

# PHLEBOTOMY

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Infusion Program Manager

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## Policy and Procedures

- Only 2 attempts by a clinician
- Only upper extremity veins
- Avoid wrist area
- Maintain aseptic technique

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## Policy and Procedures

- Take sharps box out prior to draw
- Use safety features on needles
- Dispose of used sharps in appropriate container- fill container to ¾ full
- Filled container should be disposed of in biohazard box in specified clinical area
- Nurse drawing blood is responsible for following up and documenting results
  - Such as PT/INR or drug levels (vanco trough)

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### Preferred Access Sites

- Median Cubital Vein
- Cephalic Vein
- Basilic- Inner vein of Antecubital\*
- Dorsum of the hand
- Forearm – avoiding the wrist area

\* The basilic vein is the least desirable, due to the underlying structures: the brachial artery and the antebrachial nerve plexus.

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### Complications

- Hematoma
- Nerve damage
- Infection – local/systemic
- Hemorrhage (due to arterial nick)

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### Phlebotomy Procedure

- Use 2 pt identifiers
- Wash hands, don gloves
- Assemble equipment – choose appropriate needle size for vein
  - > If using butterfly waste tube first before drawing PT/INR
- Examine both arms
- Apply tourniquet
- Prep skin vigorously

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### Phlebotomy Procedure

- Perform venipuncture -- engage first Tube-ascertain blood flow
- Fill tubes, gently invert tube 5-10 times; when complete remove tourniquet, remove needle, apply pressure
- Activate safety feature
- Check for bleeding, apply dressing or Band-Aid

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### Order of the Draw

- Blood cultures
- Red stopper
- Light blue
- SST
- Green
- Lavender
- Grey, navy, etc.
- See last page of handout for Tube colors

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### Blood Cultures

- Ordered blood cultures x2 (4 tubes)
- Culture tubes must be picked up at facility you will drop them off at
- Each set is drawn from separate site
- If IV line, draw offline and then one venipuncture

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### Specimen Handling

#### Drop Off

- Make sure to invert tubes 5-10 after disengaging them from holder
- Store tubes with ice pack in lab bag
- Drop off tubes at lab between 1-2 hours after the draw
- Use of special care in extreme hot/cold weather
- Label tubes completely- patient name, date of birth, date and time drawn and your initials

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### Lab Slips

- Print legibly- put your full name, agency on slip and cell number
- Fill out completely- patient's full name, demographics, insurance, MD's full name
- Indicate test needed- make sure that the lab slip matches the label on the tube
- If Pt. has IV Co. involved- add IV Co., name and fax number

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### Lab Instructions

- Lawrence General Hospital and Lowell General Hospital require signed MD order with lab
- NPI instead of MD order
- Quest
  - Urine collection, SST- only lg Gold, CBC, SED Rate, A1C have to be in separate tubes

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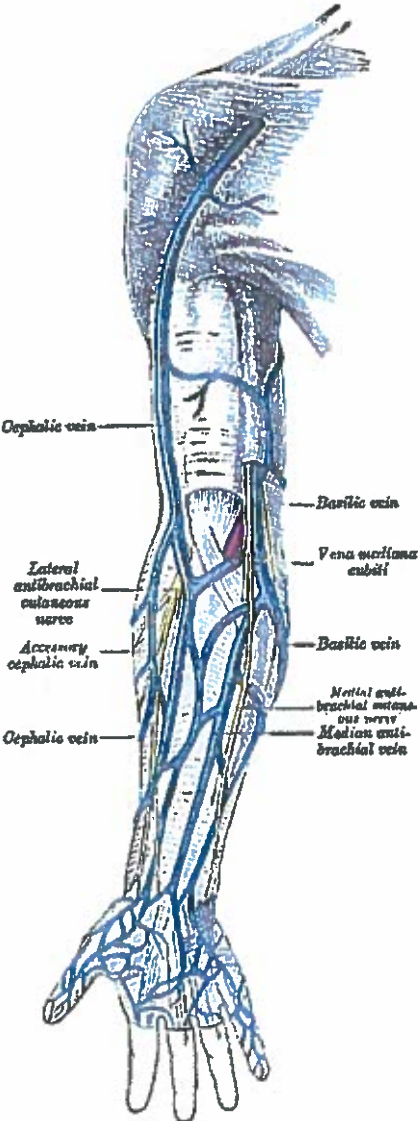
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# I VEIN ANATOMY

## A. Layers of the Vein Wall

1. Tunica Intima
  - a) Inner most layer.
  - b) Layer that comes in direct contact with the blood, vascular access device and the infused IV medications.
  - c) Endothelial lining forms semilunar valves.
  - d) Semilunar Valves
    - 1) Main function is to assist blood flow back to the heart.
    - 2) Normal functioning valves cannot be visualized or palpated.
    - 3) Sclerosed valves appear as "bumps" inside the vein.
2. Tunica Media
  - a) Middle layer.
  - b) Muscular, elastic tissue.
  - c) Causes the vein to constrict and dilate.
  - d) Affected by changes in the patient's body temperature and anxiety level.
3. Tunica Adventitia
  - a) Outer layer.
  - b) Connective, fibrous tissue.
  - c) Surrounds and supports the vessel.

**CONSIDERATIONS:**

1. Patient preparation is important for successful venipuncture, especially with difficult sticks. Taking the time to prepare patient will enhance the outcome. Consider the following:
  - a. Instruct patient to hydrate prior to venipuncture
  - b. If able prior to venipuncture, have patient take a hot bath or shower or apply heat to the area for about 5 - 10 minutes to dilate the veins
  - c. Keep extremities warm prior to venipuncture, e.g., wear a long sleeve sweater, if air conditioner is on
  - d. Place extremity in a dependent position
  - e. Position patient comfortably in bed with arms resting at sides or upright in chair with arm supported on armrest or table
  - f. Assure adequate lighting
2. Determine if patient is allergic to anything that may be placed on the skin, such as latex, iodine or adhesive.
3. Vacutainer method:
  - a. Consists of a double-ended needle, one side with a rubber-tipped needle that screws into a tube holder; blood tubes fit into the holder
  - b. Do not push tube onto needle until vein accessed
4. Needles:
  - a. Needle sizes are 21 - 23 Gauge. Needles less than 23 G are likely to cause hemolysis
  - b. If a winged set is used, the first tube is discarded. This prevents air in tubing from decreasing amount of blood in tube.
5. Venipuncture site preparation:
  - a. Inspect the antecubital fossa and forearm for a vein that is visible and straight. Usually, best vein is the median cubital vein. Other appropriate veins are the median and cephalic veins, extending into the forearm. Metacarpal veins in hands can be used.
  - b. Apply tourniquet 3 - 4 inches above the venipuncture site and have patient make a fist several times to dilate the vein
  - c. Palpate the vein before cleansing. Do not palpate the site after cleansing with alcohol swab
  - d. Tourniquet should not occlude the vein more than two minutes to prevent hemostasis. May need to loosen tourniquet and reapply if delay in drawing blood.
6. Blood tubes:
  - a. Blood tubes for different tests have different preservatives within; the tubes are color-coded
  - b. When drawing blood for multiple tubes, collection must be done in color order:
    - i. Yellow (blood culture)
    - ii. Light blue (coagulation)

- iii. Red (clot activator)
  - iv. Tiger-Top (serum separator)
  - v. Dark Green (sodium heparin)
  - vi. Light green (lithium heparin)
  - vii. Lavender (EDTA)
  - viii. Pale yellow (acid citrate)
  - ix. Gray (oxalate/fluoride)
- c. Have at least two tubes of each kind that you will need, in case a tube's vacuum is broken
  - d. Check blood tube expiration dates
  - e. Blood tubes need to be gently inverted 5 - 10 times to mix the preservative with the blood. Do not shake
7. If not able to access vein after two attempts, alert supervisor or physician for alternate plan.

