



COMPUTER DOWNTIME BACK-UP REQ FOR LAB SERVICES (Page 1 of 1)

Apply Patient Label OR
Record Required Information

Name: _____
Last First

MRN: _____

Dept Code	Test Name	ML/Tube	Results
Panels			
BMP	Basic Metabolic Panel	4.5/LG	
CMP	Comp Metabolic Panel	4.5/LG	
DAU-UR	Drugs of Abuse Scn Ur	50/UC	
HepFunPnl	Hepatic Function	4.5/LG	
LipidPnl	Lipid Panel	4.5/LG	
LTPanel	Liver Transplant	4.5/LG	
Lytes	Electrolytes (Lytes)	4.5/LG	
RenalPnl	Renal Function	4.5/LG	
Chemistry			
Albumin	Albumin	4.5/LG	
AlkPhos	Alkaline Phos	4.5/LG	
AFP	AFP	4.5/LG	
ALT	SGPT (ALT)	4.5/LG	
Ammonia	Ammonia	4.5/LG	
Amylase	Amylase	4.5/LG	
AST	SGOT (AST)	4.5/LG	
HCG	HCG	4.5/LG	
BiliF	Bili Fractions	4.5/LG	
BiliTot	Bilirubin Total	4.5/LG	
BTypeNPep	BNP (B-Natriuretic Peptide)	6/L	
BUN	BUN	4.5/LG	
BUNPost	BUN Post	4.5/LG	
BUNPre	BUN Pre	4.5/LG	
Calcium	Calcium	4.5/LG	
IonCal	Ca Ionized	4.5/LG	
Carbam	Carbamazepine	6/G	
Chloride	Chloride	4.5/LG	
Chol	Cholesterol	4.5/LG	
CKMB	CKMB Mass	4.5/LG	
CK	Creat Kinase (CPK)	4.5/LG	
CRT	Creatinine	4.5/LG	
CYA	Cyclosporine	3/L	
Digoxin	Digoxin	6/G	
EtohPlas	Ethanol PI QN	6/GR	
FK506	FK506 (Prograf)	3/L	
GentPost	Gentamicin Post	6/G	
GentPre	Gentamicin Pre	6/G	
GentLvl	Gentamicin Random	6/G	
GGT	GGT	4.5/LG	
Glucose	Glucose	4.5/LG	
Iron	Iron	4.5/LG	
IronTIBC	Iron TIBC % Sat	4.5/LG	
LactArt	Lactate PI Arterial QN	6/GR	
LDH	LDH	4.5/LG	
measLDL	LDL, Measured	4.5/LG	
Lipase	Lipase	4.5/LG	
Magnesium	Magnesium	4.5/LG	
Osmo	Osmolality	4.5/LG	
Phenobar	Phenobarbital	6/G	
Phenyton	Phenytoin (Dilantin)	6/G	
Phos	Phosphorus	4.5/LG	
K	Potassium	4.5/LG	
Sirolim	Sirolimus	3/L	
Sodium	Sodium	4.5/LG	
Theoph	Theophylline	6/G	
Trig	Triglyceride	4.5/LG	
TobraLvl	Tobramycin Ran	6/G	
PRTTotal	Total Protein	4.5/LG	
Troponin	Troponin-I	4.5/LG	
UricAcid	Uric Acid	4.5/LG	
Valproic	Valproic Acid	6/G	
VancPost	Vancomycin Post	6/G	

STAT

REQUIRED INFORMATION

Print Physician Name: _____

Phone, Pager or Unit to call results to: _____

or Fax: _____ or Tube Station #: _____

Patient Location: _____ Date/Time Drawn: _____

Dept Code	Test Name	ML/Tube	Results
VancPre	Vancomycin Pre	6/G	
VancLvl	Vancomycin Rand	6/G	

Blood Bank			
ABO and Rh	ABO and Rh	6/L	
IAT	Coombs, Indirect	6/L	

Urine Tests – Random			
CRTUrRD	Creatinine Ur	6/NoAddiv	
LyteUrRn	Electrolytes Ur	6/NoAddiv	
NaUrRan	Sodium Ur	6/NoAddiv	
KUrRan	Potassium Ur	6/NoAddiv	
ClUrRan	Chloride Ur	6/NoAddiv	
OsmoUrRn	Osmolality Ur	6/NoAddiv	
PrtUrRan	Protein Ur	6/NoAddiv	
UUNRan	UUN Ur	6/NoAddiv	

Microbiology			
Must Include Source: _____			
Infectious Organism Suspected: _____			
Other Specific Test: _____			
Blood CX	Blood Culture	1 Set/BC	
CSF CX + Stn	CSF Culture+Stn	1/CSF	
CryptoCSF	Crypto AG CSF	1/CSF	
RapStrep	Rapid A Strep Ag	1/SS	
Rapid RSV	Rapid RSV	1/SS	

Hematology/Coagulation/Urinalysis			
BdyFldCt	Body Fluid Cell Cnt	1/SC	
CBC	CBC/PLT	3/L	
CBC Diff	CBC w/Auto Diff	3/L	
Retic	Retic	3/L	
PregBld	Preg Bld QL	5/GO	
PregUr	Pregnancy Ur QL	10/NSUC	
D-Dimer	D Dimer	5/B	
Fibrinogen	Fibrinogen	5/B	
Plt	Platelet Count	3/L	
PTINR	PT INR	5/B	
PTT	PTT	5/B	
TCT	Thrombin Time	5/B	
Urinalysis	Urinalysis	4/UT	

CSF Analysis			
CSFCount	CSF Cell Count	1/CSF	
PrtCSF	Protein CSF QN	1/CSF	
GlucCSF	Glucose CSF QN	1/CSF	

Other: _____

Downtime requisition tests were approved by the Downtime Committee and are the only tests performed during a downtime. All other tests may be delayed.

