

Date of Request \_\_\_\_\_ Visit Number: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Chart #: \_\_\_\_\_ Location: \_\_\_\_\_

Attending Provider: \_\_\_\_\_

Name Last: \_\_\_\_\_ First: \_\_\_\_\_

**Please circle requests below.**  
Check box for STAT. Unless indicated, tests are considered "Routine."

Date of Birth \_\_\_\_\_ Medicaid ID#: \_\_\_\_\_

<b>SPECIMEN</b>	TIME:	DATE:
	COLLECTED BY:	

<b>Diagnosis Code:</b> or <b>Descriptive Diagnosis:</b>
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**Enter in REQ Entry using Chestnut Park Rehabilitation Submitter record**

**PROVIDERS:** Compliance is mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific Diagnosis Code for each outpatient test ordered. Additionally, only tests that are medically necessary for the indicated diagnosis or treatment should be ordered, with supporting documentation in the medical record. For tests included in each panel and reflexive testing, please refer to the back of the requisition form. Under current Medicare regulations, when certain laboratory tests (indicated by an \*) are ordered, and the diagnosis is not listed in the Local Coverage Determination or National Coverage Determination for that test, payment may be denied. In these cases Medicare requires an Advance Beneficiary Notice (waiver of liability) be signed to allow the hospital to bill the patient. The ABN box on the requisition MUST be checked when an ABN is obtained.

- Patient has signed ABN Waiver (ABN)     Patient refused to sign ABN Waiver (ABNR)     ABN not required