**EQUIPMENT:**

Gloves  
Tourniquet  
Alcohol wipes  
Povidine/alcohol wipes (for blood cultures)  
Blood tubes, color-coded for ordered tests  
Double-ended needle  
Vacutainer tube holder  
2 x 2 gauze sponge  
Self-adhesive bandage  
Tape  
Puncture-proof sharps container  
Biohazard specimen bag  
Biohazard transportation bag  
Impervious trash bag

**PROCEDURE:**

1. Adhere to Standard Precautions (gloves needed) and explain the procedure and purpose to the patient/caregiver.
2. Assemble the equipment on a clean surface close to the patient. Assure sharps container at hand:
  - a. Screw double-ended needle into tube holder
  - b. Slip first tube into holder but do not puncture tube
3. Place patient in comfortable position, with arms supported and extended.
4. Place a paper towel under the patient's arm.
5. Assess arm for venipuncture site.
6. Apply tourniquet above selected puncture site.
7. Cleanse site with alcohol swab for 30 seconds using a circular motion. Allow to air dry.
8. Anchor vein by holding skin taut 1 inch below puncture site.
9. Remove needle cover and insert needle into vein at 15° - 30° angle with bevel facing up



10. To collect samples:
  - a. Stabilizing tube holder and needle with one hand, gently push vacutainer tube into needle so the blood enters the tube
  - b. As blood fills tube, release the tourniquet
  - c. When tube is filled, gently pull the tube out of the holder
  - d. If more tubes needed, insert appropriate color-coded tube and repeat the procedure until all samples are obtained
  - e. After specimens are obtained, place 2 x 2 gauze over puncture site
  - f. Withdraw needle slowly, applying pressure with 2 x 2. Dispose of vacutainer and needle in sharps container.
  - g. Ask patient to maintain firm pressure of puncture site until bleeding stops
11. Gently invert tubes 5 – 10 times to mix the blood with the additive. DO NOT shake the tube.
12. Apply firm pressure to puncture site until bleeding stops.
13. Apply self-adhesive bandage to puncture site.
14. Label tubes with patient's first and last names, date of birth, date and time drawn, your initials.
15. Place blood tube(s) in biohazard specimen bag.
16. Place requisition in pocket of biohazard specimen bag.
17. Place bag in biohazard transportation bag.
18. Dispose of tourniquet, gloves, used wipes and sponge in impervious trash bag.

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Reviewed: 03/27/18

Adopted VNAA; Approved Policy Committee 09/24/13

**AFTER CARE:**

1. Document in patient's record:
  - a. Venipuncture and site
  - b. Blood tests ordered
  - c. Any complications, e.g., more than one stick
  - d. Appearance of venipuncture site at end of procedure
  - e. Patient's response to procedure
  - f. Name and location of laboratory where specimens taken
  - g. Any instructions given to patient/caregiver

**REFERENCE:**

- Clinical & Laboratory Standards Institute (2007). Standard H03-A6: Order of Draw Using Evacuated Blood Tubes.
- Perry, A., Potter, P. & Elkin, M. (2012). Nursing Interventions and Clinical Skills, 5<sup>th</sup> Edition. St. Louis: Elsevier/Mosby.
- World Health Organization (2010). WHO Guidelines on Drawing Blood: Best Practices in Phlebotomy. Geneva.



PATIENT NAME Last, First (Mandatory)  F  M

ADDRESS

CITY STATE ZIP

DOB (Mandatory) SS#

PHONE ( ) SVC DATE / /

PHYSICIAN SIGNATURE (Mandatory) ORDERING DR NAME (Please print) SEND COPY TO:

DATE / Time: /  Stat  Routine

DIAGNOSIS: Outpatient Requisition

G = Green-yellow or Tiger.  
 R = Red  
 Tiger = Tiger or Spk = Speckled  
 Blk = Black.  
 Lav = lavender, purple.  
 RB = Blue

TEST CODE	PANEL	TEST CODE	TEST	TEST CODE	TEST	TEST CODE	TEST
CMP	G Comprehensive Metabolic	THP	R B-HCG, Quant., Serum	IGMSM	R IgM	TS LAV	Type and Screen
BMP	G Basic Metabolic	DBIL	G Bilirubin Direct	RINS	R Influenza A/B	URIC	G Uric Acid
LIV	G Hepatic Function	TBIL	G Bilirubin Total	FE	G Iron	UMCA	G Urinalysis Automated/Microscopic*
REN	G Renal Function	BT	Bleeding Time	IB	G Iron Binding Capacity (TIBC)	CES	G Urine Citrate 24 hr.
EBLK	G Electrolyte	BLOC	Blood Culture, Routine	LDH	G LDH, Total	UCR	G Urine Creatinine 24 hr.
	Sodium	ABOR	Blood Typing, ABO&RH	LDLC	G LDL Cholesterol Direct	UHCG	G Urine Pregnancy
	Potassium	BUN	BUN	LEDWM	Lead LAV	UCA	G Urine Calcium 24 hr.
	Chloride	GBTA	G. Difficile Toxin (orifice)	LHBS	R Luteinizing Hormone	UCCL	G Urine Creat. Clear. 24hr.
	CO2	C3M	R C3 Complement	LIPA	G Lipase	UMMG	G Urine Culture & Sens*
	BUN	C4M	R C4 Complement	LIT	G Lithium	UMAG	G Urine Magnesium 24 hr.
	Glucose	CA	G Calcium, Total	LYMG	A Lyme IgM & IgG*	UMA	G Urine Microalbumin 24 hr.
	Creatinine	CA125	R Cancer Antigen 125	MB	G CPK-MB	MARU	G Urine Microalbumin, Random
	Calcium	CA19-9	R Cancer Antigen 19-9	MG	G Magnesium	UPO4	G Urine Phosphorous 24 hr.
	Total Protein	CA27.29	R Cancer Antigen 27.29	MSLS	G Measles Immunity (IgG)	UPRO	G Urine Protein, 24 hr. Urine
	Albumin	CARZ	G Carbamazepine	MSPT	R Monospot Test*	OXALM	G Urine Oxalate 24 hr.
	Bilirubin, Total	CD4TM	CD4/CDB, Helper/Sup	MUMPS	R Mumps IgG	UUN	G Urine Urea Nitrogen 24 hr.
	Bilirubin, Direct	CEA	R CEA	OBBL	Occult Blood (Stag)	VMAM	G Urine VMA 24 hr. Urine
	ALK Phos	CTGCM	R Chlamydia Probe ocular	OBLS	Occult Blood (Serial)	VALA	G Valproic Acid
	AST / SGOT	CGPR	R Chlamydia/CG genital/urine	PSCR	Crypto. Gardia Screen	VCOP	R Vanco Peak
	ALT / SGPT	CHOL	G Cholesterol	PHEN	G Phenobarbital	VCOT	R Vanco Trough
	Phosphorus	CBC	LAV CBC w/Auto Diff*	PHOS	G Phosphorus	VCOR	R Vanco Random
	Lipid Panel (Fasting: 12hr)	CORBS	R Cortisol (Serum)	PLT	LAV Platelet Count	VZAB	R Varicella Zoster Virus IgG
	Chol, Trig, HDL, LDL, CALC	CPK	G CPK Total	K	G Potassium	VID25	R Vitamin D, 25-OH
	Obstetric Panel	CRPB	G C-Reactive Protein	PROG	G Progesterone Spk	WET	G Wet Prep
	2 Lav - 2 Red CBC, HBsAg, SYPH.	CRE	G Creatinine w/eGFR	PRLB	G Prolactin Spk	OTHER	LAV White Cell Count
	Rubella, Type and Screen	CFMFM	G Cystic Fibrosis Yellow ACD	PSA	Spk Prostat. Spec. Antigen (Diagi*)		
