Submitter (Client) Bill Only

Children's Hospital Colorado

CHCO Clinical Laboratory

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Shipping Address:
Children's Hospital Colorado
Clinical Laboratory, Lower Level
13123 E 16th Ave, Room B0200
Aurora, CO 80045

Submitter/Institution Information			Patient Information		
Institution:			Patient's Last Name First Middle		
Address:			DOB:	Sex:	Gender:
City: State: Zip:			Diagnosis:		
Phone:	Fax:		Ordering Provider (Last, First, Middle Initial):		
Contact Name:			Phone:	Fax:	
Phone:	Email:		Email:		

By submitting this form to CHCO, you acknowledge and agree to our standard Terms and Conditions and agree to pay CHCO the rates associated with our standard fee schedule in effect on the day the specimen is received.

Required Specimen Information

Date Collected:	Time Collected: AM/PM	External ID:

Specimen Source: Blood Other: _____

Testing Information

	Chemistry			Hematology	
	Comprehensive Metabolic Panel (CMP)	LAB1486		CBC w/Auto Diff	LAB1013
	Bilirubin Neonatal Profile	LAB5847		CBC w/out Diff	LAB1007
	Ferritin	LAB1913		Sed Rate	LAB1152
	Thyroid Stimulating Hormone (TSH)	LAB1917		Sickle Cell	LAB1168
	T4 Free	LAB1916		**Microbiology**	
	T4 Total	LAB1915		Respiratory Pathogen Panel	LAB5595
	C-Reactive Protein (CRP)	LAB1834		Gastrointestinal Pathogen PCR with C. Diff	LAB6958
	Iron & Iron Binding Capacity Panel	LAB1775		Gastrointestinal Pathogen PCR with**out** C. Diff	LAB8434
	Tissue Transglutaminase IgA Antibody (TTG)	LAB5871		B. pertussis & B. parapertussis PCR	LAB10331
	Vitamin D 25-OH	LAB6426*		**Additional Testing**	
	Immunoglobulin A (IgA)	LAB1510			
	Immunoglobulin G (IgG)	LAB1511			
	Immunoglobulin M (IgM)	LAB1512			
	Lipid Panel w/Calculated LDL	LAB1889			
	A1c Hemoglobin	LAB1947			

* CMS indicates that Vitamin D testing may not be used for routine or other screening.

For additional questions or a copy of our Terms and Agreements, please reach out to LabClientServices@childrenscolorado.org
To review our test catalog for specimen requirements, please visit https://childrenscolorado.testcatalog.org/