CHEMISTRY			HEMATOLOGY			ELECTROPHORESIS		
Code	Test Name	STAT	Code	Test Name	STAT	Code	Test Name	STAT
LAB456	Acetone	<input type="checkbox"/>	LAB294	Heme Profile *	<input type="checkbox"/>	LAB1077	Monoclonal screen	
LAB45601	Beta-Hydroxybutyrate	<input type="checkbox"/>	LAB1748	Heme Profile w/Auto Diff *	<input type="checkbox"/>		With Reflex IFE,	
LAB45	Albumin	<input type="checkbox"/>	LAB289	Hematocrit *	<input type="checkbox"/>	LAB174	Serum IFE	
LAB112	Alk Phos	<input type="checkbox"/>	LAB291	Hemoglobin *	<input type="checkbox"/>	LAB119	Serum Protein Electrophoresis	
LAB132	ALT	<input type="checkbox"/>	LAB301	Platelet Count *	<input type="checkbox"/>	<b>MICROBIOLOGY/STOOL</b>		
LAB47	Ammonia	<input type="checkbox"/>	LAB296	Retic Count	<input type="checkbox"/>	LAB257	C.Difficile-Nucleic Acid Amplification Test (NAAT) with Reflex to Toxin	
LAB48	Amylase	<input type="checkbox"/>	LAB547	Sed Rate	<input type="checkbox"/>	LAB2107	Cryptosporidium Molecular assay	
LAB131	AST	<input type="checkbox"/>	LAB299	WBC *	<input type="checkbox"/>	LAB259	Giardia Molecular assay	
LAB52	Bilirubin, Fract	<input type="checkbox"/>	LAB3700	Abs Neutrophil Ct †	<input type="checkbox"/>	LAB2902	Immunochemical (Occult Blood)	
LAB51	Bilirubin, Neonatal	<input type="checkbox"/>	<b>COAGULATION</b>			LAB694	Inpatient Occult Blood (Diagnostic)	<input type="checkbox"/>
LAB50	Bilirubin, Total	<input type="checkbox"/>	LAB313	D-Dimer	<input type="checkbox"/>	LAB258	Ova and Parasites Molecular assay <sup>3</sup>	
LAB106	BNP *	<input type="checkbox"/>	LAB314	Fibrinogen	<input type="checkbox"/>	LAB2231	GI Diarrheal Pathogen Panel	
LAB140	BUN	<input type="checkbox"/>	LAB318	Platelet Function <sup>1*</sup> (Mandatory preschedule) <sup>1</sup>	<input type="checkbox"/>	LAB21010	Stool for WBC	<input type="checkbox"/>
LAB152	C3	<input type="checkbox"/>	LAB320	Prottime/INR *	<input type="checkbox"/>	<b>OTHER TESTING</b>		
LAB151	C4	<input type="checkbox"/>	LAB325	PTT *	<input type="checkbox"/>	<b>Test Name</b>	_____	
LAB155	CA 125 *	<input type="checkbox"/>	<b>URINES</b>			For Microbiology Tests not listed above, you must use Laboratory Test Request Form #4.		
LAB53	Calcium	<input type="checkbox"/>	<input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath. <input type="checkbox"/> Other _____			<b>FAX RESULTS TO:</b> Results are not faxed within Bassett Network, they are available in EMR.		
LAB57	CEA *	<input type="checkbox"/>	LAB21036	Microalbumin & creatinine (random) Quantitative <sup>3</sup>	<input type="checkbox"/>	Name: _____		
LAB59	Chloride	<input type="checkbox"/>	LAB21012	Routine Urinalysis <sup>1</sup>	<input type="checkbox"/>	Number: _____		
LAB60	Cholesterol*	<input type="checkbox"/>	LAB21014	Routine Urinalysis & Culture if Positive <sup>1,2</sup>	<input type="checkbox"/>	<b>Provider Signature on file at Facility</b>		
LAB55	CO2	<input type="checkbox"/>	LAB21015	Macroscopic only	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
LAB17	Comprehensive Metabolic Panel	<input type="checkbox"/>	LAB21017	Microscopic only	<input type="checkbox"/>	Provider's Signature/Name: _____ Signed Date and Time: _____ Received by: _____		
LAB15	Basic Metabolic Panel	<input type="checkbox"/>	LAB437	Pregnancy (Urine)	<input type="checkbox"/>			
LAB61	Cortisol	<input type="checkbox"/>	LAB239	Urine Culture *	<input type="checkbox"/>	REQUISITION Lab		
LAB62	CPK	<input type="checkbox"/>	<b>TDM/TOXICOLOGY</b>					
LAB66	Creatinine <sup>6</sup>	<input type="checkbox"/>	LAB43	Acetaminophen	<input type="checkbox"/>			
LAB150	C-Reactive Protein (cardiac)	<input type="checkbox"/>	LAB21	Carbamazepine	<input type="checkbox"/>			
LAB149	C-Reactive Protein (inflammatory)	<input type="checkbox"/>	LAB23	Digoxin*	<input type="checkbox"/>			
LAB16	Electrolyte	<input type="checkbox"/>	LAB46	Ethanol, Medical	<input type="checkbox"/>			
LAB3076	Estradiol	<input type="checkbox"/>	LAB27	Gentamycin-random	<input type="checkbox"/>			
LAB68	Ferritin *	<input type="checkbox"/>	LAB28	Gentamycin-peak	<input type="checkbox"/>			
LAB69	Folate	<input type="checkbox"/>	LAB26	Gentamycin-trough	<input type="checkbox"/>			
LAB86	FSH	<input type="checkbox"/>	LAB29	Lithium	<input type="checkbox"/>			
LAB85	Gamma GT *	<input type="checkbox"/>	LAB30	Phenobarbitol	<input type="checkbox"/>			
LAB82	Glucose - Random*	<input type="checkbox"/>	LAB31	Phenytoin	<input type="checkbox"/>			
LAB3004	Glucose - Fasting*	<input type="checkbox"/>	LAB34	Salicylate	<input type="checkbox"/>			
LAB90	GlycoHgb (HbA <sub>1c</sub> )*	<input type="checkbox"/>	LAB35	Theophylline	<input type="checkbox"/>			
LAB752	HCG, Tumor Marker* (sendout)	<input type="checkbox"/>	LAB37	Tobramycin-random	<input type="checkbox"/>			
LAB101	HDL Cholesterol*	<input type="checkbox"/>	LAB36	Tobramycin-peak	<input type="checkbox"/>			
LAB54	Ionized Calcium	<input type="checkbox"/>	LAB38	Tobramycin-trough	<input type="checkbox"/>			
LAB3010	Immunoglobulins (IgA, IgG, IgM)	<input type="checkbox"/>	LAB24	Valproic Acid	<input type="checkbox"/>			
LAB3009	Immunoglobulin A	<input type="checkbox"/>	LAB40	Vancomycin-random	<input type="checkbox"/>			
LAB3007	Immunoglobulin G	<input type="checkbox"/>	LAB41	Vancomycin-Peak	<input type="checkbox"/>			
LAB3008	Immunoglobulin M	<input type="checkbox"/>	LAB39	Vancomycin-Trough	<input type="checkbox"/>			
LAB94	Iron *	<input type="checkbox"/>						
LAB3799	%Iron Saturation <sup>4*</sup>	<input type="checkbox"/>						

**TESTS INCLUDED IN PANELS****CHEMISTRY:****Comprehensive Metabolic (LAB17)**

Albumin  
Alk Phos  
Bilirubin, Total  
BUN  
Calcium  
Chloride  
CO2  
Creatinine  
Glucose  
Potassium  
Protein, Total  
Sodium  
ALT  
AST

**Electrolyte (LAB16)**

Sodium  
Potassium  
Chloride  
Carbon Dioxide  
Anion Gap

**IMMUNOGLOBULINS (LAB3010)**

IgA  
IgG  
IgM

**HEMATOLOGY:****Heme Profile (LAB294)**

White Blood Cell Count  
Red Blood Cell Count  
Hemoglobin  
Hematocrit  
Platelet Count  
Mean Corpuscular Volume  
Mean Corpuscular Hemoglobin  
Mean Corpuscular Hemoglobin Concentration  
Red Cell Distribution Width (RDW)

**Heme Profile w/ Auto Diff (LAB1748)**

Heme Profile  
Automated Differential

**URINALYSIS:****Macroscopic (LAB21012 or LAB21015)**

Color  
Appearance  
pH  
Specific Gravity  
Glucose  
Protein  
Bilirubin  
Blood  
Nitrate  
Urobilinogen  
Ketone  
Leukocytes

