



Department Of Pathology
CLINICAL CHEMISTRY LABORATORY
Outreach Requisition Form

TODAY'S DATE

Internal Use Only: Date Received CCNumber Initials

DO NOT HAND-WRITE IN THIS FORM. TYPE IN THE FIELDS AND PRINT.

PATIENT INFORMATION - 5 Patient Identifiers Required

Patient Name _____

Medical Record Number _____

Date of Birth _____

Gender: Male Female Unknown

Patient Facesheet with 2 additional identifiers:

Provided Not available

Provide the following if Patient Facesheet is not available:

Patient Address Patient Phone Number

ORDERING PHYSICIAN

Name _____

NPI Number _____

Phone _____ E-mail _____

REPORT RECIPIENT INFORMATION

Fax number for report _____

Secure E-mail for report _____

SAMPLE INFORMATION

Peripheral Blood (venous) Collection Date/Time _____ Specimen Accession # _____

TEST MENU

SARS COV-2 Antibody [LAB1230223] *Please contact the Clinical Chemistry Lab (832-824-5152)*

Fecal Calprotectin [LAB1230094] *for more information or sample requirements on these tests.*

Please click on individual test names below to see information about sample requirements in the Pathology Online Catalog.

Procalcitonin

Allergen (Select from list below)

- | | | | |
|--|--|---|---|
| Aeroallergen Indoor Panel | Bird Feathers IgE | Corn (Maize) | Hormodendrum IgE |
| Aeroallergen Outdoor | Black Willow IgE | Cows Milk IgE | Johnson Grass IgE |
| Almond IgE | Blue Mussel IgE | Crab IgE | Lobster IgE |
| Alpha-Lactalbumin IgE | Bovine Gelatin IgE | Derma Farinae IgE | Marsh Elder IgE |
| Alternaria IgE | Brazil Nut IgE | Derma Pteronyssinus IgE | Mixed Nuts Allergen Panel |
| American Elm IgE | Careless Weed IgE | Dog IgE | Mountain Cedar IgE |
| Ara H 1 (Peanut Component) IgE | Casein IgE | Eastern Cottonwood IgE | Mouse Urine IgE |
| Ara H 2 (Peanut Component) IgE | Cashew IgE | Egg White IgE | Mugwort IgE |
| Ara H 3 (Peanut Component) IgE | Cat IgE | Egg Yolk IgE | Mulberry IgE |
| Ara H 8 (Peanut Component) IgE | Catfish IgE | English Plantain IgE | Nettle IgE |
| Ara H 9 (Peanut Component) IgE | Chestnut IgE | Fire Ant IgE | Oak IgE |
| Ash IgE | Chicken IgE | Fish Allergen Panel | Ovomucoid IgE |
| Aspergillus IgE | Clam IgE | Flounder IgE | Oyster IgE |
| Bahia Grass IgE | Cocklebur IgE | Food Allergen Panel | Paper Wasp IgE |
| Beef IgE | Cockroach,American IgE | Hackberry IgE | Peanut IgE |
| Bermuda Grass IgE | Cockroach,German IgE | Hazelnut IgE | Pecan IgE |
| Beta-Lactoglobulin IgE | Coconut IgE | Helminthosporium IgE | |
| Birch IgE | Codfish IgE | Honey Bee IgE | |

QUESTIONS?

Dr. Devaraj
sxdevara@texaschildrens.org

Clinical Chemistry Outreach
PathologyOutreachLab@texaschildrens.org
 832-824-5152



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CLINICAL CHEMISTRY LABORATORY
Outreach Requisition Form

PATIENT INFORMATION

Last Name _____ Medical Record Number _____
First Name _____ Date of Birth _____
Middle Name _____

BILLING INFORMATION

Institutional Billing

Institution/Department _____ Billing Contact _____
Street Address _____ Phone _____ Fax _____
Address Line 2 _____ E-mail _____
City _____
State _____ Zip _____

SHIPPING CHECKLIST (FOR USE BY SENDER):

Copy of this Form

Sample

From:

Ship to: Attn: Chemistry Outreach
Texas Children's Hospital
Department of Pathology
6621 Fannin, WB110.06
Houston, TX 77030
Phone: 832-824-5152