### **Downtime Training - NiceLabels**

### **Exercise 2: Logging with Decants & Aliquots**

#### Activity requirements:

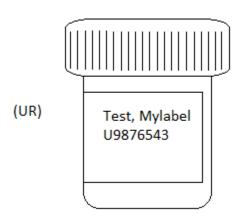
- Read all the downtime logging job aids on Media Lab.
- Downtime binder consisting of:
  - Pre-printed A# accession labels
  - o Downtime Receipt Log
  - Specimen type labels
- Workstation with downtime computer that has NiceLabel software installed.
  - o HMC: AZ1, AZ3
  - o UWMC: AZ1, AZ2, AZ3

Instruction: Create downtime labels for each order using NiceLabel software at a downtime computer. Label your specimens (below), requisition, and downtime receipt log. For this exercise, "flag" your aliquot labels on your specimens for use in the decanting exercise.

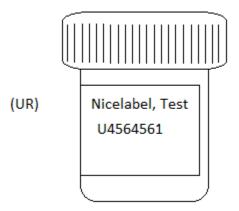
1. Training, Downtime - U1234567 – 4/1/1980



2. Test, Mylabel - U9876543 – 1/15/1973



### 3. Nicelabel, Test - U4564561 – 9/1/2000



Once you've successfully completed this activity, please remove the Downtime Receipt Log page you used for this exercise from the Downtime Binder.

### <u>Save the aliquot labels from this exercise. They will be used for the spin downtime exercise.</u>

You may keep it with your training materials for future reference.

#### NiceLabel Training Exercise 2, Pt #1

UW MEDICINE DEPARTMENT OF LABORATORY MEDICINE

# CLINICAL LAB REQUEST **BLOOD**

NAME

DOB

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Training, Downtime

**NOTE:** Missing or illegible patient location and/or ordering physician code can delay testing and/or reporting.

4/1/1980

BOLD INDICATES AVAILABLE BY PRIORITY STATUS

SEE BACK SIDE FOR INFORMATION ON:

\* SPECIAL COLLECTION REQUIREMENTS § REFLEXIVE TESTING INFORMATION

Clearly mark boxes with an X using felt tip or color ink pen.

When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment. Please be aware that Medicare generally does