	Acute Hepatitis Panel	DDM	B D-Dimer Quant.	ELPSP	R Protein Electrophoresis		
	3 Red Hepatitis A antibody, IgM	DIAOX	G Diaoxin	TP	R Protein, Total		
	2 Tops Hepatitis B core Ab, IgM	DIL	G Dilantin	PFN	Spk PSA Free + Total		
	Hepatitis B surface antigen	ESTB	G Estradiol Spk	PT	B PT (Prothrombin Time) (INR)		
	Hepatitis C antibody	FERR	G Ferritin Spk	PTT	B PTT (Partial Thromb. Time)		
	Drug Screen - 7 Urine	FIBR	B Fibrinogen	SYPH	R Syph IgG Ab		
	Drug Screen - 9 Urine	FOL	G Folate Spk	RET	LAV Reticulocyte Profile		
	Amphetamine	FSHB	G FSH Spk	RAF	G Rheumatoid Factor		
	Barbiturates	G6PDM	G G6PD Spk	RHWK	R Rhogam workup LAV		
	Benzodiazepine	GENC	G Genital Culture	RSV	R RSV Antigen		
	Cannabinoids	GGT	G GGT	RBL	R Rubella Immunity (IgG)		
	Cocaine	GLUC	G Glucose, Fasting	ESR	BK Sedimentation Rate		
	Methadone	GLUC	G Glucose, Random	FER	G Semen Analysis		
	Opiates	GLUC	G Glucose, Tolerance Hr	SEPV	G Semen Post Vasectomy		
	Phencyclidine	HDL	G HDL Cholesterol	SIC	LAV Sickle Cell Screen		
	Propoxyphene	HEMAT	LAV Hematocrit	NA	G Sodium		
	TEST	HEMO	LAV Hemoglobin	FECE	G Stool Culture		
	AFF-Quad Screen	HGB	LAV Hemoglobin A1C	TBCFM	T and B Cells LAV + Yellow ACD		
	AFF-Tumor Marker	HPARM	R Hepatitis A Total Ab.	FT3	Spk T3 Free		
	Albumin	HBCA	R Hepatitis B Core Ab	T3	R T3 Total		
	Alcohol (Serum)	HSAB	R Hepatitis B Surface Ab	T3U	G T3 Uptake		
	Alcohol (Urine)	HBSG	R Hepatitis B Surface Ag*	T4	G T4 Total		Fluid Analysis
	Alkaline Phosphatase	HCA	R Hepatitis C Ab	TACRM	G Tacrolimus		Cerebrospinal fluid
	ALT (SGPT)	HS12	R Herpes Simplex Virus 1&2 IgG	TTES	Spk Testosterone (total)		CSFI Cell Count, DIFF
	Ammonia	HS12	R Herpes Simplex Virus 1&2 IgM	TTFP	R Testosterone, Free & Total Adult.		CCL CSF, Chloride
	Amylase	HIV1	LAV HIV-1 RNA Ultraquant	THEO	G Theophylline, Random		CGL CSF, Glucose
	Anti-Nuclear Antibody* over	HLAM	R HLA B-27	THRC	G Throat Culture		CTP CSF, Total protein
	Antibody Screen LAV	HOMO	LAV Homocysteine	TSH	G TSH		Synovial fluid
	ASO	HYPB	R H. Pylori IgG Abs	THY	G Thyroxine Free (T4 Free)		SNFL Cell Count, DIFF, Crystals
	AST (SGOT)	HIV	R Human Immunodef. Virus*	TTRAM	G Tissue Transglutaminase IgA		SCRY Synovial Crystals, Body Fluids
	B type Natriuretic Peptide	IGASM	R IgA	TXPGM	R Toxoplasma IgG		BF1 Cell Count, DIFF
	B12 Spk B12	IGDM	R IgD	TRNF	G Transferrin		BFCC Body Fluid Cell CT only
	B-HCG, Qual., Serum	IMMGM	R IgG	TRIG	G Triglyceride		



