

UNC HOSPITALS
INTERNAL MEDICINE CLINIC – 962

Phone #: _____
FAX #: _____

Ordering MD: _____ MD #: _____ Pager: _____ Patient Name: _____

Attending MD: _____ MD #: _____ Pager: _____ MR # _____ Date of Birth: _____

Signature: _____ Date Ordered: _____ Patient Phone #: _____

Diagnoses to justify test(s) _____

<input type="checkbox"/> QUICK PICK __Na __K __Cr __BUN __CL __CO ₂ __ALT __AST __GGT __AP __T.Bili __D.Bili __Ca __Mag __Phos __Uric Acic __Amylase __Lipase __Aldolase	<input type="checkbox"/> NEOPLASMS __PSA Screening __PSA Diagnostic __CEA
<input type="checkbox"/> HEME __CBC __CBC/Diff __Sed Rate __Retic Count	<input type="checkbox"/> PROTEINS __T. Pro __Albumin __SPEP __Kappa/Lambda light chain ratio __Serum light chains
<input type="checkbox"/> COAG __PT __PT(fingerstick) __PTT __TCT __D-dimer __Factor II activity	<input type="checkbox"/> TOXICOLOGY __Dig __Theophy __Phenobarb __Phenytoin __Carbamazepine __Valproate __Lithium __Urine tox screen __Confirmatory test for opiates __Other _____
<input type="checkbox"/> ANEMIA __B ₁₂ __Folate __Ferritin __Fe __TIBC __Megaloblastic panel	<input type="checkbox"/> MICRO __Urine Culture Collected: <u>Y</u> <u>N</u> __Blood __Wound Site: _____ __Rapid Strep __Throat Culture __Chlamydia PCR: __urethra __cervix __urine PCR __HSV 1 & 2 PCR __GC PCR: __urethra __cervix __urine __other _____ __Fecal Culture __Fecal WBC __Parasite Screen __Full O & P __C Diff __Sputum: __Routine __AFB __Dermatology fungal screen (#9775)
<input type="checkbox"/> AUTOIMMUNE __ANA __Anti CCP __RF __ENA __DSDNA __ANCA __Antiendomysial Ab	<input type="checkbox"/> URINES __Urinalysis Collected: <u>Y</u> <u>N</u> __Na __K __Prot/Creat ratio __24hr Creatine __24hr Protein
<input type="checkbox"/> DIABETES __Glu __HgbA1C __A1C fingerstick __Microalbumin/creat, urine (#1327)	<input type="checkbox"/> BODY FLUIDS Site/source _____ __Cell Count __Crystals __Other _____
<input type="checkbox"/> ENDO __TSH __Free T ₄ __T ₃ by RIA __25 OH Vit D __Testosterone __Free Testosterone __Prolactin __FSH __LH __PTH __Cortisol: __AM __PM __Pregnancy Test : __Urine __Serum	<input type="checkbox"/> CYTOPATHOLOGY __Pap Smear (Paper Requisition)
<input type="checkbox"/> HEPATITIS __HBSAg __HBSAb __HBCAb __Hep C Ab __Hep A Ab __Hep A IgM Ab __HCVPCR	<input type="checkbox"/> NEUROPHYSIOLOGY __EEG __NC Study __EMG DX: _____
<input type="checkbox"/> IMMUNE/INF __Monospot __RPR __MHA-TP __RMSF __Lyme __HIV __H Pylori __CD4 Count __HIV 1 RNA PCR	<input type="checkbox"/> FOBT (V 70.0)
<input type="checkbox"/> CARDIAC __Chol __LDL __HDL __TG __NMR w/ LPA (#6136) __High Senticivity CRP (#116) __ProBNP __Homocysteine __CK __LD __Troponin	<input type="checkbox"/> OTHER TESTS
<input type="checkbox"/> CARDIAC PROCEDURES __EKG __Rhythm strip __ETT __Event monitor __Holter: __24hr __48hr Hx: _____	