	X	LAB#	Test Name
HEMATOLOGY			CHEMISTRY			SEROLOGY/IMMUNOLOGY		
	LAB1748	CBC w/ Differential		LAB3733	Immunoglobulin M		LAB3075	Mitogen Transformation
	LAB294	CBC w/out Differential		LAB94	Iron	INFECTIOUS DISEASE		
	LAB322	Erythrocyte Sedimentation Rate		LAB29	Lithium		LAB4541	ACH COVID-19 by RT-PCR
	LAB320	PT/INR		LAB103	Magnesium		LAB219	Anti Streptolysin-O
	LAB325	PTT		LAB481	Methotrexate Level		LAB223	Culture, Stool
CHEMISTRY				LAB30	Phenobarbital		LAB1319	Giardia/Cryptosporidium Ag
	LAB16	Electrolytes*		LAB113	Phosphorus		LAB798	Hepatitis A Ab IgM
	LAB15	Basic Metabolic Profile*		LAB876	Tacrolimus (FK506)		LAB549	Hepatitis B Core Ab IgM
	LAB17	Comprehensive Metabolic Panel*		LAB3763	Tegretol (Carbamazepine)		LAB472	Hepatitis B Surface Ab
	LAB20	Hepatic Function Panel*		LAB3765	Thyroid Stimulating Hormone		LAB471	Hepatitis B Surface Ag
	LAB3177	Lipid Panel + LDL*		LAB3143	TIBC		LAB868	Hepatitis C Antibody
	LAB19	Renal Function*		LAB37	Tobramycin		LAB3106	HIV 1&2 AG/AB Screen
	LAB52	Bilirubin Direct		LAB134	Triglyceride		LAB4178	HSV 1&2 NAAT (Skin/Mucosa) ⁴
	LAB50	Bilirubin Total		LAB24	Valproic Acid		LAB3803	HSV PCR, Plasma
	LAB140	BUN	URINE TESTING				LAB924	Influenza A/B Antigens, Rapid
	LAB149	C-Reactive Protein		LAB347	Urinalysis w/ reflex to culture		LAB3549	Kingella kingae PCR
	LAB53	Calcium		LAB384	Urine Creatinine		LAB3525	Mening/enceph PCR CSF
	LAB3074	CH50 Complement Activity		LAB437	Urine Pregnancy		LAB1747	Staph Aureus PCR
	LAB66	Creatinine		LAB439	Urine Total Protein		LAB258	Ova & Parasite
	LAB874	Cyclosporin	METABOLIC GENETICS				LAB3475	Pneumo Titers PRE/POST
	LAB3757	Dilantin		LAB811	Amino acids (Quant.)		LAB4686	Resp. 4-Plex PCR ¹
	LAB68	Ferritin		LAB3282	Branched-chain Amino Acids (MSUD)		LAB5049	Resp. Bacterial Mini Panel PCR ²
	LAB127	Free T4		LAB2900	Hemoglobin Electrophoresis w/interp (must also order CBC w/diff)		LAB4579	Resp. Path Panel+Covid-19 PCR ³
	LAB3758	Gentamicin		LAB3587	Phenylalanine/Tyrosine		LAB3479	RSV Ag, Rapid
	LAB3713	GGT	PATHOLOGY			TESTS NOT LISTED ABOVE		
	LAB82	Glucose		LAB4331	Consult only			
	LAB90	Hemoglobin A1C			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.

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

¹ Detects: FluA (without subtype), FluB, RSV, SARS-CoV-2[COVID-19].

² Detects: *Bordetella pertussis*, *Bordetella parapertussis*, *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*.

³ Detects Adenovirus, Coronaviruses (HKU1, NL63, 229E, OC43, SARS-CoV-2[COVID-19]), Flu B, FluA (H1, H3, and 2009 H1), Human Metapneumovirus, Parainfluenza (1-4), RSV, rhinovirus/enterovirus, *Bordetella pertussis*, *Bordetella parapertussis*, *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*.

⁴ Submit swab from vesicle/lesion, multi-site swab, genital, vaginal, or eye for HSV NAAT in viral transport media.