

Location: _____

Labs

Hematology/Coagulation

- ☐ **CBC with differential** Once, Routine, Blood, 3
- ☐ **Direct antiglobulin test (DAT) with reflex to anti-complement and anti-IgG** Once, Routine, Blood
- ☐ **Antibody screen (gel)** Once, Routine, Blood
- ☐ **Create peripheral smear for ordering provider's review** Once, Routine, Blood, 3
- ☐ **Reticulocyte count** Once, Routine, Blood, 3

Hematology/Coagulation

- ☐ **CBC with differential** Once, Routine, Blood, 3
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- ☐ **Antibody screen (gel)** Once, Routine, Blood
- ☐ **Reticulocyte count** Once, Routine, Blood, 3

Chemistry

- ☐ **Comprehensive metabolic panel** Once, Routine, Blood, 3
- ☐ **Erythropoietin** Once, Routine, Blood, 3
- ☐ **Ferritin** Once, Routine, Blood, 3
- ☐ **Folate** Once, Routine, Blood, 3
- ☐ **Folate, RBC** Once, Routine, Blood, 3
- ☐ **Haptoglobin** Once, Routine, Blood, 3
- ☐ **Hemoglobinopathy evaluation** Once, Routine, Blood, 3
- ☐ **Iron** Once, Routine, Blood, 3
- ☐ **Lactate dehydrogenase** Once, Routine, Blood, 3
- ☐ **Total iron binding capacity and % saturation** Once, Routine, Blood, 3
- ☐ **TSH** Once, Routine, Blood, 3
- ☐ **Vitamin B12** Once, Routine, Blood, 3
- ☐ **Mutated citrullinated vimentin (MCV) antibody** Once, Routine, Serum, 3

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

Consults

- ☐ **Consult Hematology** Once, Routine
- Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

Sign: _____ Printed Name: _____ Date/Time: _____