LABORATORY TEST REQUISITION

Metro Regional Diagnostics · Req #MRD-88421

FAX BACK: (503) 555-0199

PATIENT

NAME
Jordan A. Whitmore

DOB 11/03/1988 MRN MRN-440921

ORDERING PROVIDER

NAME
Dr. Elena Vasquez

NPI 1629384750 SITE Riverside Clinic

COLLECTION

DATE / TIME 05/21/2026 08:15 AM FASTING [X] Yes [ ] No

TESTS ORDERED

TEST	CPT
CBC with differential	85025
Comprehensive metabolic panel	80053
HbA1c	83036
Lipid panel	80061

CLINICAL INDICATION

Annual wellness visit. Monitor glycemic control and lipid profile.
ICD-10: Z00.00, E11.9

PRIORITY

[ ] STAT [X] Routine [ ] Timed draw

PHLEBOTOMIST INITIALS

DATE RECEIVED

Specimens must be labeled at bedside. Reject hemolyzed samples per lab policy §4.2.