

INPATIENT SENDOUT LABORATORY FORM

NY Presbyterian Hospital/Weill Cornell

525 East 68th Street

New York, NY 10021

212-746-0675 option #3

Patient Location (Unit)

MRN/EMPI:

Prior to submitting blood work:**Contact the performing lab for test requirements and collection stability****Is this a New York State approved test:** Check appropriate box: YES ☐ NO ☐**If No: Do not submit Specimen until you get approval from New York State Department of Health (DOH)****Use form:** [New York State Non-Permitted Laboratory Test Request Approval Form](#)**Specimen submission:** Please complete this form in its entirety - ALL information is required.**Print requisition and deliver with labeled specimens to Sendout Lab (L-801)** during business days, Monday to Friday, between 9:00 a.m. and 3:00 p.m.

Ordering Provider _____ Phone: _____ FAX: _____

Ordering Provider Signature: _____ Date and Time _____

Follow up contact name: _____ Phone number: _____

Patient information

Last Name _____ First _____ M.I. _____

Check one:

Male ☐Female ☐

Date of Birth: ____ / ____ / ____

Diagnosis: Provide ALL Appropriate ICD10 Dx Codes

Specimen Collection:

Date:

Time:

Specimen Type or Source:

Start Time: _____ Timed Urine

End Time: _____

Volume (mL): _____

Clinical use reasoning:**Full test name:****Test number/Code:****Performing Send-out Laboratory name:***Internal Lab Use ONLY*[Place Cerner Label Here:](#)[Follow-up Notes:](#)