

# URINE/BODY FLUIDS

**RUSH UNIVERSITY MEDICAL CENTER**  
**RUSH MEDICAL LABORATORIES**  
 CHICAGO, ILLINOIS 60612  
 DIRECTOR: MARK POOL, MD

**COLLECTION DATE:** \_\_\_\_\_

**COLLECTION TIME:** \_\_\_\_\_ A.M.  
 \_\_\_\_\_ P.M.

**PRIORITY:**  
 **STAT**  
 ( ONLY TESTS IN RED ARE AVAILABLE STAT )

**FOR LAB USE ONLY**

ACC# \_\_\_\_\_

**ORDERING PHYSICIAN (MANDATORY):** \_\_\_\_\_ **PAGER# (MANDATORY):** \_\_\_\_\_

**PATIENT DIAGNOSIS (MANDATORY)**  
 ICD-10 CODE or NARRATIVE \_\_\_\_\_  **RESEARCH PATIENT NOT BILLED TO A FUND #, ENTER V70.7.**

**NOTE:** If federal reimbursement will be sought for the ordered services, physicians must only order those tests that meet Medicare requirements for medical necessity. Medicare generally does not cover routine screening tests.

**AMNIOTIC FLUID TESTS**

**DO NOT ORDER AMNIOTIC FLUID TESTS ON THIS REQUISITION.**  
 Use the light blue AMNIOTIC FLUID requisition (RML Form #4012) to order:  
 FETAL LUNG MATURITY  
 L/S RATIO & PG  
 SPECTROPHOTOMETRY  
 Use SPECIALTY TEST requisition (RML Form #4010) to order:  
 ALPHA FETOPROTEIN  
 CHROMOSOME STUDIES

**MUST INDICATE SPECIFIC SOURCE (MANDATORY)**

CSF                       PERITONEAL  
 DIALYSIS               SYNOVIAL JOINT SOURCE \_\_\_\_\_  
 PLEURAL                 OTHER

**SPINAL FLUID TESTS ONLY**

CELL COUNT/Differential-CSF [CSFCD] Tube #	C	89051
CHLORIDE [CCL]	C	82438
GLUCOSE [CGLU]	C	82945
GLUCOSE/PROTEIN PANEL [CSFP]	C	82945/84157
HEMATOCRIT [FHCT]	C	85013
IGG/ALBUMIN RATIO [CIGAL]	C	86329
LACTIC ACID [CLACT]	C@	83605
LDH [CLDH]	C	83615
OLIGOCLONAL BANDS [OLIO] requires serum also	C + R	83916
PROTEIN [CPRO]	C	84157
TOTAL BILIRUBIN [CTBIL]	C	82247
VDRL [CVDRL]	C	86592

**RANDOM URINE TESTS**

URINALYSIS [UA]	SC	81003
CULTURE [CXUR]	SC	87086
AMYLASE [UAMY]	SC	82150
CALCIUM [UCAR]	SC	82340
CARBON DIOXIDE [UCO2R]	SC	82374
CHLORIDE [UCLR]	SC	82436
CREATININE [UCRER]	SC	82570
DRUG SCREEN [UDS]	SC	80301
GLUCOSE [UGLUR]	SC	82945
IMMUNOELECTROPHORESIS [UIFER]	SC	84156, 84166, 86335
MAGNESIUM [UMGR]	SC	83735
MICROALBUMIN [UMALR] Includes urine creatinine	SC	82043, 82570
OSMOLALITY [UOSMO]	SC	83935
PHOSPHORUS [UPHOR]	SC	84105
POTASSIUM [UKR]	SC	84133
PREGNANCY [UHCG]	SC	84703
PROTEIN [UTPR]	SC	84156
PROTEIN ELECTROPHORESIS [UPER]	SC	84156, 84166
SODIUM [UNAR]	SC	84300
UREA NITROGEN [UUNR]	SC	84540
URIC ACID [UUAR]	SC	84560

**OTHER FLUID TESTS**

ALBUMIN [FALB]	R	82042
AMYLASE [FAMY]	R	82150
CALCIUM [FCA]	R	82310
CARBON DIOXIDE [FCO2]	R	82374
CELL COUNT/Differential- Synovial [FSYN]	L or GR	89051
CELL COUNT/Differential- Pleural [FPLRL]	L or GR	89051
CELL COUNT/Differential- Pericardial [FPCRD]	L or GR	89051
CELL COUNT/Differential- Peritoneal Dial [FPERI]	L or GR	89051
CELL COUNT/Differential- Miscellaneous [FMISC]	L or GR	89051
CHLORIDE [FCL]	R	82438
CHOLESTEROL [FCHOL]	R	82465
CREATININE [FCREA]	R	82570
CRYSTAL ANALYSIS [FCRMO]	L or GR	89060
GLUCOSE [FGLU]	R	82945
HEMATOCRIT [FHCT]	R	85013
LDH [FLDH]	R	83615
LIPASE [FLIP]	R	83690
pH [FPH]	R	83986
PHOSPHORUS [FPO4]	R	84100
POTASSIUM [FLDK]	R	84132
PROTEIN [FPRO]	R	84157
SODIUM [FNA]	R	84302
SPECIFIC GRAVITY [FSPGR]	R	84315
TOTAL BILIRUBIN [FTBIL]	R	82247
TRIGLYCERIDES [FTRIG]	R	84478
UREA NITROGEN [FUN]	R	84540
URIC ACID [FURIC]	R	84560

**TIMED URINE TESTS**

COLLECTION TIME _____ HOURS		
AMYLASE [UAMY]	Bottle #1	82150, 81050
CALCIUM [UCA]	Bottle #1 or #4	82340, 81050
CHLORIDE [UCL]	Bottle #1	82436, 81050
CREATININE [UCREA]	Bottle #1	82570, 81050
CREATININE CLEARANCE [UCRC] Need serum creatinine within 3 days.	Bottle #1	82575, 81050
GLUCOSE [UGLU]	Bottle #1	82945, 81050
IMMUNOELECTROPHORESIS [UIFE]	Bottle #1	84166, 84156 81050, 86335
MAGNESIUM [UMG]	Bottle #1 or #4	83735, 81050
MICROALBUMIN [UMALR]	Bottle #1	82043, 81050
PHOSPHORUS [UPO4]	Bottle #1 or #4	84105, 81050
POTASSIUM [UK]	Bottle #1	84133, 81050
PROTEIN [UTP]	Bottle #1	84156, 81050
PROTEIN ELECTROPHORESIS [UPE]	Bottle #1	84166, 84156, 81050
SODIUM [UNA]	Bottle #1	84300, 81050
UREA NITROGEN [UUN]	Bottle #1	84540, 81050
URIC ACID [UUA]	Bottle #1	84560, 81050

**OTHER TESTS**

STONE ANALYSIS [CALCU]	SC	52355
Please print legibly one test per line.		

**FECES TESTS**

HEMOCCULT [QHEM]	FC	82270
CHLORIDE 24 hr. [QCL]	FC	82438
FAT- QUALITATIVE [QFAT]	FC	82705
FAT- QUANTITATIVE 24 hr. [QTLIP]	FC	82710
PANCREATIC ELASTASE [Q/PANC]	FC	82656
POTASSIUM 24 hr. [QK]	FC	84311
SODIUM 24 hr. [QNA]	FC	84302

CPT codes are solely for informational purposes.  
 Codes may vary by third party payors.

RML FORM NO. 4011

(3/2026)

**CONTAINER CODES:**    **C**=CSF Sterile Container    **FC**=Feces Container    **GR**=Green    **L**=Lavender    **R**=Red  
**SC**=Sterile Container    **@**=Deliver specimen on ice