49701398-6 1642424-3

CCC HOME HEALTH VNA  
 360 HERRINACK ST 4TH FLOOR  
 LAURENCE, MA 01843  
 978-552-4000

TIME:  AM  PM TOTAL VOL/HR: \_\_\_\_\_ ML \_\_\_\_\_ HR \_\_\_\_\_  
 Fasting  Non Fasting

UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

**KNOW**  
 Patient Service Center location and appointment scheduling information is on the back.  
 Each sample should be labeled with at least two patient identifiers at time of collection.

**BILL TO:**  
 MY ACCOUNT  
 PATIENT  
 MEDICARE  
 RAILROAD MEDICARE  
 MEDICAID  
 Lab Card/Select  
 OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)  
 REGISTRATION # (IF APPLICABLE) DATE OF BIRTH: M / A / D D YEAR S  
 PATIENT SOCIAL SECURITY # OFFICE / PATIENT ID #  
 ROOM # LAB REFERENCE # PATIENT PHONE #  
 PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT  
 PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #  
 CITY STATE ZIP

INSURANCE

Primary Insurance  Medicare  Medicaid  Other  
 Insurance Company Name \_\_\_\_\_ Insurance Member /ID # \_\_\_\_\_ Group # \_\_\_\_\_  
 Insurance Address \_\_\_\_\_  
 Medicare/Medicaid # \_\_\_\_\_  
 Secondary Insurance  Medicare  Medicaid  Other  
 Insurance Company Name \_\_\_\_\_ Insurance Member /ID # \_\_\_\_\_ Group # \_\_\_\_\_  
 Insurance Address \_\_\_\_\_  
 Medicare/Medicaid # \_\_\_\_\_

Patient Is:  
 Subscriber  
 Spouse  
 Other Depend

Patient Is:  
 Subscriber  
 Spouse  
 Other Depend

Medicare Limited Coverage Tests  
 \* = May not be covered for the reported diagnosis.  
 f = Has prescribed frequency rules for coverage.  
 & = A test or service performed with research/experimental kit.  
 B = Has both diagnosis and frequency-related coverage limitations.  
 Provide signed ABN when necessary

ADDITIONAL PHYSICIAN: \_\_\_\_\_ NPI/UPIN: \_\_\_\_\_  
 PHYSICIAN NAME: \_\_\_\_\_ LD.#: \_\_\_\_\_  
 Patient Results to: ( )  
 Patient # OR NAME: \_\_\_\_\_  
 Patient ADDRESS: \_\_\_\_\_  
 Patient CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ICD Codes (enter all that apply)

**PANEL COMPONENTS ON BACK**

- ORGAN DISEASE PANEL**
- 34392  Electrolyte Panel S
  - 10256  Hepatic Function Panel S
  - 10165  Basic Metabolic Panel w/eGFR S
  - 10231  Comp Metabolic Panel w/eGFR S
  - 7600  Lipid Panel (Fasting Specimen) S
  - 14852  Lipid Panel w/Reflex f-LDL S
  - 20210  Rheumatic Panel w/Reflex YLS
  - 10306  Hepatitis Panel, Acute w/Reflex S
  - 10314  Renal Functional Panel w/eGFR S
- HEMATOLOGY**
- 510  Hemoglobin L
  - 509  Hematocrit L
  - 1759  CBC (Hgb, Hct, RBC, WBC, Plt) L
  - 6399  CBC w/DIF (Hgb, Hct, RBC, WBC, Plt, Dm) L
  - 8847  PT with INR B
  - 763  PTT, Activated B
- OTHER TESTS**
- 7788  ABO Group & Rh Type Y
  - 237  AFP Tumor Marker S
  - 223  Albumin S
  - 234  Alkaline Phosphatase S
  - 823  ALT S
  - 243  Amylase S
  - 249  ANA w/Reflex Titer S
  - 795  Antibody Scr, RBC w/Reflex ID Y
  - 822  AST S
  - 285  Bilirubin, Direct S
  - 707  Bilirubin, Total S

