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SPECIMEN PROCESSING WILL BE DELAYED FOR ANY SPECIMEN RECEIVED WITHOUT THE REQUIRED DATA REQUESTED BELOW.

- CBC (auto diff)
- BASIC METABOLIC
- COMPREHENSIVE METABOLIC
- ELECTROLYTES
- LIPID PROFILE
- LIVER
- RENAL
- ABO/RH
- Antibody Screen
- CRP
- Glucose
- Estradiol
- HCGQL (qualitative)
- HCG (quantitative)
- Urine HCG
- HgbA1c (glycoHGB)
- Iron
- TIBC (Iron Binding)
- Microalbumin/Creatinine
- Occult Blood Stool
- PSA
- Sed Rate (ESR)
- TSH
- T4 free
- Testosterone Profile
- Testosterone total
- Vit D 25-Hydroxy
- PT / INR
- PTT

- Anticoagulants:** None
- COUMADIN HEPARIN
 - LOVENOX .OTHER

- Creatinine Clearance
- Ht. (In.) Wt. (lbs)
- UA Dipstick
- UA w/Micro

Specimen Collection Data:

Collected By:

Collected Time:

Collected Date:

MICRO / BACTI

Specimen Source:

Organism Suspected:

- Aerobic Culture: Anaerobic Culture
- Antibiotics:** **Antibiotics Name:**
- YES NO
- NO Gram Stain NO Susceptibility
- Culture STOOL Culture URINE
- Giardia AG Culture Beta Strep THROAT
- Stool for WBC's Culture HERPES
- C. diff. Toxin Culture Virus
- Culture AFB Culture FUNGUS
- Gonorrhea DNA Chlamydia DNA
- Ova & Parasites: **Patient outside U.S.** YES NO

MISC TESTS REQUESTED

Patient Name: Last, First, MI

Date of Birth

Social Security Number

SEX MALE FEMALE

Diagnosis / IDC-9 Codes

Provider Office Info

Print Provider Name:

Provider Signature (REQUIRED)

Order Date

Please select method to receive results:

Call #

Fax #

Insurance Company Name / Policy Name

Insurance Company Address

Policy holder:

Policy #

Group #

Insurance Company Contact number:

