



Harbor-UCLA
 MEDICAL CENTER
 County of Los Angeles

Department of Health Services

1000 West Carson Street

Torrance, CA 90502

Holli Mason, MD, Chair and Laboratory Director

Affix patient label here
 if available.

LABORATORY MISCELLANEOUS REQUEST FORM

Date of Request	Patient Last Name	Patient First Name	Patient Location
Medical Record Number	FIN Number	Date of Birth (MM/DD/YYYY)	Diagnosis
Ordering Provider ID #	Provider Name	Provider Pager #	Extension #
Collection Date	Collection Time (Military time)	Collectors e#	Collectors Name

Send to Laboratory 2nd Floor Pathology ext 66224

Use this form for orders not available inPowerchart: (one test per form)

- Locate test from the contracted reference laboratory's website www.questdiagnostics.com/testcenter or call Quest San Juan Capistrano call center at (877)683-7139.
- Complete this form and write legibly. Properly completing this form will prevent ordering the incorrect test or improperly collecting the sample.
- Copy the exact Quest test name and test code. Complete the Clinical Justification.
- Fill special Instructions with lab location, type of specimen and temperature storage requirements.
- For tests not available at Quest Diagnostics lab, complete also the Request for Non Contract Laboratory Service form to send out to the preferred non contract lab.
- Submit sample with two patient identifier with this form. Call X64140 to arrange phlebotomy service
- Call x66236 or x66235 for questions.

Source of Specimen

Blood

CSF

Urine

Other(specify) _____

NAME OF TEST:

TEST CODE:

CLINICAL JUSTIFICATION:

Comments / Special Instruction: