



Children's Hospital Colorado

Children's Hospital Colorado
Department of Pathology & Laboratory Medicine
General/Core Lab Requisition
Phone (720) 777-6711
Fax (720) 777-7118

Specimen Shipping Address:
Children's Hospital Colorado
Clinical Laboratory - Room B0200
13123 E. 16th Ave
Aurora, CO 80045

FAILURE TO COMPLETE BELOW FIELDS WILL DELAY RESULTS				
***PLEASE PROVIDE COMPLETE BILLING INFORMATION**				
Contact Information				
Submitting Institution Name (Submitter)		Submitting Institution Address Street City, State, Zip Phone Result Fax		
Client Specimen Label (if available)		Internal Specimen Label		
Patient Information				
Last Name	First Name	Middle I	Birthdate (MM/DD/YYYY)	Sex
Ordering Provider (Last, First, and Middle Initial)		Ordering Provider Phone		Ordering Provider NPI
Specimen Information				
Date Collected (MM/DD/YY)	Client External ID	ICD-10 Code(s)	Specimen Source:	
Time Collected (HHMM) AM / PM	Draw Type	1 2 3	<input type="checkbox"/> Serum <input type="checkbox"/> CSF <input type="checkbox"/> Plasma <input type="checkbox"/> Urine	
FAILURE TO COMPLETE WILL DELAY RESULTS				
Bill To: <input type="checkbox"/> Billing Facility and Address same as Submitter Listed				
Billing Contact Information:		Billing Facility and Address are DIFFERENT than Submitter Listed, Bill To:		
Name:		Institution Name:		
Email:		Address (incl City, State, Zip):		
Phone:		Phone: Fax:		
Additional Comments Regarding Specimen Below:				
Methotrexate Testing ONLY (below responses are REQUIRED)				
Date and Time of last dose: _____				
How many hours since last dose: _____				
Last dose amount administered: _____				
General [Core] Lab Test Information				
<input type="checkbox"/> Acute Hepatitis Panel (LAB5077) <input type="checkbox"/> Basic Metabolic Panel (LAB1489) <input type="checkbox"/> Comprehensive Metabolic Panel (LAB1486) <input type="checkbox"/> Electrolyte Panel (LAB1611) <input type="checkbox"/> Food Allergy Profile (LAB4837) <input type="checkbox"/> Hepatic Function Panel (LAB1718) <input type="checkbox"/> Inhalant Allergy Profile (LAB4916) <input type="checkbox"/> A1C Hemoglobin (LAB1947) <input type="checkbox"/> Alpha-Fetoprotein (LAB1911) <input type="checkbox"/> Amylase (LAB1762) <input type="checkbox"/> Anti-Nuclear Antibodies (LAB1147) <input type="checkbox"/> Beta-Hydroxybutyrate (LAB1670) <input type="checkbox"/> Bilirubin Conjugated (LAB1738) <input type="checkbox"/> Bilirubin Neonatal [patients <14 days old] (LAB5847) <input type="checkbox"/> Bilirubin Profile, Serum (LAB1735) <input type="checkbox"/> Bilirubin Total, Serum (LAB1736) <input type="checkbox"/> C3 Complement, Serum (LAB1884) <input type="checkbox"/> C4 Complement, Serum (LAB1885) <input type="checkbox"/> Calcium, Serum (LAB1696) <input type="checkbox"/> CF Sweat Test-Electrolytes (LAB1606) <input type="checkbox"/> CF Sweat Test-Research (LAB8496) <input type="checkbox"/> CK/Creatine Kinase (LAB1759) <input type="checkbox"/> Cortisol, Serum (LAB1905)	<input type="checkbox"/> C-Reactive Protein (LAB1834) <input type="checkbox"/> Cyclosporin (LAB1829) <input type="checkbox"/> D-Dimer (LAB1215) <input type="checkbox"/> Ferritin (LAB1913) <input type="checkbox"/> Fibrinogen (LAB1207) <input type="checkbox"/> Follicle Stim Hormone (LAB7053) <input