



Outpatient Testing Centers

Lab & Imaging Services

PLEASE PRINT (ALL INFORMATION IS REQUIRED)

Date of Request: _____

PATIENT INFORMATION

Patient's Name: _____

M F DOB: _____

Parent/Guardian Name(s): _____

Home Phone: _____

Cell Phone: _____ Work Phone _____

Patient is in custody of: Parents Guardian CSB

SPECIMEN COLLECTION

Date: _____ Time: _____

REFERRING PROVIDER INFORMATION

Referring Provider (PRINT): _____

Call to: _____ Fax to: _____

Copy to: _____

Provider Address (Use office stamp in this space): _____

Provider Phone: _____

Provider Signature: _____

(required)

STAT Same Day Call Results Fax Results

ICD-10/Diagnosis: _____

LAB ORDERS - WALK-IN

RADIOLOGY ORDERS - WALK-IN

LAB PANELS	ICD-10	MICROBIOLOGY/VIROLOGY	ICD-10		
<input type="checkbox"/> Basic Metabolic Panel	_____	<input type="checkbox"/> Blood Culture	_____	<input type="checkbox"/> SINUS (WATERS VIEW)	<input type="checkbox"/> TIB/FIB <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Bilirubin Panel	_____	<input type="checkbox"/> Epstein Bar Battery	_____	<input type="checkbox"/> SINUS SERIES	<input type="checkbox"/> ANKLE <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Comp Metabolic Panel	_____	<input type="checkbox"/> Giardia-crypto EIA	_____	<input type="checkbox"/> FACIAL BONES	<input type="checkbox"/> FOOT <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Electrolyte Panel	_____	<input type="checkbox"/> Ova & Parasite (OP)	_____	<input type="checkbox"/> NASAL BONES	<input type="checkbox"/> OS CALCIS HEEL <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Hepatitis Panel	_____	<input type="checkbox"/> Stool Cult Routine (Sal/Shig/Camp/Ecoli)	_____	<input type="checkbox"/> MANDIBLE (NO PANOREX)	<input type="checkbox"/> TOES:
<input type="checkbox"/> Lipid Panel	_____	<input type="checkbox"/> Stool Cult (Yersinia)	_____	<input type="checkbox"/> SKULL	<input type="checkbox"/> Great <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Liver Function Panel	_____	<input type="checkbox"/> Stool Rotavirus	_____	<input type="checkbox"/> ORBITS	<input type="checkbox"/> CLAVICLE <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Respiratory Allergy Profile	_____	<input type="checkbox"/> Strep Culture Only (Throat)	_____	<input type="checkbox"/> SELLA TURSICA LAT	<input type="checkbox"/> SHOULDER <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> GI Distress Panel	_____	<input type="checkbox"/> Urine Culture Source =	_____	<input type="checkbox"/> SOFT TISSUE NECK-ADENOIDS	<input type="checkbox"/> SCAPULA <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Peanut Component	_____	<input type="checkbox"/> Rapid Gastro ID Panel	_____	<input type="checkbox"/> SOFT TISSUE NECK-AIRWAY	<input type="checkbox"/> HUMERUS <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Peanut w/o reflex	_____	<input type="checkbox"/> Rapid Flu-nasal wash	_____	<input type="checkbox"/> C-SPINE AP/LAT/ODON	<input type="checkbox"/> ELBOW <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Milk w/o reflex	_____	<input type="checkbox"/> Rapid RSV-nasal wash	_____	<input type="checkbox"/> C-SPINE FLEX/EXT	<input type="checkbox"/> FOREARM <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Egg w/o reflex	_____	<input type="checkbox"/> Rapid Strep, Reflex to cult	_____	<input type="checkbox"/> C-SPINE FLEX W/OBLI	<input type="checkbox"/> WRIST <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Nut Allergen	_____			<input type="checkbox"/> T-SPINE AP/LAT	<input type="checkbox"/> HAND <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Shellfish Rast Profile	_____			<input type="checkbox"/> L-S SPINE AP/LAT	<input type="checkbox"/> FINGER:
<input type="checkbox"/> Egg Component	_____			<input type="checkbox"/> L-S SPINE FLEX/EXTEND	<input type="checkbox"/> THUMB <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Milk Component	_____			<input type="checkbox"/> L S SPINE W/OBLI	<input type="checkbox"/> 0-12mos EXTREMITY
<input type="checkbox"/> Food Allergy Panel	_____			<input type="checkbox"/> SACRUM/COCCYX	<input type="checkbox"/> CIRCLE:
				<input type="checkbox"/> SI JOINTS	<input type="checkbox"/> UPPER EXT <input type="checkbox"/> R <input type="checkbox"/> L
ROUTINE CHEMISTRY		SPECIAL CHEMISTRY		<input type="checkbox"/> SCOLIOSIS (Follow up AP)	<input type="checkbox"/> LOWER EXT <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Albumin	_____	<input type="checkbox"/> Free T4	_____	<input type="checkbox"/> SCOLIOSIS AP/LAT	<input type="checkbox"/> BONE AGE
<input type="checkbox"/> Alk Phos	_____	<input type="checkbox"/> T4	_____	<input type="checkbox"/> CHEST WALL	<input type="checkbox"/> LEAD SURVEY
<input type="checkbox"/> ALT/SGPT	_____	<input type="checkbox"/> TSH	_____	<input type="checkbox"/> RIBS <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILAT	<input type="checkbox"/> FULL LENGTH LEGS
<input type="checkbox"/> Amylase	_____	<input type="checkbox"/> T3	_____	<input type="checkbox"/> STERNO-CLAV JTS	<input type="checkbox"/> BOW LEGS
<input type="checkbox"/> AST/SGOT	_____			<input type="checkbox"/> STERNUM	<input type="checkbox"/> RICKETTS SURVEY
<input type="checkbox"/> Bilirubin, Direct	_____	URINES		<input type="checkbox"/> CHEST/ABD (Foreign Body)	<input type="checkbox"/> SCANOGRAM (HKA)
<input type="checkbox"/> Bilirubin, Total	_____	<input type="checkbox"/> Pregnancy Qual. Urine	_____	<input type="checkbox"/> ABD FLAT PLATE KUB (1 VIEW)	<input type="checkbox"/> SKELETAL SURVEY
<input type="checkbox"/> Cholesterol	_____	<input type="checkbox"/> Urinalysis (Reflex Micro)	_____	<input type="checkbox"/> ABD W/UPRIGHT (2 VIEWS)	<input type="checkbox"/> Concussion Baseline Testing
<input type="checkbox"/> Glucose	_____	<input type="checkbox"/> Urinalysis (Dip Stick)	_____	<input type="checkbox"/> HIPS/FROG <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILAT	<input type="checkbox"/> Call with Results
<input type="checkbox"/> Lead	_____	<input type="checkbox"/> Urinalysis (w/Micro)	_____	<input type="checkbox"/> PELVIS AP ONLY	Phone # _____
<input type="checkbox"/> Capillary <input type="checkbox"/> Venous	_____	HEMATOLOGY/SEROLOGY		<input type="checkbox"/> FEMUR <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Fax Results
<input type="checkbox"/> Phosphorus	_____	<input type="checkbox"/> Hemoglobin/Hematocrit	_____	<input type="checkbox"/> KNEE <input type="checkbox"/> R <input type="checkbox"/> L	Fax # _____
<input type="checkbox"/> Total Protein	_____	<input type="checkbox"/> CBC w/Plt, no Diff	_____	<input type="checkbox"/> KNEE W/Sunrise <input type="checkbox"/> R <input type="checkbox"/> L	
<input type="checkbox"/> Triglyceride	_____	<input type="checkbox"/> CBC w/Plt, w/Diff	_____		
<input type="checkbox"/> Uric Acid	_____	<input type="checkbox"/> Reticulocyte Count	_____		
<input type="checkbox"/> HAIC	_____	<input type="checkbox"/> SedRate (Westergren)	_____		
		<input type="checkbox"/> Mono Test	_____		
		Other Tests:	_____		

EKG Walk-In RhythmStrip Walk-In Cardiac Echo *By appointment only (Beavercreek)

Reason for Cardiac Echo _____

Ultrasound, Specific Type _____

Reason for Exam _____

Ultrasound available in Beavercreek, Springboro and Huber Heights

<p>BASIC METABOLIC PANEL (BMP)</p> <p>BUN Creatinine Sodium Potassium Chloride CO₂ Glucose Calcium</p> <p>LIPIDS PANEL (FATS)</p> <p>Cholesterol HDL LDL Triglyceride VLDL - Calculated</p> <p>ELECTROLYTES (LYT2)</p> <p>Sodium Potassium Chloride CO₂</p>	<p>BILIRUBIN PANEL</p> <p>Bilirubin Total Bilirubin Direct Bilirubin Indirect</p> <p>LIVER FUNCTION (LIVER)</p> <p>Albumin Alkaline Phosphatase ALT AST Bilirubin, Total Bilirubin, Direct Protein, Total</p> <p>RENAL FUNCTION (RNL)</p> <p>Albumin Calcium CO₂ Chloride Creatinine Glucose Phosphorus Potassium Sodium BUN</p>	<p>Comprehensive Metabolic (CPM)</p> <p>Albumin Alkaline Phosphatase AST Bilirubin, Total BUN Calcium Chloride CO₂ Creatinine Glucose Potassium Protein, Total Sodium ALT</p> <p>ACUTE HEPATITIS PANEL (ACHS)</p> <p>Hepatitis A Antibody, IgM Hepatitis B Surface Antigen Hepatitis B Core Antibody, IgM Hepatitis C Antibody</p>	<p>CRITERIA FOR REFLEX MANUAL DIFFERENTIAL</p> <p>WBC <3.0 >20.0 HBG <7.0 >20.0 MCV <70.0 MCHC <31.0 >36.0 RDW >20.0 PLT <100.0 SEG <2.0 LYMPH >75.0 MONO >15.0 EOS >20.0</p> <p>CRITERIA FOR REFLEX MICROSCOPIC URINE</p> <p>Protein Positive Blood Positive Leukocyte Esterase Positive Nitrate Positive</p>
<p>Respiratory Allergy Panel (RAP)</p> <p>Dust mite (D pteronyssinus) Dust mite (D farinae) Cat dander Dog dander Bermuda grass Cockroach, German Cladosporium herbarum Aspergillum fumigatus Alternaria alternate (A. tenuis) Oak Elm Pecan, Hickory Common ragweed Walnut Common silver birch Cottonwood Box-elder Maple leaf sycamore Mountain juniper Mulberry Common pigweed Russian thistle Sheep sorrel Timothy grass White ash Penicillium chrysogenum Total IgE</p>	<p>G.I. Distress Panel (GIDS)</p> <p>Egg white* Peanut* Walnut Hazelnut Fish, Cod Shrimp Scallop Milk* Soybean Wheat Seame seed Gluten Celiac Disease tests: tTG IgA tTG IgG</p> <p>Egg Component (EGGCOP)</p> <p>Egg white Ovalbumin Ovomucoid</p>	<p>Food Allergy Panel (FAP)</p> <p>Egg white* Milk* Fish, Cod Wheat Maize, Corn Peanut* Soybean Shrimp Clam Walnut Scallop Sesame seed Total IgE</p> <p>Peanut Component (PEACOP)</p> <p>Peanut Ara h 8 f352 Ara h 9 f427 Ara h 1 f422 Ara h 2 f23 Ara h 3 f24</p>	<p>Childhood Allergy Profile (CHAP)</p> <p>Dust mite (D farinae) Cat dander Dog dander Egg White* Milk* Fish, Cod Wheat Peanut* Soybean Cockroach, German Alternaria alternate (A. tenuis) Dust mite (D pteronyssinus) Shrimp Walnut Total IgE</p> <p>Milk Component (MilkCP)</p> <p>Milk Alpha-lactalbumin Beta-lactalbumin Casein</p> <p>Shellfish Rest Panel (SRP)</p> <p>Crab Shrimp Lobster</p>

*Positive test results automatically reflex to components. These tests can be ordered individually without reflex or as part of the component panels.

Visit childrensdayton.org for a complete list of locations and hours of operation.