Lab Test Request Form
Clinical Chemistry

Revision 07/2019

BOLD PRINT INDICATES REQUIRED INFORMATION. INCOMPLETE INFORMATION MAY CAUSE SPECIMEN REJECTION.

Patient Information

First Name: **Last Name:** Middle Initial: **Date of Birth:** / /

Address: City:

State: Zipcode: Parish: Passport ID:

Marital Status:
- ☐ Divorced
- ☐ Widowed
- ☐ Married
- ☐ Unknown
- ☐ Separated
- ☐ Other
- ☐ Single

Gender:
- ☐ Male
- ☐ Female

Hispanic?

Race:
- ☐ AI - American Indian/Alaskan Native
- ☐ AP- Asian Pacific
- ☐ BL - Black/African American
- ☐ MR - More than One
- ☐ PI - Pacific Islander/Native Hawaiian
- ☐ OT - Other
- ☐ WH - White/Caucasian
- ☐ UK - Unknown/Unreported

2nd Unique ID (not DOB)	Chart Number	Bayou Health Plan Name	Bayou Health Identification Number

Medical Provider Name	Medical Provider ID Number	Clinic Type or OPH Code

Specimen Information

For test information, see www.lab.dhh.louisiana.gov or call 225-219-5200.

- ☐ TB Panel / ALT
- ☐ TB Panel
- ☐ AST / ALT
- ☐ ALT
- ☐ AST

Date of Collection: / / **Time:** : **Initial:**

Specimen Type: ☐ Serum **Frozen Date and Time:**

Submitter Information

If you know your StarLims Facility Identification Number, enter it here.

Facility Name:

Facility Address:

Optional - Facility Stamp

Primary Conact:

Phone/Fax: /

Ordering Provider:

Phone/Fax: /

Reason for Testing:

Ship Specimens to LDH-OPH Central Lab, 1209 Leesville Avenue, Baton Rouge, LA 70802

TO BE COMPLETED BY STATE LABORATORY

LABORATORY NUMBER:

TEMPERATURE:

TUBE EXPIRATION:

Collection Tube	*Viral Transport*	*Other*

DATE/TIME RECEIVED STAMP: