

NAME: FMP/SSN: SEX: DOB: HOME PHONE: WORK PHONE: STATUS:				LABORATORY REQUEST FORM <i>(This form is subject to the Privacy Act of 1974. See blanket PAS, DD Form 2005.)</i> 14th Medical Group (AETC) 14 Medical Support Squadron/SGSAL _____ PROVIDER _____ UCA CHECK ONE <input type="checkbox"/> ROUTINE <input type="checkbox"/> ASAP <input type="checkbox"/> STAT			
CHEMISTRY		HEMATOLOGY		IMMUNOLOGY		REFERRAL	
Basic Metabolic Panel		CBC		RPR		Rubella/Rubeola	Ferritin
Comprehensive Metabolic Panel		ESR		RF		Mumps	HIV
Lipid Panel		G6PD		MONO		Thyroid Screen	
Hepatic Function Panel		HGB-S		ABO/Rh		PSA Panel	
Electrolyte Panel		PT/INR		MICROBIOLOGY		Hemoglobin A1C	
URINALYSIS		PT/aPTT		Throat Culture		Lead Screen	
Complete UA				GC Culture		FSH/LH	
Pregnancy Test				Urine Culture		B12/Folate	
				Occult Blood		Prolactin	
Chlamydia	Source:					Iron/TIBC	
Herpes Culture	Source:					Estradiol	
ADDITIONAL REQUESTS							

COLUMBUS AFB FORM 121, NOV 97 (14 MDSS/SGSAL)

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