**Referred Testing Order Form**

Patient and physician instructions on back of form

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**Written Diagnosis and/or Reason for Test (Required):** ICD-10 code, "R/O," or "Evaluate for" are not acceptable

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**LABORATORY**

**Heparin LOOK AIKE/SOUND ALIKE**

<table>
<thead>
<tr>
<th>Test</th>
<th>Calculate Dose</th>
<th>Route</th>
<th>Infusion Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heparin Flush (TEN) 10 units/mL</td>
<td>1 mL (10 units)</td>
<td>IV</td>
<td>PRN for flush after each use daily</td>
</tr>
<tr>
<td>Heparin Flush (HUNDRED) 100 units/mL</td>
<td>3 mLs (300 units)</td>
<td>IV</td>
<td>ONCE prior to de-accessing port</td>
</tr>
</tbody>
</table>

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**OTHER/MISCELLANEOUS TESTS (PLEASE SPECIFY EXACT TEST NAME LEGIBLY PRINT):**

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**GI LAB:** (Specify Procedure)

**Schedule:** Call 205-638-9291 FAX ORDER 205-638-5383

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**IMAGING**

**X-ray:**

- No scheduling required ● Fax Order 205-638-5383 (Downtown)
- Fax Order 205-638-4803 (South)

**Fluoroscopy:**

- Schedule 205-638-9141 ● Fax Order 205-638-5383 (Downtown)
- Schedule 205-638-2378 ● Fax Order 205-638-4803 (South)

**Ultrasound:**

- Schedule 205-638-9141 ● Fax Order 205-638-5383 (Downtown)
- Schedule 205-638-2378 ● Fax Order 205-638-4803 (South)

**DEXA:**

- Schedule 205-638-9667 ● Fax Order 205-638-5383 (Downtown)

**Nuclear Medicine:**

- Schedule 205-638-9667 ● Fax Order 205-638-5383 (Downtown)

**Other:**

- Schedule 205-638-9141 ● Fax Order 205-638-5383

**CT:**

- Schedule without GA or Sedation 205-638-2378 ● Fax Order 205-638-5383
  - With GA: ___ (Downtown)
  - With Sedation: ___ (South)
- Schedule 205-638-9777 ● Fax Order 205-638-4803
- PreCert Number (Required): ___
- PreCert Expiration Date (Required): ___

**MRI:**

- Schedule without GA or Sedation 205-638-2378 ● Fax Order 205-638-5383
  - With GA: ___ (Downtown)
  - With Sedation: ___ (South)
- Schedule 205-638-9777 ● Fax Order 205-638-4803
- PreCert Number (Required): ___
- PreCert Expiration Date (Required): ___

**PET:**

- Call PET to schedule 205-638-3133 ● Fax Order 205-638-5383
  - With GA: ___ (Downtown Only)
- Schedule 205-638-9777 PreCert Number (Required): ___
- Fax Order 205-638-5292 PreCert Expiration Date (Required): ___

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*Please Fax Order and provide the patient a copy of the order to bring to their visit*

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**Form #2046 – Revised 9/22/2020**
PHYSICIAN INSTRUCTIONS/INFORMATION

SLEEP DISORDERS
The referring physician must do the following:
• Fax a Polysomnogram Request form to 205-638-2466
• If you do not have a form, the form can be downloaded from the COA SDC webpage https://www.childrensal.org/sleep-disorders-healthcare-professionals or call 205-638-9386 for a form to be faxed.
• Fax clinic notes, patient history, demographic sheet and insurance information
• If the patient has Medicaid or Patient 1st, fax a referral form PCP with a valid EPSDT screening date.
• If the patient has Tricare or Viva, fax referral from PCP.
Once all of the information is received, a Sleep Study or Sleep Clinic appointment will be faxed within 24 hours to the referring physician’s office.
The patient will be mailed a Sleep Packet after the appointment is made.

LABORATORY PANELS CONSIST OF THE FOLLOWING
• Comprehensive Metabolic Panel (Na; K; Cl; CO2; Anion Gap; Glucose, BUN, Creatinine; Calcium; Total Protein; Albumin; AST; ALT; Alkaline Phosphatase; Total Bilirubin)
• Fluid Balance Panel (Sodium, Potassium, Chloride, CO2, Anion Gap; Glucose, BUN, Creatinine, Calcium)
• Lipid Panel (Cholesterol; Triglycerides; HDL; LDL; Cholesterol/HDL ratio)
• Liver Function Panel (Albumin, Alkaline Phosphatase, Direct, Indirect and Total Bilirubin; AST; ALT; Total Protein)
• Electrolyte Panel (Na; K; Cl; CO2; Anion Gap)
• Renal Function Panel (Na; K; Cl; CO2; Anion Gap; Glucose, BUN, Creatinine; Calcium; Albumin; Phosphorous)
• Hepatitis Panel (Hepatitis B Surface Antigen; Hepatitis B Core IgM Antibody; Hepatitis A IgM Antibody; Hepatitis C Antibody)

INFORMATION FOR PATIENTS/PARENTS FOR LABORATORY SERVICES
For parents instructed by physician to go to the Children’s downtown Campus for laboratory services, the patient must be registered first.

Weekday Daytime Hours
Please go to Referred Testing Registration located on the 2nd Floor, McWane Building (7th Avenue South)
• Monday – Thursday: 6:00 am – 7:30 pm
• Friday: 6:00 am – 5:00 pm

Weekday After Hours
Please go to Admitting located on the 2nd Floor, Benjamin Russell Hospital for Children (5th Avenue South) for Registration
• Monday – Thursday: 7:30 pm – 9:00 pm
• Friday: 5:00 pm to 9:00 pm

Weekends
Please go to Admitting located on the 2nd Floor, Benjamin Russell Hospital for Children (5th Avenue South) for Registration
• Saturday & Sunday: 8:00 am – 9:00 pm