County of Los Angeles Department of Health Services
Rancho Los Amigos National Rehabilitation Center
7601 E. Imperial Hwy
Downey, CA 90242
Melanie Osby, M.D., Lab Director

LABORATORY COMPUTER DOWNTIME FORM

NAME: _____

D.O.B. _____ SEX: _____

MRUN: _____ FIN: _____

ORDERING LOCATION: _____

FACILITY: ☐ RLANRC ☐ Other _____

DATE OF REQUEST	DIAGNOSIS		
ORDERING PHYSICIAN'S I.D. #	PHYSICIAN'S NAME	PAGER #	EXTENSION
ATTENDING PHYSICIAN'S I.D. #	PHYSICIAN'S NAME	PAGER #	EXTENSION
COLLECTION DATE	COLLECTION TIME AM PM	Specimen collected by: ☐ Ward/Clinic Staff ☐ Phlebotomy Staff ☐ Other_____Initial _____	

Sending location: Bring to JPI B180 for processing. STAT results will be called to the unit. Other results will be available in the laboratory.

BLOOD – PLASMA - SERUM

CHEMISTRY (Gold Top Gel Tube)

- ☐ BMP (Basic Metabolic Panel
- ☐ CMP(Comprehensive Metabolic Panel)
- ☐ Lipid Panel
- ☐ Hepatic Panel
- ☐ Renal Panel – BMP, Alb, Phos
- ☐ Ammonia
- ☐ GGT
- ☐ LDH
- ☐ Magnesium
- ☐ Phosphorus
- ☐ Total Protein
- ☐ Procalcitonin
- ☐ Homocysteine
- ☐ Albumin
- ☐ Calcium
- ☐ ALT
- ☐ Creatinine
- ☐ Amylase
- ☐ Electrolytes (Na, K, Cl, CO2)
- ☐ AST
- ☐ Glucose
- ☐ Bilirubin, Total
- ☐ High Sensitivity CRP
- ☐ BUN
- ☐ Lipase
- ☐ Osmolality

CHEMISTRY (Gray Top Tube)

- ☐ Lactate

CARDIAC MARKERS (Green Top Tube)

- ☐ BNP, NT pro
- ☐ Troponin-T

SERUM PREGNANCY TESTS (Gold Top Gel Tubes)

- ☐ Pregnancy – hCG qualitative

THERAPEUTIC DRUGS/TOXICOLOGY (Gold Top Gel Tube)

- ☐ Acetaminophen
- ☐ Digoxin
- ☐ Lithium
- ☐ Carbamezapine
- ☐ Phenobarbital
- ☐ Phenytoin
- ☐ Salicylate
- ☐ Tobramycin
- ☐ Ethanol(ONLY)
- ☐ Vancomycin
- ☐ Gentamicin
- ☐ Valproic Acid

HEMATOLOGY (Lavender Top Tube)

- ☐ CBC
- ☐ Hemoglobin & Hematocrit
- ☐ Reticulocyte
- ☐ Platelet Count **(Blue Top Tube)**

COAGULATION (Light Blue Top Tube)

- ☐ D-Dimer
- ☐ Fibrinogen
- ☐ Thrombin Time
- ☐ Prothrombin Time
- ☐ Factor VII
- ☐ Anti-Xa, LMWH
- ☐ Anti-Xa,Unfractionated Heparin
- ☐ Activated Partial Thromboplastin Time

TRANSFUSION/BLOOD BANK

Pink Top tube Required

- ☐ ABO-Rh
- ☐ ABO-Rh/Screen or Type and Screen
- ☐ Direct Coombs
- ☐ Blood or Blood Products (call Blood Bank for Downtime Requisition Form)

Other: _____

MISCELLANEOUS

Specimen Source: _____

_____

Test Request: _____

URINE

URINE CHEMISTRY (Random) (Yellow Top Tube)

- ☐ Protein
- ☐ Potassium
- ☐ Sodium
- ☐ Creatinine
- ☐ Urine Pregnancy test (qualitative)
- ☐ Microalbumin
- ☐ Osmolality

URINE TOXICOLOGY SCREEN (Yellow Top Tube)

- ☐ Drugs of Abuse Screen Urine

URINALYSIS (Yellow/Red Top Tube)

- ☐ Urinalysis with Microscopic (if indicated)

Collection time required: _____

- ☐ Clean catch
- ☐ Catheterized
- ☐ Other: _____

SEROLOGY

- ☐ HBsAg
- ☐ HBcAbTot
- ☐ HBc-IgM
- ☐ HBV-DNA
- ☐ HA-IgM
- ☐ HA-Ab Tot
- ☐ HCV-RNA
- ☐ HCV Ab
- ☐ HIV Ag/Ab

BLOOD GAS

- ☐ Arterial blood gas
- ☐ Venous blood gas

MICROBIOLOGY

- ☐ Blood culture
- ☐ Urine culture
- ☐ Wound culture
- ☐ MRSA
- ☐ CSF culture (Tube #2 or #3)
- ☐ Body Fluid
- ☐ Covid-19

Specimen Source: _____

Type of Infection: _____

Organism Expected: _____

BODY FLUID – OTHER

CSF (Sterile Plastic Tube)

- ☐ Cell count (includes morphology) 1 mL minimum, tube #1 or #4)

CHEMISTRY TESTS: 1 mL minimum, tube #1 or #4

- ☐ Glucose
- ☐ Protein

BODY FLUID – Specimen Type Required

Specimen type: _____

- ☐ Cell count **(Lavender Top Tube)**
- ☐ Crystal analysis
- ☐ Other: _____

ANATOMIC PATHOLOGY/CYTOLOGY

Non-GYN CYTOLOGY: ☐ Urine ☐ CSF (Tube #2 or #3) ☐ Other

Specimen Source: _____

GYN CYTOLOGY: ☐ Pap Smear

Specimen Source: _____

PATHOLOGY TISSUE REQUEST:_____

Specimen Source: _____

Special Instructions: _____

☐ **AUTOPSY REQUEST Decedent - Height : _____**

Weight : _____ lbs