LAB ACC #

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TYPE PROCESSED BY

<Today, 1 minute earlier than now>

RECEIVE TIME

not cover routine screening tests. See reverse side for additional medical necessity information. CMS APPROVED CHEMISTRY PANELS PROTEIN ELECTROPHORESIS (ELP) BILIRUBIN, TOTAL [BIL] HCG (QUANTITATIVE): PREGNANCY [PG] ☐ WITH REFLEXIVE TESTING § [ELPP] BASIC METABOLIC PANEL [BMP] BILIRUBIN, TOTAL/DIRECT [BILTD] (NA, K, CL, CO2, GLU, BUN, CREAT, CA) TUMOR MARKER [HCGTUM] PROTEIN, TOTAL [TP] C1 ESTERASE INHIBITOR GROUP COMPREHENSIVE METABOLIC PANEL (C1EF, C1EPR) HEMATOCRIT [HCTG] [C1EP] PROTHROMBIN TIME (PT / INR) (BMP, TP, ALB, TBILI, AST, ALK, ALT) [COMP C-PEPTIDE [CPEP] HEMOCHROMATOSIS (DNA) [HEMDNA] PTT [PTT] ELECTROLYTES (NA,K,CL,CO2) [LYT] C-REACTIVE PROTEIN [HSCRP] HEMOGLOBIN (HB) [HBG] ☐ WITH CARDIAC RISK ASSESSMENT [HSCRPG] RETICULOCYTE COUNT [RETIC] **HEPATIC FUNCTION PANEL** [HFPA] HB A1C [A1C] RHEUMATOID FACTOR (ALB, TP, TBILI, DBILI, ALK, AST, ALT) CA 125 (Cancer Antigen 125) [CA125] HB ELECTROPHORESIS, QUAL SEDIMENTATION RATE [ESR] RENAL FUNCTION PANEL [RENFP] CA 27,29 (Cancer Antigen 27,29) [CA27] (No quant or interp) [HBELEC] (BMP, ALB, P) HEMOGLOBINOPATHY / THALASSEMIA SEROLOGIC SYPHILIS PANEL (SYPHS) CALCIUM (CA), TOTAL [CA] LIPID PANEL SCREEN w/ INTERP [CTHLR] SODIUM [NA] (TOTAL CHOL, TRIG, HDL, LDL) CALCIUM, IONIZED, REFLEXIVE. ETHNIC BACKGROUND: TACROLIMUS [TACROG] HBS, QUANTITATIVE [HBSQH] \_ ACTH\* [ACTHG1] CBC (HCT,HB,WBC,RBC, RBC INDICES HOMOCYSTEINE, TOTAL\* [HMCY] T-CELL SUBSETS [TCSA] AFP, NON-MATERNAL and PLT) WITH: [AFPNOT] TESTOSTERONE IMMUNE COMPLEX BY C1q [ICSP] □ ABS NEUTROPHIL COUNT [CBANC] ALBUMIN [ALB] ☐ TOTAL [TEST] ☐ **DIFFERENTIAL** [CBD] ☐ TOTAL & CALCULATED FREE [FTTEST/ RTESFT] IMMUNOFIXATION [IFIX] ALDOSTERONE/RENIN RATIO GROUP RARRG CEA [CEA] IMMUNOGLOBULINS: ALKALINE PHOSPHATASE [ALK] CELIAC PANEL [CELRP] THROMBOSIS, VENOUS ☐ IGA [IGA] ☐ IGE [IGE] ☐ IGG [IGG] ALK.PHOS., BONE SPECIFIC [RBAPG] COMPREHENSIVE