### Hematology/Coagulation
- CBC (Includes Differential)
- D-dimer
- Fibrinogen
- Prothrombin Time/INR
- Reticulocyte Count

### General Chemistry
- Albumin
- Alkaline Phosphatase
- Alanine Aminotransferase
- Bilirubin: Total, Direct
- Calcium
- C-Reactive Protein
- Creatine Kinase
- Creatinine
- Electrolytes: Sodium, Potassium
- Ferritin
- FIT (Colorectal Cancer Screening)
- Follicle Stimulating Hormone
- Gamma Glutamyl Transferase
- Glucose Fasting
- Glucose Random
- Glucose Gestational Diabetes Screen
- Glucose Gestational Tolerance 2 h
- Glucose Tolerance Non-Pregnant 2 h
- Hemoglobin A1C
- HCG, Serum: Qualitative, Quantitative
- Iron/TIBC/% Saturation
- Lipase
- Lipids:
  - Lipid Profile
  - Cholesterol, Total
  - Triglycerides
- Luteinizing Hormone
- Magnesium
- Phosphatase
- Protein Electrophoresis
- Protein, Total
- Thyroid Stimulating Hormone
- Thyroid Stimulating Hormone, Progressive
- Urate
- Urea

### Immunology/Serology
- Mononucleosis Test
- Nuclear Antibody Screen
- Rheumatoid Factor

### Microbiology
- Bacterial Vaginosis Screen: Vaginal
- Clostridium difficile Toxic
- Ear Culture: Right, Left
- Eye Culture: Right, Left
- Fungal Screen: Hair, Nail, Skin
- Genital Culture: Cervix, Vaginal, Urethra
- Group B Strep: Vaginal/Anorectal
- MRSA Screen: Groin, Nasal, Wound
- Nasal Culture
- Ova & Parasite
- Sputum Culture
- Stool Culture
- Throat, Group A Strep
- Urine Culture: MSU, Catheter, Cysto
- VRE Screen (Rectal)
- Wound: Superficial, less than 2 cm
- Deep, greater than 2 cm/surgical

### Other Tests

### Clinical Indications/Relevant History

### Therapeutic Drug Monitoring
- Carbamazepine
- Dibenzepine
- Lithium
- Complete Below For All Drugs Being Monitored:
  - Drug To Be Monitored: ________________________
  - Dose Regimen: ________________________
  - Length of Time: ________________________
  - Last Dose Start: ________________________
  - Next Dose Start: ________________________
  - Date/Time Required: ________________________
  - Method of Transport: ________________________
  - Reason for Request: ________________________

### Transfusion Medicine
- Blood Type
- Blood Type for RHIG Eligibility
- Direct Antiglobulin Test
- Type and Screen
- Crossmatch (Number of Units): ________________________
- Date/Time Required: ________________________
- Method of Transport: ________________________
- Reason for Request: ________________________

### Antimicrobials and/or Allergies (Specify)

### Cardiology
- Electrocardiogram
- Holter Monitor (pre-book with site)