



# Physician Laboratory Order Form

Preauthorization number (if applicable): \_\_\_\_\_

**Important patient information**

If you are not the parent of the child, you must bring proof of court-appointed guardianship/custody papers with you. The test or procedure will be canceled if you do not have this information with you.

**Patient information**

Patient's full name (first, middle and last): \_\_\_\_\_ Patient's date of birth: \_\_\_\_\_

Parent/guardian home or cellphone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Ordering physician: \_\_\_\_\_ Special instructions: \_\_\_\_\_

**Definite diagnosis, signs and symptoms and/or ICD code (must be completed; do not use R/O, possible or evaluate):** \_\_\_\_\_

Other tests not listed below: \_\_\_\_\_

**Chemistry**

- Basic metabolic panel
- Comprehensive metabolic panel
- Hepatic function panel
- Electrolyte panel
- Lipid panel
- Amylase
- Bilirubin
  - < or = 14 days old – neonate
  - > 14 days old – total
  - > 14 days old – fractionated
- Drug screen – serum
- Drug screen – urine
- Ferritin
- Glucose
- Hgb A1C
- HCG quantitative
- HCG qualitative
- Iron
- Lipase
- Lithium
- Magnesium
- Newborn metabolic screen
- T3 uptake
- T4 total
- TSH
- Urine creatinine clearance – 24°  
Ht. \_\_\_\_\_ Wt. \_\_\_\_\_
- Urine protein

**Hematology/coagulation/  
blood bank/immunology**

- CBC w/diff and platelet count
- CBC w/o diff
- H&H w/platelet
- Platelet function aspirin
- Platelet function Plavix
- PFA 100
- Retic
- Sedimentation rate
- Sickle cell screen

- Urinalysis
  - Urinalysis with microscopic (UA2)
  - Urinalysis with reflex to culture
- Urine pregnancy test
- PT w/INR
- PTT
  - On blood thinner? Y or N
  - Type \_\_\_\_\_
- Fibrinogen
- ABO group
- Rh(D) type
- Type and screen
- Antibody screen
- EBV Ab panel
- Immunoglobulin series: IgG, IgA, IgM
- Mono test
- Rheumatoid factor (RF)
- RPR 0-12 months
- Rubella IgG Ab
- Syphilis total Ab

**Microbiology**

- AFB culture
- Anaerobic culture
- Blood culture
- Fungal culture
- Sputum culture
- Stool culture
- Throat culture
- Urine culture
- Wound culture
- C. difficile* toxin A and B
- Chlamydia/GC AMP
- Enterovirus PCR
- Flu PCR
- HSV PCR
- Ova and parasite
- Pertussis PCR
- RPP
- RSV PCR
- Strep screen

**Scheduled tests**

Call and schedule; fax order based on location provided/patient preference

- Glucose tolerance test
  - Hours \_\_\_\_\_
  - Norton Children's Hospital  
Phone: (502) 485-4700  
Fax: (502) 394-3636
  - Norton Children's Medical Center  
Phone: (502) 446-7947  
Fax: (502) 446-5185
  - Novak Center for Children's Health  
Phone: (502) 736-4371  
Fax: (502) 629-4358
- Sweat chloride
  - Novak Center for Children's Health  
Phone: (502) 736-4371  
Fax: (502) 629-4358
- Platelet aggregation
  - Norton Children's Hospital  
Phone: (502) 629-2996