VEN THROMBOSIS GROUP (See Online Lab Test Guide for Components) [CVTHR2] CHOLESTEROL, TOTAL [CHOL] ☐IGM [IGM] ALT [ALT] CHOLESTEROL, HDL [HDL] LACTATE, PLASMA (UWMC Only) [VLAC] ☐ FACTOR 5 DNA [F5DNA] AMMONIA\* [PLNH3] CK-TOTAL ICKI ☐ IRON [FE] ☐ WITH TIBC AND ☐ FACTOR 5 LEIDEN ACTIVITY [APCR] COAG SCREEN (PT,PTT) [PPP] TRANSFERRIN [IBCD] ☐ F8 THROMBOSIS (CHRF8, HSCRP) [F8THR1] AMYLASE [AY] LD [LD] ☐ PROTEIN C ACTIVITY [PCCLOT] COMPLEMENT: LIPASE [LPASE] ANTIBODY TO: ☐ PROTEIN S ANTIGEN, FREE [PSAGE] (Anti-☐ C1 [C1] ☐ C4 [C4] ☐ ANCA Group [ANCAP] ☐ Mitochondrial [AMITO] ☐ C3 [C3] ☐ TOTAL (CH50) [CH50L] ☐ PROTHROMBIN DNA [PRODS] LUPUS ANTICOAGULANT: Citr. Peptide [ACCP2] ☐ Neuronal (For SLE) CORTISOL [CRT] ASSAY [LUPI] THYROGLOBULIN [THGLBN] ☐ DES70 (ADES70) ☐ Parietal Cell [APCA] (Includes anti-Tg) GROUP (LUPUS ANTICOAGULANT, COPPER [CU] ☐ RNA POL3 (ARNAP3) ☐ DS DNA [DNAEL] ANTI-PHOSPHOLIPID GROUP) [LUPGI] CREATININE [CREG] THYROID ANTIBODIES: ☐ ENA [ENAP] ☐ Scl - 70 [ASCLG] ☐ ANTI-THYROID PEROXIDASE [ATPO2] \_\_\_ LUTEINIZING HORMONE [LH] Sm/RNP [SMRNPP] ☐ GBM [AGBM] CRYOGLOBULINS [CRYOG] ☐ ANTI-THYROGLOBULIN [ATG2] ☐ Jo-1 [AJO1G] ☐ Smooth Muscle (ASMA MAGNESIUM [MG] CYCLOSPORINE by LC-MSMS [CSAG LKM [ALKMA] SSA/Ro [ASSAG] THYROID TESTING: METAHEPHRINES, PLASMA [PLMET] D-DIMER, QUANT. [DDI] ☐ T3, FREE [T3FR] ANTI-FACTOR Xa (Choose from below) ☐ T3, TOTAL [T3]
☐ T4, FREE [T4FR] DIGOXIN IDIGI METHYLMALONIC ACID [MMA] HEPARIN INFUSION [HIXA] DIC PANEL [DICP1 / DICNP1] MONOSPOT [MONO] LOW MOLECULAR WT HEPARIN [LMWXA] ☐ T4, TOTAL [T4] DIRECT THROMBIN INHIBITOR [DTI] NEWBORN METABOLIC SCREEN APIXABAN [APIXN1] ☐ TSH [TSH] ESTRADIOL [EDOL] TRANSFERRIN [TRSF] RIVAROXABAN [RIVAR1] NUTRITION ASSESSMENT: ETHANOL (Ethyl Alcohol) [ETOH] Other:\_ ☐ ALB [ALB] □ VIT A [VITA] TRANSTHYRETIN (PRE-ALBUMIN) [TTHY] ☐ CAROTENE [CAR] ☐ VIT C [VITC]
☐ CRP [HSCRP] ☐ ZINC\* [ZN] FERRITIN IFERI ANTI-H. PYLORI [HPYLAB] TRIGLYCERIDES (FASTING) (TRIG) FIBRINOGEN [FIBCL] ANTI-NUCLEAR ANTIBODIES [ANAG]

WITH REFLEXIVE TESTING \$ [ANARC]
(Also includes ENA, Jo-1, Scl-70, SSA/Ro) ☐ TTHY [TTHY] ☐ ZPPH [ZPPH] TROPONIN I [TROPIG] FOLATE [FOLAT] UREA NITROGEN [BUN] OSMOLALITY [OSMO] FREE LIGHT CHAINS [FLC] ANTI-PHOSPHOLIPID/CARDIOLIPINS URIC ACID [URIC] PARATHYROID HORMONE, [IPTH] (B2GP, B2GPM, ACARA, ACARM, ACARG) [APHOSG FSH [FSH] ☐ WITH CALCIUM [ IPTHG ] ANTITHROMBIN [AT3] VANCOMYCIN [VANCOP / VANCOT / VANCOR] G6PD QUALITATIVE [G6PD] PHENYTOIN (Dilantin), TOTAL [DIL] Peak Trough Random GGT [GGT] PHOSPHATE (PO4) [P] VITAMINS: **B-TYPE NATRIURETIC PEPTIDE** [BNAP] ☐ GLUCOSE [GLU] ☐ Fasting [GLUF] PLATELET COUNT [PLTG] ☐ A [VITA] ☐ D-(25-OH) [VITDG] BETA-HYDROXYBUTYRATE [BHOB] HAPTOGLOBIN [HPT] ☐ E [VITE] ☐ B12 [VITB12] POTASSIUM [K] C IVITCI OTHER REQUESTS PROGESTERONE [PROG] VON WILLEBRAND DISEASE GROUP PROLACTIN [PRL] (VWFAG, F8, MULTI, VWFCB) PROSTATE SPECIFIC ANTIGEN ZINC\* [ZN] TOTAL [PSA] ☐ TOTAL, REFLEXIVE FREE<sup>§</sup> [PSAFRP] ZPPH [ZPPH] COLLECTION DATE ORDERING PHYSICIAN / PROVIDER UWP OR UPIN CODE LOCATION ED ORD.STA.NO. R<Today> □ PATIENT ENCOUNTER NUMBER PT.NO. COLLECTION TIME U1234567 MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING <1 hour ago>

> ICD CODE (PREFERRED)

M

DIAGNOSIS / SIGNS & SYMPTOMS

HARBORVIEW MEDICAL CENTER LAB 206-744-3451 UH 0345 REV JUN 2015

UW MEDICAL CENTER MAIN LAB 206-598-6224

### NiceLabel Training Exercise 2, Pt #2

UW MEDICINE DEPARTMENT OF LABORATORY MEDICINE

### CLINICAL LAB REQUEST **BLOOD**

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SEE BACK SIDE FOR INFORMATION ON:

\* SPECIAL COLLECTION REQUIREMENTS

§ REFLEXIVE TESTING INFORMATION

LAB ACC # LABEL

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BLOOD DRAW TYPE	PROCESSED BY

Clearly mark boxes with an  ${\bf X}$  using felt tip or color ink pen.

When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests

<Today, 1 minute earlier than n∲w>

BASIC METABOLIC PANEL [BMP] (NA, K, CL, CO2, GLU, BUN, CREAT, CA)	BILIRUBIN, TOTAL [BIL]  BILIRUBIN, TOTAL/DIRECT [BILTD]  C1 ESTERASE INHIBITOR GROUP	HCG (QUANTITATIVE):  PREGNANCY [PG]  TUMOR MARKER [HCGTUM]		ECTROPHORESIS [ELP] XIVE TESTING <sup>§</sup> [ELPP] <b>DTAL</b> [TP]	
COMPREHENSIVE METABOLIC PANEL (BMP, TP, ALB, TBILI, AST, ALK, ALT) [COMP]	(C1EF, C1EPR) [C1EP]  C-PEPTIDE [CPEP]	HEMATOCRIT [HCTG]  HEMOCHROMATOSIS (DNA) [HEMDN		BIN TIME (PT / INR) [PRO] [PPP]	
BLECTROLYTES (NA,K,CL,CO2) [LYT] HEPATIC FUNCTION PANEL [HFPA] (ALB, TP, TBILI, DBILI, ALK, AST, ALT)	C-REACTIVE PROTEIN [HSCRP]  WITH CARDIAC RISK ASSESSMENT [HSCRPG]  CA 125 (Cancer Antigen 125) [CA125]	HEMOGLOBIN (HB) [HBG]  HB A1C [A1C]	RETICULOC	YTE COUNT [RETIC] D FACTOR [RF]	
RENAL FUNCTION PANEL [RENFP] (BMP, ALB, P)  LIPID PANEL [LIPID] (TOTAL CHOL, TRIG, HDL, LDL)	CA 27.29 (Cancer Antigen 27.29) [CA27] CALCIUM (CA), TOTAL [CA] CALCIUM, IONIZED, REFLEXIVE,	HB ELECTROPHORESIS, QUAL (No quant or interp) [HBELEC] HEMOGLOBINOPATHY / THALASSEMIA' SCREEN W/INTERP [CTHLR] ETHNIC BACKGROUND:	.   -	FION RATE [ESR] SYPHILIS PANEL [SYPHS] IA]	
ACTH* [ACTHG1]  AFP, NON-MATERNAL [AFPNOT]  ALBUMIN [ALB]  ALDOSTERONE/RENIN RATIO GROUP* [RARRG]  ALKALINE PHOSPHATASE [ALK]  ALK, PHOS., BONE SPECIFIC [RBAPG]  ALT [ALT]  AMMONIA* [PLNH3]  AMYLASE [AY]  NTIBODY TO: (Anti)  ANCA Group [ANCAP]   Mitochondrial [AMITO]  Citr. Peptide [ACCP2]   Neuronal (For SLE)  DFS70 [ADFS70]   Parietal Cell [APCA]  DS DNA [DNAEL]   RNA POL3 [ARNAP3]  ENA [ENAP]   Scl - 70 [ASCLG]  GBM [AGBM]   Sm/RNP [SMRNPP]  JO-1 [AJO16]   Smooth Muscle [ASMA]  LKM [ALKMA]   SSA/RO [ASSAG]	CBC (HCT,HB,WBC,RBC, RBC INDICES and PLT) WITH: [CBC]  BAS NEUTROPHIL COUNT [CBANC]  DIFFERENTIAL [CBD]  CELIAC PANEL [CELRP]  CHOLESTEROL, TOTAL [CHOL]  CHOLESTEROL, HDL [HDL]  CK-TOTAL [CK]  COAG SCREEN (PT,PTT) [PPP]  COMPLEMENT:  C1 [C1] C4 [C4]  C3 [C3] TOTAL (CH50) [CH50L]  CORTISOL [CRT]  COPPER [CU]  CREATININE [CREG]  CYCLOSPORINE by LC-MSMS [CSAGE]  D-DIMER, QUANT. [DDI]	HB S, QUANTITATIVE [HBSQH]  HOMOCYSTEINE, TOTAL* [HMCY]  IMMUNE COMPLEX BY C1q [ICSF]  IMMUNOFIXATION [IFIX]  IMMUNOGLOBULINS:  IGA [IGA] IGG [IGG]  IGE [IGE] IGM [IGM]  LACTATE, PLASMA (UWMC Only) [VLATE]  IRON [FE] WITH TIBC AND TRANSFERRIN [IBC]  LIPASE [LPASE]  LUPUS ANTICOAGULANT:  ASSAY [LUPI]  GROUP (LUPUS ANTICOAGULAN ANTI-PHOSPHOLIPID GROUP) [LUF]  LUTEINIZING HORMONE [LH]  MAGNESIUM [MG]  METAHEPHRINES, PLASMA [PLME]  METHYLMALONIC ACID [MMA]	TESTOSTERON  TOTAL [TI  TOTAL & C.  THROMBOSIS, N  COMPREHEI (See Online Lat (	SETS [TCSA]  E SST] ALCULATED FREE [FTTEST/ RTESFT]  /ENOUS  NSIVE VEN THROMBOSIS GROUP D Test Guide for Components) [CVTHR2]  NA [F5DNA]  EIDEN ACTIVITY [APCR]  OSIS (CHRF8, HSCRP) [F8THR1]  ACTIVITY [PCCLOT]  ANTIGEN, FREE [PSAGF]  BIN DNA [PRODS]  SULIN [THGLBN]  TG)  ODIES:  ID PEROXIDASE [ATPO2]  GLOBULIN [ATG2]  NG:  [T3FR]	
DIGOXIN [DIG]     HEPARIN INFUSION [HIXA]   DIC PANEL [DICP1/DICN     APIXABAN [APIXN1]   ESTRADIOL [EDOL]     Other:		MONOSPOT [MONO]   MONOSPOT [MONO]   NEWBORN METABOLIC SCREEN [RNMSG/RNMSF(NMSF(NMSF(NMSF(NMSF(NMSF(NMSF(NMSF(	T4, FREE T4, TOTAL TSH [TSH TRANSFERE TRANSTHYE TRIGLYCERI TROPONIN UREA NITRO URIC ACID VANCOMYCIN Peak VITAMINS: A [VITA]	VITAMINS:  □ A [VITA] □ D-(25-OH) [VITDG]  □ B12 [VITB12] □ E [VITE]	
other requests -Urine Total Protein		PROGESTERONE [PROG] PROLACTIN [PRL] PROSTATE SPECIFIC ANTIGEN TOTAL [PSA] TOTAL, REFLEXIVE FREE <sup>§</sup> [PSAI	VON WILLEE (VWFAG, F8	VON WILLEBRAND DISEASE GROUP (VWFAG, F8, MULTI, VWFCB) [VWDG]  ZINC* [ZN]	
LD	STA.NO. ORDERING		UWP OR UPIN CODE	COLLECTION DATE	
D PT.NO. U9876543	PATIENT E	IT ENCOUNTER NUMBER		COLLECTION TIME	
O NAME Toot Mulabal	HEDIOALA	NECESSITY DOCUMENTATION, REQUIRED FO	<15 minutes ago		

NOTE: Missing or illegible patient location and/or ordering physician code can delay testing and/or reporting.

