

Louisiana State University Health Sciences Center Medical Center of Louisiana at New Orleans

SPECIAL LAB

Admitting Use Only	Date: _____ Time: _____ Physician's Name (please print): _____ Beeper: _____ Service: _____ Physician's Signature: _____																			
	Print diagnosis for each test series in shaded spaces below.																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Autoimmune diagnosis?</th> </tr> <tr><td style="padding: 5px;">ANA (ANAS)</td></tr> <tr><td style="padding: 5px;">Anti DNA (DNAB)</td></tr> <tr><td style="padding: 5px;">C Reactive Protein (CRP)</td></tr> <tr><td style="padding: 5px;">Rheumatoid Factor (RFQT)</td></tr> <tr><td style="padding: 5px;">Other _____</td></tr> <tr><td style="padding: 5px;">Other _____</td></tr> <tr><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td></tr> <tr> <th style="text-align: left; padding: 5px;">Anemia diagnosis?</th> </tr> <tr><td style="padding: 5px;">Ferritin (FERR)</td></tr> <tr><td style="padding: 5px;">Folate (FOL)</td></tr> <tr><td style="padding: 5px;">RBC Folate (RCFR)</td></tr> <tr><td style="padding: 5px;">Vitamin B12 (B12)</td></tr> <tr><td style="padding: 5px;"> </td></tr> </table>	Autoimmune diagnosis?	ANA (ANAS)	Anti DNA (DNAB)	C Reactive Protein (CRP)	Rheumatoid Factor (RFQT)	Other _____	Other _____			Anemia diagnosis?	Ferritin (FERR)	Folate (FOL)	RBC Folate (RCFR)	Vitamin B12 (B12)					
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