

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		CHEMISTRY	1	2	3		
<input type="checkbox"/> CBC only					<input type="checkbox"/> Comprehensive Metabolic Panel					
<input type="checkbox"/> CBC with Diff					<input type="checkbox"/> Basic Metabolic Panel					
<input type="checkbox"/> H&H					<input type="checkbox"/> Lipid Panel					
<input type="checkbox"/> Platelet Count					<input type="checkbox"/> Neonatal Bilirubin					
<input type="checkbox"/> ESR					<input type="checkbox"/> Total Bilirubin					
COAGULATION					<input type="checkbox"/> Direct Bilirubin					
<input type="checkbox"/> PT/INR					<input type="checkbox"/> CK					
<input type="checkbox"/> PTT					<input type="checkbox"/> TSH					
					<input type="checkbox"/> T4,Free					
MICROBIOLOGY / VIROLOGY					<input type="checkbox"/> Amylase					
<input type="checkbox"/> Urine Culture					<input type="checkbox"/> Lipase					
<input type="checkbox"/> Throat (Respiratory) Culture					<input type="checkbox"/> CRP					
<input type="checkbox"/> Wound Culture					<input type="checkbox"/> Other (specify below)					
<input type="checkbox"/> Blood Culture					<input type="checkbox"/>					
<input type="checkbox"/> Bordetella Pertussis by PCR					<input type="checkbox"/>					
<input type="checkbox"/> Stool Culture					<input type="checkbox"/>					
					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: _____



Laboratory Department
 14080 Boys Town Hospital Road • Boys Town, NE 68010
 Phone: 402-778-6051 • Fax: 402-778-6056
 boystownhospital.org

