

DPLM Client Services - Memo For Specimen Container / Media Request

AFFIX PATIENT'S LABEL

REQUESTING
STAFF NAME: _____

LOCATION & EXT: _____

DATE & TIME: _____

For specimen container / media request(s), please tick where applicable:

Lithium Heparin (Green Top)	
<input type="checkbox"/>	Acylcarnitine, Plasma
<input type="checkbox"/>	Amino Acid, Plasma
<input type="checkbox"/>	Ammonia
<input type="checkbox"/>	Gal-1-P-Uridyltransferase
<input type="checkbox"/>	Toxicology (Blood)
<input type="checkbox"/>	DHR (Mon-Fri, except eve of PH & PH, between 8 am to 9 am)
<input type="checkbox"/>	NBT (Mon-Fri, between 8 am to 2 pm)
<input type="checkbox"/>	T-spot, TB – 10mL Tube (Mon-Thur, except eve of PH & PH, before 9am)

Sodium Heparin (Green Top) – 10 mL Tube	
<input type="checkbox"/>	Lymphocyte Proliferative (Mon <u>OR</u> Fri, except eve of PH & PH, between 8 am to 9 am)
<input type="checkbox"/>	MSMD (Mon to Wed, except eve of PH & PH, between 8 am to 9 am)

Plain Tube (Red Top)	
<input type="checkbox"/>	Acetylcholine Receptor Ab
<input type="checkbox"/>	Posaconazole
<input type="checkbox"/>	Voriconazole
<input type="checkbox"/>	Androstenedione
<input type="checkbox"/>	Dihydrotestosterone
<input type="checkbox"/>	Gastrin
<input type="checkbox"/>	Rickettsia Serology

Trace Element Serum (Dark blue top)	
<input type="checkbox"/>	Copper
<input type="checkbox"/>	Zinc
<input type="checkbox"/>	Selenium
<input type="checkbox"/>	Manganese

Trace Element EDTA K2 (Dark Blue Top)	
<input type="checkbox"/>	Lead

POC Transport Media	
<input type="checkbox"/>	Product of conception

PLEASE NOTE THAT LAB DOES NOT SUPPLY SODIUM CITRATE TUBES

Others (please specify):

PLEASE RETURN ANY UNUSED TUBE TO THE LABORATORY.

Fluoride Heparin (Yellow Top)	
<input type="checkbox"/>	Glucose
<input type="checkbox"/>	OGTT
<input type="checkbox"/>	Lactate, plasma
<input type="checkbox"/>	Lactate, CSF
<input type="checkbox"/>	Pyruvate (Mon-Fri, between 8 am to 2 pm)

24hr Urine Container			
Without preservative		With preservative	
<input type="checkbox"/>	CCT	<input type="checkbox"/>	Calcium
<input type="checkbox"/>	UTP	<input type="checkbox"/>	Magnesium
<input type="checkbox"/>	Cortisol, Free	<input type="checkbox"/>	VMA
<input type="checkbox"/>	Microalbumin	<input type="checkbox"/>	HVA
Cu-free container		<input type="checkbox"/>	Catecholamine
<input type="checkbox"/>	Copper	<input type="checkbox"/>	Metanephrine
With NaOH solution		<input type="checkbox"/>	Dopamine
<input type="checkbox"/>	Uric Acid	<input type="checkbox"/>	Epinephrine

Hanks Media	Specify specimen site:
<input type="checkbox"/>	HSV Isolation
<input type="checkbox"/>	CMV Isolation
<input type="checkbox"/>	VZV Isolation
<input type="checkbox"/>	Mumps Isolation
<input type="checkbox"/>	Measles Isolation

Myco-F-Lytic vial	
<input type="checkbox"/>	Fungal Culture
<input type="checkbox"/>	TB Mycobacteria Culture

Eye Corneal Scraping Bacteria Culture Set	
<input type="checkbox"/>	Acanthamoeba/Naegleria Culture

Miscellaneous	
<input type="checkbox"/>	DIF
<input type="checkbox"/>	CMV Isolation (for urine sample only)
<input type="checkbox"/>	Mycoplasma & Ureaplasma Culture
<input type="checkbox"/>	TB Quantiferon (Mon-Fri, except eve of PH & PH, between 8 am to 2 pm)

For Lab Use Only:

Issued By: _____

Date & Time: _____