type="checkbox"/> G-Glutamyl Transferase (LAB1749) <input type="checkbox"/> Glucose, Serum (LAB1643) <input type="checkbox"/> GOT/AST, Serum (LAB1750) <input type="checkbox"/> GPT/ALT, Serum (LAB1753) <input type="checkbox"/> Hematocrit (LAB1027) <input type="checkbox"/> Hemoglobin (LAB1025) <input type="checkbox"/> HEP B sAB Total (LAB5079) <input type="checkbox"/> HEP B sAG (LAB5483) <input type="checkbox"/> HEP C Virus AB (LAB6136) <input type="checkbox"/> HIV Ag/Ab Screen (LAB5734) <input type="checkbox"/> Lead Screen (LAB7589) <input type="checkbox"/> Immunoglobulin A (LAB1510) <input type="checkbox"/> Immunoglobulin E (LAB1513) <input type="checkbox"/> Immunoglobulin G (LAB1511) <input type="checkbox"/> Immunoglobulin Profile (LAB1509) <input type="checkbox"/> Iron & Iron Bind.Cap Panel (LAB1775) <input type="checkbox"/> LDH Total, Serum (LAB1754)	<input type="checkbox"/> Lead Screen, Capillary Blood (LAB7588) <input type="checkbox"/> Lipase (LAB1771) <input type="checkbox"/> Lipid Panel (LAB1889) <input type="checkbox"/> Luteinizing Hormone (LAB1908) <input type="checkbox"/> Magnesium, Serum (LAB1708) <input type="checkbox"/> Methotrexate, Serum (LAB1823)* <input type="checkbox"/> Mumps IgG (LAB5677) <input type="checkbox"/> Mycophenolic Acid [MPA] (LAB5073) <input type="checkbox"/> Parathyroid Hormone, Intact (LAB5070) <input type="checkbox"/> Partial Thromboplastin (LAB1197) <input type="checkbox"/> Phenyl/Tyr Ratio (LAB1896) <input type="checkbox"/> Phosphorus (LAB1704) <input type="checkbox"/> Platelet Count (LAB1036) <input type="checkbox"/> Platelet Funct. Analysis-ADP (LAB1259) <input type="checkbox"/> Platelet Funct. Analysis-EPI (LAB1258) <input type="checkbox"/> Pregnancy, Urine (LAB1957) <input type="checkbox"/> Procalcitonin (LAB5510) <input type="checkbox"/> Protein/Creatinine Ratio (LAB5043) <input type="checkbox"/> Prothrombin Time & INR (LAB1187) <input type="checkbox"/> Rapamycin [Sirolimus] (LAB5076) <input type="checkbox"/> Renal Function Panel (LAB1487) <input type="checkbox"/> Retic Profile (LAB1138) <input type="checkbox"/> T4 Free (LAB1916)	<input type="checkbox"/> Thyroid Stim. Hormone (LAB1917) <input type="checkbox"/> Triglycerides (LAB1892) <input type="checkbox"/> TTG IgA Antibody (LAB5871) <input type="checkbox"/> Sed Rate (LAB1152) <input type="checkbox"/> Sickle Cell Test (LAB1168) <input type="checkbox"/> Specific Gravity, Urine (LAB1415) <input type="checkbox"/> Valproic Acid Level (LAB1819) <input type="checkbox"/> Vancomycin Trough (LAB1805) <input type="checkbox"/> Varicella Zoster IgG (LAB7878) <input type="checkbox"/> Vitamin B12 (LAB5772) <input type="checkbox"/> Vitamin D 25 OH (LAB6426) <input type="checkbox"/> UA Dip Stick (LAB1405) <input type="checkbox"/> Urinalysis (LAB1403) <input type="checkbox"/> Uric Acid, Serum (LAB1741)	

***Methotrexate Testing: Date, time, and hours of last dose are a REQUIREMENT. Sample will not be processed if this information is missing.**

By submitting this requisition you agree to the standard terms and agreements of Children's Hospital Colorado, to obtain a copy of these please reach out to LabClientServices@childrenscolorado.org

Please visit our website (www.childrenscolorado.org/labrequisitions) regularly to obtain our most current requisition.