

# SPECIMEN COLLECTION GUIDE

## ADVANCED HEALTH LAB ORDERS

<input type="checkbox"/> CBC w/o Diff-Hemogram (L) <input type="checkbox"/> CBC w/ Diff (L) <input type="checkbox"/> CBC w/ Man. Diff (L) <input type="checkbox"/> Hematocrit (L) <input type="checkbox"/> Hemoglobin (L)	<input type="checkbox"/> Platelet Count (L) <input type="checkbox"/> Reticulocyte Count(L) <input type="checkbox"/> Sedimentation Rate (L)  <input type="checkbox"/> ProTime -PT/INR (LB)	<p><b>Please call the Lab customer service line with any questions or concerns at:</b></p> <p style="font-size: 1.2em;"><b>888-63-MYLAB</b></p> <p><b>Or email</b></p> <p style="font-size: 1.2em;"><b>info@advancedhealthmd.com</b></p>
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### ROUTINE CHEMISTRY TEST REQUEST

<p><b>Test Panels/Order Sets</b></p> <input type="checkbox"/> Basic Metabolic Panel (SST) <input type="checkbox"/> Comp Metabolic Panel (SST) <input type="checkbox"/> Electrolyte Panel (SST) <input type="checkbox"/> Hepatic Panel (SST) <input type="checkbox"/> ITI (SST) <input type="checkbox"/> Lipid Panel (SST) <input type="checkbox"/> Renal Panel (SST) <input type="checkbox"/> Thyroid Cascade (SST) TSH reflex to T4 if indicated	<input type="checkbox"/> Pro-BNP (L) <input type="checkbox"/> Calcium (SST) <input type="checkbox"/> Carbamazepine (Red Top) <input type="checkbox"/> Chloride (SST) <input type="checkbox"/> Cholesterol (SST) <input type="checkbox"/> CO2 (SST) <input type="checkbox"/> C-Reactive Protein (SST) <input type="checkbox"/> Creatinine Kinase – CK (SST) <input type="checkbox"/> Creatinine (SST) <input type="checkbox"/> Creat. Clearance 24 hr Urine <input type="checkbox"/> Protein/Creatinine 24 hr Urine <input type="checkbox"/> Digoxin (Red Top) <input type="checkbox"/> Estradiol (SST) <input type="checkbox"/> Ferritin (SST) <input type="checkbox"/> Folate, Serum (SST) <input type="checkbox"/> FSH (SST) <input type="checkbox"/> Gentamicin (Red Top) <input type="checkbox"/> Glucose (SST) <input type="checkbox"/> hCG, Qualitative (SST) <input type="checkbox"/> hCG, Quantitative (SST)	<input type="checkbox"/> HDL (SST) <input type="checkbox"/> Iron (SST) <input type="checkbox"/> Lactate Dehydrogenase (SST) <input type="checkbox"/> LH -luteinizing hormone (SST) <input type="checkbox"/> Lipase (SST) <input type="checkbox"/> Keppra (Red Top) <input type="checkbox"/> Magnesium (SST) <input type="checkbox"/> Phenytoin – Dilantin (SST) <input type="checkbox"/> Phosphorous (SST) <input type="checkbox"/> Potassium (SST) <input type="checkbox"/> Progesterone (SST) <input type="checkbox"/> Prolactin (SST) <input type="checkbox"/> Protein, Total (SST) <input type="checkbox"/> Sodium (SST) <input type="checkbox"/> Transferrin (SST) <input type="checkbox"/> Triglycerides (SST) <input type="checkbox"/> Urea - BUN (SST) <input type="checkbox"/> Uric Acid (SST) <input type="checkbox"/> Valproic Acid (Red Top) <input type="checkbox"/> Vancomycin, Routine (Red Top)	<input type="checkbox"/> Vitamin B12 (SST) <input type="checkbox"/> 25-OH Vitamin D (SST) <input type="checkbox"/> Ferritin (SST) <input type="checkbox"/> TSH (SST) <input type="checkbox"/> T3 (SST) <input type="checkbox"/> T4 (SST) <input type="checkbox"/> Free T3 (SST) <input type="checkbox"/> Free T4 (SST) <input type="checkbox"/> Lithium (Red Top) <input type="checkbox"/> LDL, direct (SST) <input type="checkbox"/> Prealbumin (SST) <input type="checkbox"/> Parathyroid Hormone (SST) <input type="checkbox"/> Troponin I (SST)  <input type="checkbox"/> <b>Other:</b>
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### OTHER SPECIALTIES TEST REQUEST

<input type="checkbox"/> Urinalysis (URINE CUP) <input type="checkbox"/> Urinalysis with microscopic (URINE CUP) <input type="checkbox"/> Urinalysis w/reflex to micro & Culture if Indicated (URINE CUP) <input type="checkbox"/> Urine Culture – UA or CATH (URINE CUP)	<input type="checkbox"/> HIV Stat Screen (SST) <input type="checkbox"/> Influenza A&B (RED CULTURETTE) <input type="checkbox"/> Monospot (SST) <input type="checkbox"/> C. DIFF (STOOL CUP) <input type="checkbox"/> Misc. Culture (CULTURETTE) Source_____	<input type="checkbox"/> Throat Culture (WHITE CULTURETTE) <input type="checkbox"/> Wound Culture (WHITE CULTURETTE) Source_____	<input type="checkbox"/> MRSA (WHITE CULTURETTE) <i>Source will be <u>one</u> of the following ;</i> Nares_____ Axilla_____ Groin_____ <input type="checkbox"/> Blood Culture (1 AEROBIC BOTTLE <b>AND</b> 1 ANAEROBIC BOTTLE= 1 SET) Source_____
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**Legend:**

**L- Lavender    LB- Light Blue    SST- Serum Separator –Tiger Top**