

Trauma Room Rapid Laboratory Testing Requisition

**** Use for Pediatric Trauma Room Samples Only****

Attach Patient Label Here

1. Sample type

- Arterial syringe - (minimum 1 ml)
- Venous
 - green top tube- minimum ½ fill (1.5 ml)
 - green top microtainer- minimum 400 mark (0.4 ml)
- Capillary
 - Capillary collected by Lab- one full capillary (0.1 ml)



2. Test(s) requested

- Rapid metabolic profile (pH, pCO₂, pO₂, Bicarb, Na, K, Hgb, Glucose, Lactate, iCa, O₂ Sat, BE)
- CRP and Creatinine
- Carboxy Hgb
- Met Hgb

3. Time of collection: _____:_____

4. Place sample in biohazard bag with requisition.

5. Send sample to Lab via pneumatic tube.

Lab use only

Time Received in lab: _____:_____

Results phoned to: _____

Call 764060- Peds Emerg PCC

Attach Meditech Label Here

Results phoned time: _____:_____