MultiCare
Yakima Memorial Hospital

2811 Tieton Drive
Yakima, WA 98901
(509)-746-2315 (509)-452-5328
yvm.testcatalog.org

LAB REQUISITION

QUALITY CHECK *(HOSPITAL USE ONLY)*
INITIALS_____ DATE_____ TIME_____
☐ ACCEPT ☐ REJECT

PATIENT LABEL

PATIENT INFORMATION

NAME (LAST)	NAME (FIRST)	MIDDLE	SEX	DATE OF BIRTH
REQUIRED	REQUIRED		F ☐ M ☐ REQUIRED	REQUIRED

ADDRESS	CITY	STATE	ZIP

PHONE NUMBER	DIAGNOSIS CODE(S)
	REQUIRED

PROVIDER INFORMATION

PROVIDER NAME	PHONE NUMBER	FAX NUMBER
REQUIRED	REQUIRED	REQUIRED

PROVIDER SIGNATURE REQUIRED

FACILITY REQUIRED
☐ COMPREHENSIVE MENTAL HEALTH ☐ YAKIMA UROLOGY
☐ GOOD SAMARITAN ☐ UNION GOSPEL MISSION
☐ YAKIMA PEDIATRICS ☐ OTHER _____

*****PLEASE ATTACH OR PROVIDE COMPLETE BILLING INFORMATION ON THE NEXT PAGE*****

NOTE: DIAGNOSIS INFORMATION MUST BE SUBMITTED FOR EACH TEST ORDERED. MEDICARE/MEDICAID GENERALLY DOES NOT COVER ROUTINE SCREENING TESTS AND WILL ONLY PAY FOR TESTS DEEMED MEDICALLY NECESSARY FOR THE TREATMENT/DIAGNOSIS OF THE PATIENT.

DATE & TIME COLLECTED REQUIRED
/ / : ☐ AM ☐ PM

CONTAINERS SUBMITTED
*****ALL SPECIMENS MUST BE LABELED WITH 2 PATIENT IDENTIFIERS*****

RED	GREEN	YELLOW	LAV.	PINK	BLUE	STOOL	URINE	SWAB

CHEMISTRY PANELS

- ☐ BASIC METABOLIC PANEL (NA, K, CL, CO_2, GLU, BUN, CRE, CA, AGAP, GFR) — CX8P
- ☐ COMPREHENSIVE METABOLIC PANEL (CX8P, TP, ALB, TBIL, AST, ALKP, ALT) — CMP
- ☐ ELECTROLYTES PANEL (NA, K, CL, CO_2) — LYTE
- ☐ HEPATIC FUNCTION PANEL (ALB, TP, TBIL, AST, ALKP, ALT) — HFP
- ☐ RENAL PANEL (CX8P, ALB, PHOS) — RENP
- ☐ LIPID PANEL (CHOL, TRIG, HDL, LDL) — LIPID

CHEMISTRY

- ☐ ALT — ALT
- ☐ ALBUMIN — ALB
- ☐ ALKALINE PHOSPHATASE (ALP) — ALKP
- ☐ AMYLASE — AMY
- ☐ AST — AST
- ☐ B-TYPE NATRIURETIC PEPTIDE, PRO — PBNP
- ☐ BETA-HYDROXYBUTYRATE — BHYB
- ☐ BILIRUBIN, DIRECT — DBIL
- ☐ BILIRUBIN, TOTAL — TBIL
- ☐ C-REACTIVE PROTEIN — CRP
- ☐ CALCIUM, TOTAL — CA
- ☐ CARBON DIOXIDE, TOTAL — CO2
- ☐ CHOLESTEROL, TOTAL — CHOL
- ☐ CORTISOL, RANDOM — CORT
- ☐ CK, TOTAL — CK
- ☐ CREATININE — CRE
- ☐ ETHANOL *(ETHYL ALCOHOL)* — ETOH
- ☐ FOLATE — FOL
- ☐ GAMMA GLUTAMYL TRANSFERASE (GGT) — GGT
- ☐ GLUCOSE — GLU
- ☐ IRON — FET
- ☐ LACTATE DEHYDROGENASE (LDH) — LD
- ☐ LIPASE — LIPA
- ☐ MAGNESIUM — MG
- ☐ PHOSPHORUS — PHOS
- ☐ POTASSIUM — K

CHEMISTRY (CONTINUED)

- ☐ PROTEIN, TOTAL — TP
- ☐ SODIUM — NA
- ☐ THYROID STIMULATING HORMONE — TSH
- ☐ THYROID STIMULATING HORMONE, REFLEX [R] — TSHR
- ☐ THYROXINE, FREE (T4) — FT4
- ☐ TRIIODOTHYRONINE, FREE (T3) — FT3
- ☐ TROPONIN T — TROPHS
- ☐ UREA NITROGEN — BUN
- ☐ URIC ACID — URIC

COAGULATION & HEMATOLOGY

- ☐ COMPLETE BLOOD COUNT — CBC
- ☐ COAGULATION SURVEY — CS
- ☐ D-DIMER — DIM
- ☐ FIBRINOGEN — FIBRIN
- ☐ HEMOGLOBIN & HEMATOCRIT — HNHL
- ☐ HEMOGRAM *(CBC W/O DIFF)* — HGML
- ☐ HEPARIN *(ANTI-FACTOR Xa)* — 1UFH
- ☐ HEPARIN, LOW MOLECULAR WEIGHT — LMWH
- ☐ PLATELET COUNT — 1PLT
- ☐ PROTHROMBIN TIME (INR) — PTINR
- ☐ PARTIAL THROMBOPLASTIN TIME (PTT) — PTT
- ☐ SEDIMENTATION RATE — WSR

STOOL TESTS

- ☐ CLOSTRIDIOIDES DIFFICILE TOXIN, PCR [R] — CDPCR
- ☐ ENTERIC PARASITE PANEL, PCR — EPPAN
- ☐ FECAL OCCULT BLOOD — FOB

MICROBIOLOGY

- ☐ AEROBIC (WOUND) CULTURE† — WNDC
- ☐ ANAEROBIC CULTURE† — ANERC
- ☐ FLUID CULTURE *(LARGE VOLUME)*† — FLDC
- ☐ RESPIRATORY CULTURE† — RESPC
- ☐ THROAT STREP SCREEN — THRSS
- ☐ URINE CULTURE — URNC
  ☐ CATH ☐ CLEAN CATCH

†SOURCE:_____

THERAPEUTIC DRUGS

- ☐ ACETAMINOPHEN — ACET
- ☐ DIGOXIN — DIG
- ☐ GENTAMICIN ☐RANDOM ☐TROUGH ☐PEAK
- ☐ LITHIUM — LI
- ☐ PHENOBARBITAL — PBARB
- ☐ PHENYTOIN *(DILANTIN)* — DILN
- ☐ SALICYLATE — SALI
- ☐ TEGRETOL *(CARBAMAZEPINE)* — TEG
- ☐ VALPROIC ACID *(DEPAKOTE)* — VPA
- ☐ VANCOMYCIN ☐RANDOM ☐TROUGH ☐PEAK

URINE TESTS

- ☐ CHLAMY/GONORRHOEAE/TRICHOMONAS, PCR — CHGCT
- ☐ CREATININE, RANDOM — UCRR
- ☐ DRUG SCREEN, URINE — DSU
- ☐ MICROALBUMIN — UMALB
- ☐ URINALYSIS, MACROSCOPIC — URMAC
- ☐ URINALYSIS, *CULTURE IF INDICATED* [R] — URFLXI

VIROLOGY

- ☐ COMPREHENSIVE RESPIRATORY PANEL, PCR — RSPCR
- ☐ HEPATITIS PROFILE — HEPP
- ☐ HIV 1&2 ANTIBODY [R] — HIVCOM
- ☐ INFLUENZA A&B, RSV, SARS-CoV-2, PCR — RSPCR2
- ☐ MONONUCLEOSIS — MONO
- ☐ RUBELLA *(IMMUNE STATUS)* — RUBE
- ☐ SARS-CoV-2, PCR *(COVID-19)* — COV19

OTHER TESTS/COMMENTS

[R] = REFLEX TESTING AUTOMATICALLY PERFORMED IF INDICATED

SPECIMEN REQUIREMENTS CAN BE FOUND AT **YVM.TESTCATALOG.ORG**

BILLING INFORMATION

PLEASE ATTACH A COPY OF BILLING INFORMATION CONTAINING RESPONSIBLE PARTY'S INSURANCE TO THE OUTREACH LAB REQUISITION. YOU MAY ATTACH THE BILLING SHEET PROCURED BY YOUR FACILITY OR FILL THE FOLLOWING FORM OUT WITH THE REQUIRED INFORMATION. MISSING OR INCOMPLETE BILLING INFORMATION MAY RESULT IN DELAY OF TESTING.

☐ **MEDICARE** ☐ **MEDICAID**

☐ **CLIENT** ☐ **INSURANCE** ☐ **PATIENT**

PRIMARY

SUBSCRIBER NAME	**SOCIAL SECURITY #**
RELATIONSHIP TO PATIENT	**PHONE #**
INSURANCE COMPANY	
GROUP #	**MEMBER/SUBSCRIBER #**
ADDRESS OF RESPONSIBLE PARTY	
PRIMARY CARE PHYSICIAN	

SECONDARY

SUBSCRIBER NAME	**SOCIAL SECURITY #**
RELATIONSHIP TO PATIENT	**PHONE #**
INSURANCE COMPANY	
GROUP #	**MEMBER/SUBSCRIBER #**
ADDRESS OF RESPONSIBLE PARTY	
PRIMARY CARE PHYSICIAN	

SUPPLEMENTAL INFORMATION

PLEASE REFER TO THE TEST CATALOG **YVM.TESTCATALOG.ORG** FOR GUIDANCE ON SPECIMEN COLLECTION, SPECIMEN STABILITY, REFERENCE RANGES, AND CPT CODES. THE OUTREACH LAB REQUISITION IS COMPRISED OF COMMONLY ORDERED TESTS AND DOES NOT INCLUDE THE FULL CATALOG OF IN-HOUSE TESTING OFFERED BY YAKIMA MEMORIAL. REFER TO THE TEST CATALOG WHEN ORDERING TESTS THAT ARE NOT LISTED ON THE REQUISITION. PLEASE NOTE THAT THE TEST CATALOG IS COMPRISED OF TESTING OFFERED BY BOTH YAKIMA MEMORIAL HOSPITAL AND MAYO CLINIC LABORATORIES. THE PERFORMING LABORATORY SHOULD BE REVIEWED WHEN SELECTING TESTING NOT LISTED ON THE REQUISITION FORM.

FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY OF TESTING. THOROUGHLY REVIEW REQUISITION BEFORE SUBMITTING TO MINIMIZE RISK OF DELAY.

TEST CATALOG

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