- 4420  C-Reactive Protein CRP S
- 29493  CA 2729 S
- 29256  CA 125 S
- 303  Calcium S
- 10124  Cardio CRP S
- 11173  CCP Ab IgG S
- 8 978  CEA S
- 8 334  Cholesterol, Total S
- 374  CK, Total S
- 375  Creatinine w/eGFR S
- 402  DHEA Sulfate, Immunosexy S
- 8293  Direct LDL S
- 4021  Estradiol S
- 457  Ferritin S
- 465  Folic Acid S
- 478  FSH S
- 482  GGT S
- 8477  Glucose, Gest. Scr. GY
- 8 484  Glucose, Plasma GY
- 8 483  Glucose, Serum S
- 14839  H. pylori Urea Breath Test HB
- 8435  hCG, Serum, Qual S
- 8 8396  hCG, Serum, Quant S
- 8 496  Hemoglobin A1c L
- 16882  Hemoglobin A1c w/eAg L
- 499  Hep B Surface Ab Qual S
- 498  Hep B Surface Ag w/Reflex Confirm S
- 8472  Hep C Virus Ab S
- 18728  HIV-1/HIV-2 Scr w/Reflexes S
- 31789  Homocysteine, Cardiovascular S
- 561  Insulin S
- 549  Immunofixation (IFE) S
- 7573  Iron (Total), fbc, % Sat S

- 571  Iron, Total S
- 593  LDH S
- 599  Lead (B) TN
- 615  LH S
- 686  Lipase S
- 6648  Lyme Ab-WB w/Reflex Confirm IgG & IgM S
- 622  Magnesium S
- 6517  Microalbumin, Random Urine w/Creat S
- Fecal Globin, Feces - FIT, InSure<sup>®</sup>
- 11290  DX F 11293  MCR Scr
- 718  Phosphorus S
- 733  Potassium S
- 745  Progesterone S
- 746  Prolactin S
- 5363  PSA, Total S
- 793  Reticulocyte Count, Automated L
- 4418  Rheumatoid Factor S
- 799  RPR (Monitoring) w/Reflex Titer S
- 36126  RPR (DX) w/Reflex Confirm S
- 802  Rubella IgG S
- 899  Sed Rate By Mod West L
- 15983  Testosterone, Total, LC/MS/MS SR
- 873  Testosterone, Total, Male SR
- 5081  Thyroid Peroxidase Antibodies (TPO) S
- 8 896  Triglycerides S
- 8 899  TSH S
- 36127  TSH w/Reflex T-4, Free S
- 34429  T-3, Free S
- 859  T-3, Total S
- 8 881  T-3 Uptake S
- 8 867  T-4 (Thyroxine), Total S
- 8 868  T-4 (Thyroxine), Free S

- 6448  UA, Dipstick Only S
- 7989  UA, Dipstick w/Reflex Microscopic S
- 5463  UA, Complete (Dipstick & Microscopic) S
- 3020  UA, Complete, w/Reflex Culture S
- 294  Urea Nitrogen (BUN) S
- 905  Uric Acid S
- 916  Valproic Acid S
- 4439  Varicella-Zoster Virus Ab (IgG) S
- 7065  Vitamin B12/Folic Acid S
- 927  Vitamin B12 S
- 17306  Vitamin D (25-OH) 25-OH, 25-OH, 25-OH, 25-OH S

- MICROBIOLOGY**
- Source (Repeat):
- 4550  Culture, Aerobic Bacteria\* L
  - 4446  Culture, Aerobic & Anaerobic\* L
  - 4485  Culture, Group A Strap\* S
  - 5617  Culture, Group B Strap\* S
  - 4558  Culture, Genital\* S
  - 394  Culture, Throat\* L
  - 395  Culture, Urine, Routine\* (Inc. including C) S

- Amplified Specimen Type (please check on)**
- Endocervical  Urethral  Urine
- 11363  Chlamydia & N. gonorrhoeae RNA, TV

- Stool Pathogens (Campy, Salm/Shigae!)**
- 18188  Culture, Stool, Shiga toxin w/Reflex S
  - 34838  H. pylori Ag, EIA Stool S
  - 681  O & P w/Permanent Stain S

\* Additional charge for ID and Susceptible  
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ADDITIONAL TESTS (INCLUDE COMPLETE TEST NAME AND ORDER CODE) Reflex tests are performed at an additional charge.

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

Physician Signature (Required for PA, NY, NJ & WV) For any patient of any payor (including Medicare and Medicaid)

QCAL62