**Scheduled test**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

**Physician**

Physician's signature: \_\_\_\_\_

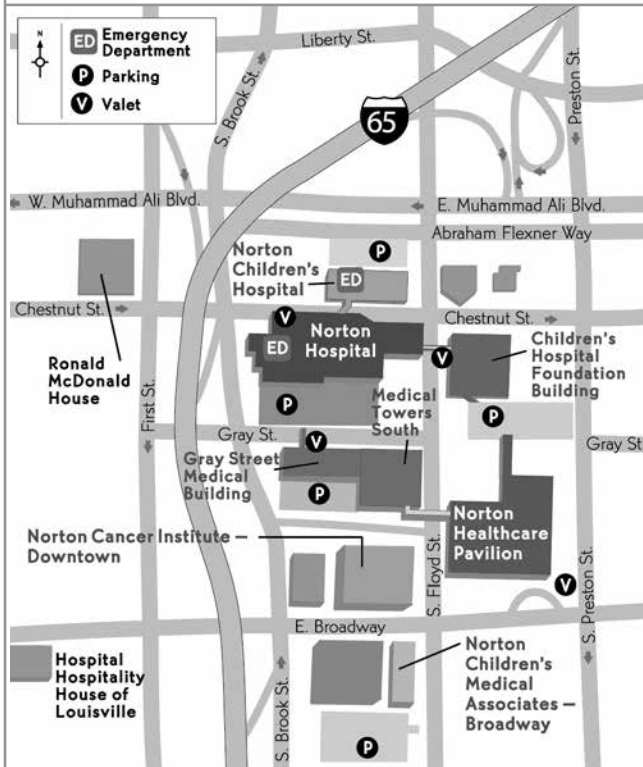
Order date: \_\_\_\_\_

### Norton Children's Hospital

231 E. Chestnut St. • Louisville, KY 40202

Monday through Friday, 7 a.m. to 7 p.m.

Saturdays, 7 a.m. to 3 p.m.

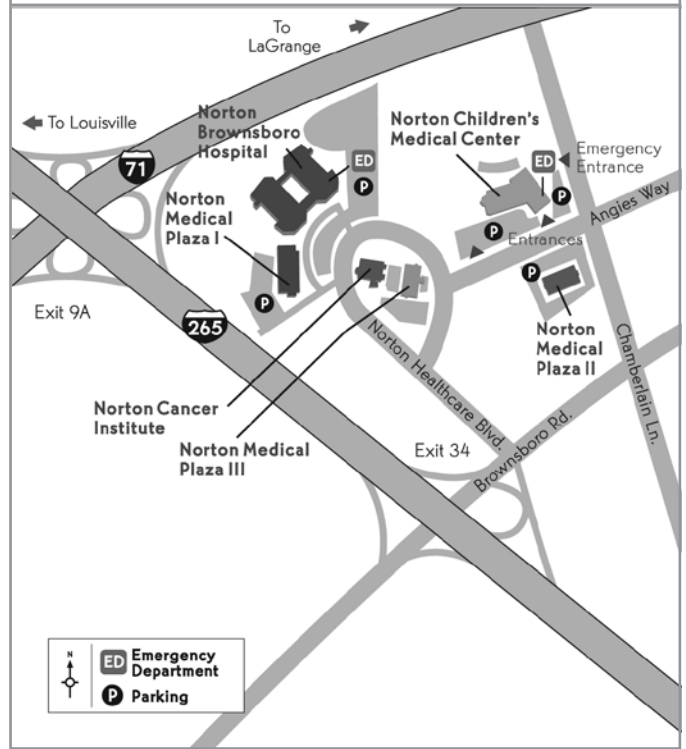


### Norton Children's Medical Center

4910 Chamberlain Lane • Louisville, KY 40241

Monday through Friday, 7 a.m. to 6 p.m.

After hours, go to Emergency Department



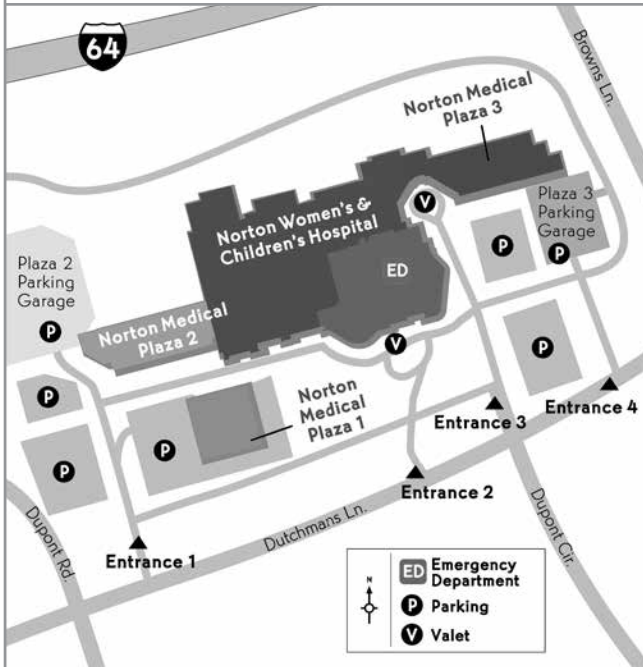
### Norton Women's & Children's Hospital

4001 Dutchmans Lane • Louisville, KY 40207

Monday through Friday, 7 a.m. to 6 p.m.

Saturdays, 9 a.m. to 2 p.m.

Sundays/holidays, 10 a.m. to 2 p.m.



### Novak Center for Children's Health

411 E. Chestnut St. • Louisville, KY 40202

Monday through Friday, 7:30 a.m. to 5 p.m.

