



JOSLIN DIABETES CENTER
an affiliate at St. Vincent Charity Hospital

Phone: 216-363-3301 Fax: 216-363-3304

LAB HOURS: MONDAY – FRIDAY
7:00 AM – 7:00 PM

**ST. VINCENT CHARITY
MEDICAL CENTER**

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com

A Ministry of the Sisters of Charity Health System

LABORATORY ORDER

PLEASE OBTAIN THE LAB TEST(S) MARKED BELOW:

ALT _____ AST _____

BASIC METABOLIC PROFILE _____

CBC WITH PLATELETS _____

GLUCOSE _____ HEMOGLOBIN A1C _____

FASTING LIPID PROFILE _____

THYROXINE AND T3 RESIN UPTAKE (FTI) _____

TSH _____ TOTAL T3 (TRIIODOTHYRONINE) _____

ANTI-THYROID MICROSOMAL ANTIBODIES

FREE T4 BY EQUILIBRIUM DIALYSIS _____

SPOT URINE FOR MICROALBUMIN / CREATININE RATIO _____

OTHER TESTS:

DIAGNOSIS: _____
(ICD9)

PHYSICIAN OR NURSE PRACTITIONER SIGNATURE: _____
(DANIEL WEISS MD OR PAMELA COMBS RN, MSN, BC-ANP, CDE)

PLEASE OBTAIN LAB TESTS 1 WEEK BEFORE NEXT OFFICE VISIT IN _____

WITH _____

PLEASE FAX RESULTS TO 216-363-3304

ADDITIONAL COPIES TO: _____



MRPOOUT

SVPOD-124 (5/05)



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