

Boys Town National Research Hospital Laboratory Request

Please call 402-778-6051 to schedule a Lab appointment. Fax this request form and insurance card to 402-778-6056.

Patient Name: _____ M _____ F _____ DOB: _____

Provider: _____ Clinic Location: _____

_____ Call Results to: _____ Clinic Contact Name: _____

_____ Fax results to: _____ Clinic Contact Number: _____

Diagnosis Code 1) _____ 2) _____ 3) _____

	Diagnosis Code				Diagnosis Code			
HEMATOLOGY	1	2	3		1	2	3	
<input type="checkbox"/> CBC only					CHEMISTRY			
<input type="checkbox"/> CBC with Diff					<input type="checkbox"/> Comprehensive Metabolic Panel			
<input type="checkbox"/> H&H					<input type="checkbox"/> Basic Metabolic Panel			
<input type="checkbox"/> Platelet Count					<input type="checkbox"/> Lipid Panel			
<input type="checkbox"/> ESR					<input type="checkbox"/> Neonatal Bilirubin			
					<input type="checkbox"/> Total Bilirubin			
					<input type="checkbox"/> Direct Bilirubin			
COAGULATION					<input type="checkbox"/> CK			
<input type="checkbox"/> PT/INR					<input type="checkbox"/> TSH			
<input type="checkbox"/> PTT					<input type="checkbox"/> T4,Free			
					<input type="checkbox"/> Amylase			
MICROBIOLOGY / VIROLOGY					<input type="checkbox"/> Lipase			
<input type="checkbox"/> Urine Culture					<input type="checkbox"/> CRP			
<input type="checkbox"/> Throat (Respiratory) Culture					<input type="checkbox"/> Other (specify below)			
<input type="checkbox"/> Wound Culture					<input type="checkbox"/>			
<input type="checkbox"/> Blood Culture					<input type="checkbox"/>			
<input type="checkbox"/> Bordetella Pertussis by PCR					<input type="checkbox"/>			
<input type="checkbox"/> Stool Culture					RAPID TESTS			
<input type="checkbox"/> Other (specify below)					<input type="checkbox"/> Rapid Strep			
<input type="checkbox"/> Respiratory Viral Panel by PCR					<input type="checkbox"/> hCG (qualitative)			
<input type="checkbox"/>					<input type="checkbox"/> Rapid Influenza A&B			
<input type="checkbox"/>					<input type="checkbox"/> Rapid RSV			
<input type="checkbox"/>					<input type="checkbox"/> Monospot			
<input type="checkbox"/>					<input type="checkbox"/> Urinalysis			

Notes: _____



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 boystownhospital.org