HARBORVIEW MEDICAL CENTER LAB 206-744-3451 UH 0345 REV JUN 2015
UW MEDICAL CENTER MAIN LAB 206-598-6224

### NiceLabel Training Exercise 2, Pt #3

UW MEDICINE DEPARTMENT OF LABORATORY MEDICINE

# CLINICAL LAB REQUEST **BLOOD**

**BOLD** INDICATES AVAILABLE BY PRIORITY STATUS

SEE BACK SIDE FOR INFORMATION ON

\* SPECIAL COLLECTION REQUIREMENTS § REFLEXIVE TESTING INFORMATION

DE FOR INFORMATION ON:	
OLL FOTION DECUIDEMENTS	

LAB ACC # LABEL

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	Clearly mark boxes with ar	<b>X</b> using felt tip or color ink pen.	RECEIVE III	ΛE
When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment. Please be aware that Medicare generally does not cover routine screening tests. See reverse side for additional medical necessity information.				
MS APPROVED CHEMISTRY PANELS	BILIRUBIN, TOTAL (BIL)	HCG (QUANTITATIVE):		PROTEIN ELECTROPHORESIS [ELP]

CMS APPROVED CHEMISTRY PANELS	BILIRUBIN, TOTAL [BIL]	HCG (QUANTITATIVE):	PROTEIN EL	ECTROPHORESIS [ELP]	
BASIC METABOLIC PANEL [BMP]	BILIRUBIN, TOTAL/DIRECT [BILTD]	PREGNANCY [PG]	WITH REFLE	XIVE TESTING § [ELPP]	
(NA, K, CL, CO2, GLU, BUN, CREAT, CA)	C1 ESTERASE INHIBITOR GROUP	TUMOR MARKER [HCGTUM]	PROTEIN, TO		
COMPREHENSIVE METABOLIC PANEL (BMP, TP, ALB, TBILI, AST, ALK, ALT) [COMP]	(C1EF, C1EPR) [C1EP]  C-PEPTIDE [CPEP]	HEMATOCRIT [HCTG]		BIN TIME (PT / INR)     [PRO]   -[PPP]	
ELECTROLYTES (NA,K,CL,CO2) [LYT]	C-REACTIVE PROTEIN [HSCRP]	HEMOCHROMATOSIS (DNA) [HEMDNA] HEMOGLOBIN (HB) [HBG]	PETICULOR	TE COUNT [RETIC]	
HEPATIC FUNCTION PANEL [HFPA]		HB A1C [A1C]	RHEUMATOI		
(ALB, TP, TBILI, DBILI, ALK, AST, ALT)  RENAL FUNCTION PANEL [RENFP]	CA 125 (Cancer Antigen 125) [CA125]	HB ELECTROPHORESIS, QUAL		ION RATE [ESR]	
(BMP, ALB, P)	CA 27.29 (Cancer Antigen 27.29) [CA27]	(No quant or interp) [HBELEC]  HEMOGLOBINOPATHY / THALASSEMIA	SEROLOGIC	SYPHILIS PANEL [SYPHS]	
LIPID PANEL [LIPID] (TOTAL CHOL, TRIG, HDL, LDL)	CALCIUM (CA), TOTAL [CA]	SCREEN W/ INTERP [CTHLR] ETHNIC BACKGROUND:	SODIUM [N	[A]	
	CALCIUM, IONIZED, REFLEXIVE,	HB S, QUANTITATIVE [HBSQH]	TACROLIMUS	[TACROG]	
ACTH [ACTHG1]  AFP, NON-MATERNAL [AFPNOT]	CBC (HCT,HB,WBC,RBC, RBC INDICES and PLT) WITH: [CBC]	HOMOCYSTEINE, TOTAL* [HMCY]	T-CELL SUBS	SETS [TCSA]	
ALBUMIN [ALB]	ABS NEUTROPHIL COUNT [CBANC]	☐ IMMUNE COMPLEX BY C1q [ICSP]	TESTOSTERONI		
AL DOSTERONE/RENIN RATIO GROUP*	DIFFERENTIAL [CBD]	MMUNOFIXATION [IFIX]		ALCULATED FREE [FTTEST/	
ALKALINE PHOSPHATASE   [ALK]	CEA [CEA]	IMMUNOGLOBULINS:	THROMBOSIS, W	RTESFT]	
ALK.PHOS., BONE SPECIFIC [RBAPG]	CHOLESTEROL, TOTAL [CHOL]	☐ IGA [IGA] ☐ IGG [IGG] ☐ IGE [IGE] ☐ IGM [IGM]		ISIVE VEN THROMBOSIS GROUP Test Guide for Components) [CVTHR2]	
ALT [ALT]	CHOLESTEROL, HDL [HDL]	LACTATE, PLASMA (UWMC Only) [VLAC]			
AMMONIA* [PLNH3]	CK-TOTAL [CK]	RON [FE] WITH TIBC AND	1	IDEN ACTIVITY [APCR]	
AMYLASE [AY]	COAG SCREEN (PT,PTT) [PPP] COMPLEMENT:	TRANSFERRIN [IBCD]	I	OSIS (CHRF8, HSCRP) [F8THR1]  CTIVITY [PCCLOT]	
ANTIBODY TO: (Anti)	☐ C1 [C1] ☐ C4 [C4]	LIPASE [LPASE]	□ PROTEIN S	ANTIGEN, FREE [PSAGF]	
