



BURL CUSTOM LAB REQUISITION

UCLA Outreach Clinical Laboratory
PH: 310.267.2680 FX: 818.989.6778

ORDERING MD/ CLIENT INFORMATION
 HARBOR UCLA 12300010
 AUTHORIZING PROVIDER FULL NAME & NPI:
 NPI:
 1000 W. CARSON ST. DEPT OF PATHOLOGY RM 2S-4
 TORRANCE, CA 90509
 PH: 424-306-6292 (MAGGIE QUE, MON-FRI)
 PH: 424-306-6237 (PARIJAT LYNGDOH, MON-FRI)
 PH: 310-503-8588 (TONI ONTIVEROS, AS NEEDED)
 FAX: 310-222-6485

PATIENT NAME (LAST)		(FIRST)	(MI)
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (MM/DD/YYYY) ____ / ____ / ____		
ADDRESS			
CITY	STATE	ZIP CODE	PHONE
BILL TYPE: <input checked="" type="checkbox"/> M.D. / CLIENT <input type="checkbox"/> PATIENT / INSURANCE <i>ATTACH DEMOGRAPHIC SHEET WITH INSURANCE INFORMATION</i>			
Indicate: Diagnosis / Signs / Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)	ICD-CM:	ICD-CM:	ICD-CM:
COPY TO (FULL NAME / FAX NUMBER):			

SPECIMEN INFORMATION

Date/Time Collected: _____ Collected By: _____
 STAT (STAT result is called only when critical value is obtained)
Specimen must be labeled with at least two patient identifiers.

EDTA Whole Blood, **Lav** Serum, **Red** Aliquot, indicate type:
 Citrated Whole Blood, **Lt Blu** Urine, Random **Ur** Plasma, **EDTA**
 Serum Separator Tube, **Gold** Other, specify: UVT Plasma, **heparin**
 serum

[] COVID-19 PCR, UPPER RESPIRATORY SOURCE: NASOPHARYNGEAL

INSTRUCTIONS: SUBMIT SPECIMEN IN UNIVERSAL VIRAL TRANSPORT (UVT); SPECIMEN MUST BE KEPT REFRIGERATED AT ALL TIMES

LABEL SPECIMEN WITH AT LEAST TWO UNIQUE PATIENT IDENTIFIERS; PATIENT FULL NAME & DATE OF BIRTH; INCLUDE COLLECTION DATE

ALL INFORMATION ON SPECIMEN & REQUISITION MUCH MATCH EXACTLY; ANY MISSING OR DISCREPANT INFO WILL DELAY TEST RESULT

Questions? Please call Client Services 310.267.2680