**Microscopic (LAB21017)**

White Blood Cells  
Red Blood Cells  
Bacteria  
Squamous Epithelium  
Mucus  
Casts

**REFLEXIVE TESTING****Chemistry**

- When a PSA with reflexive free PSA (LAB3842) for screening or (LAB3843 for monitoring) is ordered, a free PSA will be performed and billed if the total is between 2.5 ng/ml and 10 ng/ml.
- When a LAB3889 is ordered, a Free T4 (LAB127) will be performed and billed if the TSH is abnormally high, and a Free T4 and a Total T3 (LAB136) will be performed and billed if the TSH is abnormally low. If a Free T4 or a Total T3 is desired regardless of the reflexive algorithm, circle them separately on front of this form.
- The clinical laboratory will automatically calculate and report glomerular filtration rate (GFR) on all adult out-patients with a serum creatinine, at no charge.
- When % Iron Saturation (LAB3799) is ordered, a Total Iron and TIBC will be performed and billed.
- When a Pregnancy (serum) (LAB144) is positive a HCG (Quant) (LAB143) will be performed and billed.
- LAB3802 includes a measured total cholesterol, triglyceride and HDL-C and calculated LDL-C, when TRIG <400 mg/dl. If the TRIG is  $\geq$  400 mg/dl, a measured LDL-C is reflexively ordered, tested and billed.

**Coagulation**

- It is mandatory, that the Platelet Function (LAB318) be scheduled in advance with the Hematology Laboratory (547-3725) and is available routinely Monday through Friday, 8:00 AM-3:00 PM. STAT testing during off-hours, weekends or holidays must be approved by the pathologist on-call. When a Platelet Function test (LAB318) is ordered a Platelet Count (LAB301) and a Hematocrit (LAB289) will be performed and billed

**REFLEXIVE TESTING (continued)****Hematology**

- A manual differential is performed when the patient is less than 1 month old.
- A manual differential is performed when the sample fails the following algorithm:

**DIFFERENTIAL RULES**

Hemogram	Differential
All neonates	
WBC < 2.0 and > 30.0 x 10 <sup>3</sup> /μL	Basophils > 5%

**WBC Flags**

All WBC Flags require a slide review or differential. These include:

LS  
IG  
Blast  
Atypical/Variant Lymph  
NRBC flag

**SLIDE REVIEW****PLT Flags (Always Slide Review + Edit)**

MCV < 65 or > 110 fL (Microcytosis or Macrocytosis)	PLT < 100 x 10 <sup>3</sup> /μL, if no previous slide review (Thrombocytopenia)
Hgb < 7 g/dl (Anemia)	PLT > 1000 x 10 <sup>3</sup> /μL (Thrombocytosis)
RDW-SD > 65 fL (Anisocytosis)	PLT Abn. dist. or scattergram flag
Any RBC flag (abn. dist., dimorphic pop. agglut., etc.)	PLT clump flag
MCHC <30	

- If a "Differential Only" is ordered (must write in under Other Testing), an automated differential will be performed. A WBC will also be ordered and billed.
- When an Absolute Neutrophil Count is ordered, a WBC and Differential will be performed and billed.

**Urines**

- A urine sediment examination is performed and billed when RTUA (LAB21012) is ordered and the sample is cloudy or an abnormality is detected.
- When a Routine Urinalysis & Culture if Positive (LAB21014) is ordered, a urine culture is performed if the urine tests positive for leukocyte esterase or nitrite and examination of the urinary sediment reveals less than six squamous epithelial cells/hpf.
- When a Microalbumin (LAB21036) is ordered, a Random Urine Creatinine (LAB384) will be performed and billed..

**Microbiology**

The following protocols have been established as standard practices in The Mary Imogene Bassett Hospital Microbiology Laboratory. They are based on standard Microbiology reference books (references available upon request) and have been reviewed by the Microbiology Advisory Committee. If a provider does not want any of the reflexive tests performed, use Laboratory Test Request Form #4 and indicate so in the Special Requests Box.

- Organism identification and susceptibility studies are performed as appropriate, according to established protocols that have been approved by the Clinical Laboratory Director. Call Microbiology for details, 547-3707.
- There may be additional charges for these identification and susceptibility procedures.
- When a Rapid Beta Strep (LAB885) is ordered and the results are negative, a culture is done and billed to confirm the negative (LAB2110).
- When an Ova and Parasite-Stool (LAB258) is ordered, the sample will be tested and billed for Cryptosporidium (LAB258) and Giardia Antigen (LAB259)

**Serology**

- When a Cryptococcal Antigen (LAB779) is ordered and the screen is positive, a titer is performed and billed.
- When a Rheumatoid Factor (LAB206) is ordered and the screen is positive, a titer is performed and billed.
- When an Syphilis Trponema Pallidum Ab (LAB4400) is ordered and the screen is positive, an RPR (LAB494) will be ordered and billed
- When a Lyme IgG/IgM (LAB788) is ordered, and is positive, it will be automatically reflexed to a Lyme Western Blot, and billed