☐ ANCA Group [ANCAP] ☐ Mitochondrial [AMITO] ☐ Citr. Peptide [ACCP2] ☐ Neuronal (For SLE)	☐ C3 [C3] ☐ TOTAL (CH50) [CH50L]	LUPUS ANTICOAGULANT:		BIN DNA [PRODS]	
☐ Citr. Peptide [ACCP2] ☐ Neuronal (For SLE) ☐ DFS70 [ADFS70] ☐ Parietal Cell [APCA]	COPPER [CU]	GROUP (LUPUS ANTICOAGULANT,	THYROGLOE (Includes anti-	SUL <b>I</b> N [THGLBN] Tg)	
☐ DS DNA [DNAEL] ☐ RNA POL3 [ARNAP3] ☐ ENA [ENAP] ☐ Scl - 70 [ASCLG]	CREATININE [CREG]	ANTI-PHOSPHOLIPID GROUP) [LUPGI	THYROID ANTIB	ODIES:	
☐ GBM [AGBM] ☐ Sm/RNP [SMRNPP]	CRYOGLOBULINS [CRYOG]	LUTEINIZING HORMONE [LH]	1	D PEROXIDASE [ATPO2]	
☐ Jo-1 [AJO1G] ☐ Smooth Muscle [ASMA] ☐ LKM [ALKMA] ☐ SSA/Ro [ASSAG]	CYCLOSPORINE by LC-MSMS [CSAG	MAGNESIUM [MG]		GLOBULIN [ATG2]	
	D-DIMER, QUANT. [DDI]	METAHEPHRINES, PLASMA [PLMET]	THYROID TESTI		
ANTI-FACTOR Xa (Choose from below)  HEPARIN INFUSION [HIXA]	DIGOXIN [DIG]	METHYLMALONIC ACID [MMA]	☐ T3, TOTAL	[T3]	
LOW MOLECULAR WT HEPARIN [LMWXA]	DIC PANEL [DICP1 / DICNP1]	MONOSPOT [MONO]	☐ T4, FREE ☐ T4, TOTAL	[T4]	
APIXABAN [APIXN1]	DIRECT THROMBIN INHIBITOR [DTI]  ESTRADIOL [EDOL]	NEWBORN METABOLIC SCREEN [RNMSG / RNMSFG]	☐ TSH [TSH]		
☐ RIVAROXABAN [RIVAR1] ☐ Other:	ETHANOL (Ethyl Alcohol) [ETOH]	NUTRITION ASSESSMENT:	TRANSFERR		
ANTI-H. PYLORI [HPYLAB]	FERRITIN [FER]	☐ ALB [ALB] ☐ VIT A [VITA] ☐ CAROTENE [CAR] ☐ VIT C [VITC]	TRANSTHYRETIN (PRE-ALBUMIN) [TTHY] TRIGLYCERIDES (FASTING) [TRIG] TROPONIN I [TROPIG] UREA NITROGEN [BUN]		
ANTI-NUCLEAR ANTIBODIES [ANAG]	FIBRINOGEN [FIBCL]	☐ CRP [HSCRP] ☐ ZINC* [ZN]			
☐ WITH REFLEXIVE TESTING <b>§</b> [ANARC] (Also includes ENA, Jo-1, ScI-70, SSA/Ro)	FOLATE [FOLAT]	TTHY [TTHY] ZPPH [ZPPH]			
ANTI-PHOSPHOLIPID/CARDIOLIPINS	FREE LIGHT CHAINS [FLC]	OSMOLALITY [OSMO]  PARATHYROID HORMONE, [IPTH]		[URIC]	
(B2GP, B2GPM, ACARA, ACARM, ACARG) [APHOSG]  ANTITHROMBIN [AT3]	FSH [FSH]	with CALCIUM [IPTHG]		VANCOP / VANCOT / VANCOR)	
AST [AST]	G6PD QUALITATIVE [G6PD]	PHENYTOIN (Dilantin), TOTAL [DIL]	Peak	Trough Random	
B-TYPE NATRIURETIC PEPTIDE [BNAP]		PHOSPHATE (PO4) [P]	VITAMINS:		
BETA-HYDROXYBUTYRATE [BHOB]	HAPTOGLOBIN [HPT]	PLATELET COUNT [PLTG]	☐ A [VITA] ☐ B12 [VITB1	☐ D-(25-OH) [VITDG] 21 ☐ E [VITE]	
OTHER REQUESTS		POTASSIUM [K]		2j 🗆 ⊑ [VIIE]	
-Urine Pregnancy		PROGESTERONE [PROG]	VON WILLEB	RAND DISEASE GROUP	
-UDRSS		PROLACTIN [PRL] PROSTATE SPECIFIC ANTIGEN	(VWFAG, F8,	(VWFAG, F8, MULTI, VWFCB) [VWDG]	
		TOTAL [PSA]	ZINC* [ZN]		
		☐ TOTAL, REFLEXIVE FREE <sup>§</sup> [PSAFRF	ZPPH [ZPPH]		
LOCATION <b>ED</b> ORD.	ORDERING	G PHYSICIAN / PROVIDER UV	VP OR UPIN CODE	COLLECTION DATE	
_	STA.NO.		EQUIRED	<today> □ □</today>	
□ PT.NO. 114564561	PATIENT E	NCOUNTER NUMBER		COLLECTION TIME	
- 04004001					
NAME Nicelabel, Test		NECESSITY DOCUMENTATION, REQUIRED FOR		<10 minutes ago	
_	M ICD COD (PREFERR	DE OR DIAGNOSIS / SIGNS 8 ED)	X STIVIP I UIVIS		
<b>M</b> <sub>DOB</sub> 9/1/2000					

**NOTE:** Missing or illegible patient location and/or ordering physician code can delay testing and/or reporting.

HARBORVIEW MEDICAL CENTER LAB 206-744-3451 UH 0345 REV JUN 2015
UW MEDICAL CENTER MAIN LAB 206-598-6224