

McLaren Print System Order

Order No: 8336 Reprint Previous Order No: 6905
 Order Date: 2015-01-21
 User: Sandy Van Y
 Phone: 810-342-4114

Ship Location: McLaren Flint - Attn: Lab - Cassie Cox
 401 S. Ballenger Hwy.
 Flint, MI 48532

Forms

Quantity: 1000
 Paragon Dept No: 34510
 Dept Name: Laboratory
 Company Number: 60

Order Total Price: 70.00

Item Number: M-2398 F
 Item Description: Laboratory Test Pads (Sankaran)
 Revision Date: 8/2014
 Print: 2 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill:
 Misc Info:

McLaren FLINT		S. SANKARAN, M.D. (345)	
Department of Laboratory Medicine 401 S. Ballenger Hwy. • Flint, MI 48502-0850 (810) 342-4114 • CLIA No. 2202090088		2200 W. Victoria Rd. C/O: M-48420 (810) 696-4300	
Patient: _____ Date of Birth: _____		Physician: _____ Date: _____	
Diagnosis: _____		MR # _____	
Physician Signature: _____		TEST PROFILES <small>Requires Referral</small>	
<input type="checkbox"/> Chewing		URINE - RANDOM SPECIMEN	
HEMATOLOGY		<input type="checkbox"/> Hematocrit (Hct) <input type="checkbox"/> Hemoglobin (Hgb) <input type="checkbox"/> Hemoglobin A1c (HbA1c) <input type="checkbox"/> Hemoglobin Electrophoresis (HbE) <input type="checkbox"/> Hemoglobin F (HbF) <input type="checkbox"/> Hemoglobin S (HbS) <input type="checkbox"/> Hemoglobin T (HbT)	
FEUCES		<input type="checkbox"/> Urine Color <input type="checkbox"/> Urine Clarity <input type="checkbox"/> Urine pH <input type="checkbox"/> Urine Specific Gravity (USG)	
COAGULATION		SEROLOGY	
<input type="checkbox"/> Prothrombin Time (PT) <input type="checkbox"/> Partial Thromboplastin Time (PTT)		<input type="checkbox"/> Glucose (Glu) <input type="checkbox"/> Hemoglobin A1c (HbA1c) <input type="checkbox"/> Hemoglobin S (HbS)	
CHEMISTRY		SPECIAL STUDIES	
<input type="checkbox"/> Acid Phosphatase (AcP) <input type="checkbox"/> Alanine Aminotransferase (ALT) <input type="checkbox"/> Aspartate Aminotransferase (AST) <input type="checkbox"/> Bilirubin (Bil) <input type="checkbox"/> Creatinine (Cr) <input type="checkbox"/> Glucose (Glu) <input type="checkbox"/> Hemoglobin A1c (HbA1c) <input type="checkbox"/> Hemoglobin S (HbS) <input type="checkbox"/> Hemoglobin T (HbT)		<input type="checkbox"/> CA 19-9 <input type="checkbox"/> CA 27-29 <input type="checkbox"/> CA 125 <input type="checkbox"/> PSA <input type="checkbox"/> Progesterone (Prog) <input type="checkbox"/> Testosterone (Test)	
OTHER:			

* McLaren patients require verification of diagnosis and RW form (if appropriate).
 M-2398 F Rev. 8/14

McLaren FLINT		S. SANKARAN, M.D. (345)	
Department of Laboratory Medicine 401 S. Ballenger Hwy. • Flint, MI 48502-0850 (810) 342-4114 • CLIA No. 2202090088		2200 W. Victoria Rd. C/O: M-48420 (810) 696-4300	
Patient: _____ Date of Birth: _____		Physician: _____ Date: _____	
Diagnosis: _____		MR # _____	
Physician Signature: _____		TEST PROFILES <small>Requires Referral</small>	
<input type="checkbox"/> Chewing		URINE - RANDOM SPECIMEN	
HEMATOLOGY		<input type="checkbox"/> Hematocrit (Hct) <input type="checkbox"/> Hemoglobin (Hgb) <input type="checkbox"/> Hemoglobin A1c (HbA1c) <input type="checkbox"/> Hemoglobin Electrophoresis (HbE) <input type="checkbox"/> Hemoglobin F (HbF) <input type="checkbox"/> Hemoglobin S (HbS) <input type="checkbox"/> Hemoglobin T (HbT)	
FEUCES		<input type="checkbox"/> Urine Color <input type="checkbox"/> Urine Clarity <input type="checkbox"/> Urine pH <input type="checkbox"/> Urine Specific Gravity (USG)	
COAGULATION		SEROLOGY	
<input type="checkbox"/> Prothrombin Time (PT) <input type="checkbox"/> Partial Thromboplastin Time (PTT)		<input type="checkbox"/> Glucose (Glu) <input type="checkbox"/> Hemoglobin A1c (HbA1c) <input type="checkbox"/> Hemoglobin S (HbS)	
CHEMISTRY		SPECIAL STUDIES	
<input type="checkbox"/> Acid Phosphatase (AcP) <input type="checkbox"/> Alanine Aminotransferase (ALT) <input type="checkbox"/> Aspartate Aminotransferase (AST) <input type="checkbox"/> Bilirubin (Bil) <input type="checkbox"/> Creatinine (Cr) <input type="checkbox"/> Glucose (Glu) <input type="checkbox"/> Hemoglobin A1c (HbA1c) <input type="checkbox"/> Hemoglobin S (HbS) <input type="checkbox"/> Hemoglobin T (HbT)		<input type="checkbox"/> CA 19-9 <input type="checkbox"/> CA 27-29 <input type="checkbox"/> CA 125 <input type="checkbox"/> PSA <input type="checkbox"/> Progesterone (Prog) <input type="checkbox"/> Testosterone (Test)	
OTHER:			

* McLaren patients require verification of diagnosis and RW form (if appropriate).
 M-2398 F Rev. 8/14