



Children's of Alabama

COA Office Use Only Patient Label

Referred Testing Order Form

Patient and physician instructions on back of form

Patient Name: Patient Date of Birth: Patient Home Phone: Current Height: Current Weight: Allergies: Date of Scheduled Test/Procedure (If Known): Time be Scheduled Test/Procedure (If Known):

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

Patient's Current Medications (Required for lab cultures and drug levels) Name, Dosage, and Frequency:

Physician's/Prescriber Signature (Required): Date(Required): Time: Printed Physician's/Prescriber name (Required): Office Number (Required):

LABORATORY

DOES THE PATIENT HAVE A PORT THAT YOU REQUEST USED FOR BLOOD DRAW? YES OR NO. IF YES, please include order for heparin.

Table with 4 columns: Heparin LOOK ALIKE/SOUND ALIKE, Calculate Dose, Route, Infusion Instructions. Rows include Heparin Flush (TEN) 10 units/mL and Heparin Flush (HUNDRED) 100units/mL.

- Activated Partial Thromboplastin Time
Anti-Thrombin III
Anti-XA Level
Bilirubin Level Fractioned
Bilirubin Level Fractioned Neonatal Less than 30 days
Complete Blood Count for Cytopenias with Automated Differential
Complete Blood Count for Cytopenias with Manual Differential
Complete Blood Count No Differential
Complete Blood Count with Automated Differential
Complete Blood Count with Manual Differential
Comprehensive Metabolic Panel
Comprehensive Metabolic Panel Less than 30 Days Old
Cystic Fibrosis Culture
Fluid Balance Panel

- Glucose Tolerance Test (MUST BE SCHEDULED, call 205-638-9141)
Hemoglobin S Quantitative
Lead
Liver Function Panel
Pregnancy Test Urine
Prothrombin Time (PT)-INR Study
Prothrombin Time and Activate Partial Thromboplastin Time (PT/PTT)
Renal Function Panel
Sickle Cell Screen
Stool Culture
Sweat Test (MUST BE SCHEDULED, call 205-638-9141)
Urine Culture Clean Catch
Urinalysis

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

*For questions, please call 205-638-9612

ECG Routine (If follow up post-Covid, date of positive test:)

EEG: Routine 1 hour Ambulatory Schedule: Call 205-638-9291 FAX ORDER 205-638-5383

SLEEP STUDY Schedule: Call 205-638-9386 FAX ORDER to 638-2466. Sleep history form must be sent prior to scheduling. See back of form for additional instructions.

GI LAB: (Specify Procedure) Schedule: Call 205-638-9020 FAX ORDER 205-638-2075

IMAGING

(Indicate location, site, and with or without contrast. For questions call (205-638-9730)

- X-ray: No scheduling required Fax Order 205-638-5383 (Downtown) Fax Order 205-638-4803 (South)
Fluoroscopy: Schedule 205-638-2378 Fax Order 205-638-5383 (Downtown) Schedule 205-638-2378 Fax Order 205-638-4803 (South)
Ultrasound: Schedule 205-638-2378 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 205-638-2378 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 205-638-2378 Fax Order 205-638-3150 Fax Order 205-638-4803
MRI: Schedule without GA or Sedation 205-638-2378 Fax Order 205-638-5383 With GA: (Downtown) With Sedation: (South) Schedule 205-638-2378 Fax Order 205-638-3150 Fax Order 205-638-4803
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):

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

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, fax a referral form 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 Phosphate; 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