Emory Medical Laboratories Grant Requisition

RESULTS WILL NOT POST TO PATIENT'S EHC CHART

Only laboratory personnel can view orders & results

If results are to be **INCLUDED** in the patient's EHC hospital chart, **DO NOT USE THIS FORM.**
USE THIS FORM ONLY IF results are to be **EXCLUDED** from the patient's EHC hospital chart
or if they are non-Emory Healthcare patients, non-human specimens, or animals.

REQUIRED INFORMATION: Specimen may not be accepted if section below not completed in full

Specimen Last Name:	**Specimen First Name:**	
Birth Date [If N/A, use 1/1/55]**:**	**Sex/Gender:**	
Research Coordinator:	**Phone #:**	**PIC #:**
Principal Investigator:	**Department:**	
Contact for Critical Values:	**Phone #:**	**PIC #:**
10 Digit Speedtype/Grant Account/FAS #:		

RESULTS TO BE FAXED TO: _____

Specimen Collection Date: _____   **Collection Time:** _____

Please fill out as much as possible below to ensure order accuracy.

Test # *Ex: LAB294*	CPT Code *Ex: 85027*	Test Description *Ex: CBC w/auto diff*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Visit the EML Website for Test Catalog and other information
http://www.emoryhealthcare.org/medical-lab-services/index.html

Revised December 2022