



Physician Laboratory Order Form

Preauthorization number (if applicable): _____

Orders may be faxed to (502) 394-3636.

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's 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): _____

Chemistry

- Basic metabolic panel
- Comprehensive metabolic panel
- Hepatic function panel
- Electrolyte panel
- Lipid panel
- Amino acid
- Amylase
- B12
- 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
- Renal panel
- T3 uptake
- FT3
- T4 total
- FT4
- Thyroid abs
- TPO
- 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 _____
- D-dimer
- Fibrinogen
- ABO group/Rh (D) type
- Type and screen
- Celiac panel
- EBV Ab panel
- Immunoglobulin series: IgG, IgA, IgM
- Mono test – Reflex to EBV? Y or N
- 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 test

Date: _____ Time: _____

Location: _____

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
Fax: (502) 629-4335

Additional tests not listed:

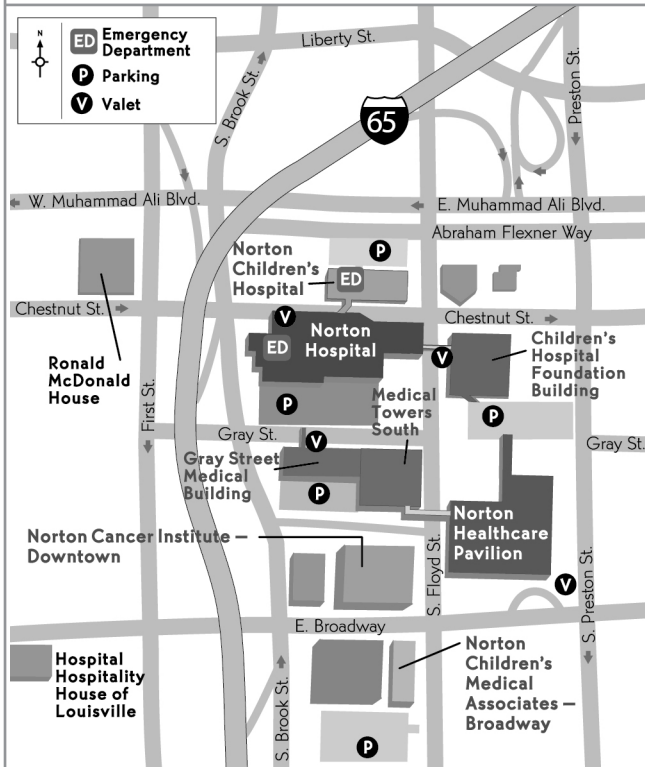
Physician's signature: _____ Order date: _____

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.

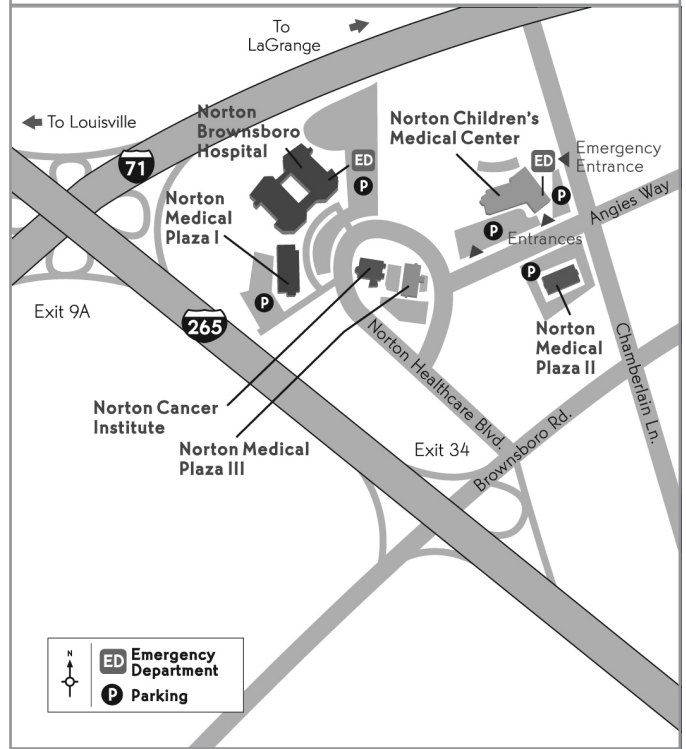


Norton Children's Medical Center

4910 Chamberlain Lane • Louisville, KY 40241

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

After hours, go to Emergency Department



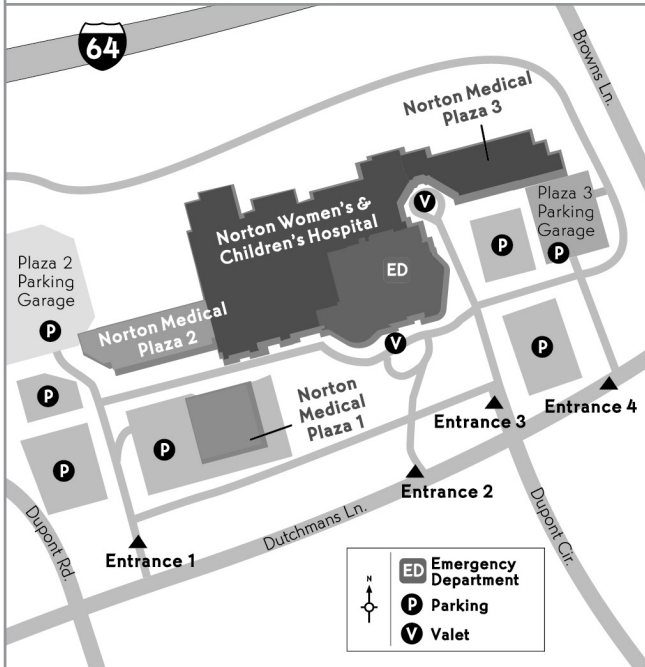
Norton Women's & Children's Hospital

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.

