



**CARO REGION**

P.O. Box 435  
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 Caro, MI 48723-0435  
 989-673-3141

Patient Name:		D.O.B.	MR #
Order Date:	Date to be Done:		Fasting: N Y _____ hrs
Ordering Physician:		Copy to:	
Diagnosis:			
Diagnosis:			

	Profiles	Coagulation	HbA1c	Microbiology
	Basic Metabolic	Protime/INR	Glucose 2 hr PP	Sputum Culture
	Comprehensive Metabolic	PTT	HCG quant	Stool Culture
	Electrolytes	D-dimer	HDL	Stool Culture w/Shiga Toxins
	Lipid	<b>Urine testing</b>	Iron	Throat Culture
	Liver	Urinalysis	Iron binding	Blood Culture x _____
	<b>Hematology</b>	UA (*do Microscopic if Leukoesterase is positive) (*do Culture if WBC >5)	Lactate	C Diff Toxin Gene
	Hemoglobin		LDH	Fecal Leukocytes
	Hematocrit		Lipase	Post Vas. Sperm count
	CBC w/o diff	Urinalysis w/Microscopic	Magnesium	<b>Glucose Tolerance</b>
	CBC w/diff	Urine Culture	Phosphorus	Gestational (1hr)
	Platelet	Urine Creatinine	Potassium	GTT 2 Hr
	WBC	Urine Protein	PSA diagnostic	GTT 3Hr
	Sed Rate	Urine Pregnancy	PSA screening	GTT 4 Hr
	<b>Serology</b>	Urine Microalbumin	Rheumatoid Factor	GTT 5Hr
	HIV 1&2	<b>Chemistry</b>	Salicylates	<b>CSF</b>
	Influenza A&B	Albumin	SGOT (AST)	CSF Glucose
	Mono	Alcohol	SGPT (ALT)	CSF Protein
	RSV	Alk Phos	Sodium	CSF WBC
	Rapid Strep	Acetaminophen	Tegretol	CSF Culture
	Serum Pregnancy	Amylase	Testosterone	Gram stain
	Occult Blood Diagnostic	Bilirubin total	T Protein	<b>Reference lab</b>
	Occult Blood Screening	Bilirubin direct	Triglycerides	Hepatitis Panel
	H pylori	BNP	Troponin	Intact PTH
	ANA	BUN	Uric Acid	Free Testosterone
	ANA w/titer if positive	Calcium	Valproic Acid	Lead
	DNA (double stranded)	Calcium Ionized	Vancomycin Peak	Cortisol: AM PM
	<b>Thyroid</b>	CEA	Vancomycin Trough	<b>Other:</b>
	TSH	Chloride	Vitamin B 12	
	T3	Cholesterol	Vitamin D 25 OH	
	T4	CO2	<b>Urine drug screen</b>	
	Free T3	CPK	Amphetamines	
	Free T4	Creatinine	Barbituates	
	<b>Blood Bank</b>	CRP	THC	
	Type & Rh	Digoxin	Cocaine	
	Antibody Screen	Dilantin	Opiates	
	DAT	Ferritin	Benzodiazapine	
	Crossmatch x _____ units	Folate	TCA	
		Gentamicin	PCP	
		Glucose		