

Date of Request _____

Ordering Provider: _____

Medicaid ID: _____

Attending Provider: _____

Date of Birth _____

Patient Name _____

SPECIMEN	TIME: _____	DATE: _____
COLLECTED BY: _____		

Chart # _____ Medicaid ID #: _____

Please circle requests below.

Diagnosis Code: _____
or
Descriptive Diagnosis: _____

PROVIDERS: Compliance is mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific Diagnosis codes 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. 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

Code	Test Name
LAB15	Basic Metabolic Panel
LAB17	Comprehensive Metabolic Panel
LAB19	Renal Panel (BMP,ALB,CALC,PHOS)
LAB20	Hepatic Function Panel
LAB132	ALT
LAB48	Amylase
LAB131	AST
LAB140	BUN
LAB3755	CA125
LAB53	Calcium
LAB57	CEA
LAB66	Creatinine, Serum ²
LAB62	CPK
LAB23	Digoxin
LAB16	Electrolyte
LAB3076	Estradiol
LAB69	Folate
LAB86	FSH
LAB85	Gamma GT
LAB82	Glucose-Random*
LAB3004	Glucose-Fasting
LAB96	LDH
LAB87	LH
LAB99	Lipase
LAB129	TSH*
LAB3889	TSH with Reflex* ¹
LAB136	Total T3
LAB127	Free T4
LAB747	Troponin
LAB141	Uric Acid
LAB114	Potassium
LAB122	Sodium
LAB103	Magnesium
LAB106	BNP (NT ProBNP)*
LAB90	GlycoHgb (HbA _{1c})
LAB94	Iron
LAB3799	%Iron Saturation
LAB829	TIBC
LAB68	Ferritin
LAB67	Vitamin B-12
LAB3107	Vitamin D, 25 Hydroxy Total

CHEMISTRY CONT.

Code	Test Name
LAB149	CRP (Inflammatory)
LAB150	CCRP (High Sensitivity)
LAB116	PSA (Screen)
LAB3844	PSA (Monitoring)
LAB3842	PSA w/reflexive free PSA (screen)
LAB3843	PSA w/reflexive free PSA (monitoring)
LAB3802	Lipid w/ reflex LDL(meas)
LAB60	Cholesterol
LAB102	LDL Chol (measured)
LAB101	HDL Cholesterol

SEROLOGY

LAB788	Lyme Serology, IgG/IGM ²
LAB482	Mono Test
LAB472	Hepatitis Surface AB
LAB471	Hepatitis B Surface AG
LAB2113	Hepatitis C Antibody
LAB887	Hepatitis C Virus RNA-PCR

Hematology/Coagulation

LAB294	Heme Profile*
LAB1748	Heme Profile w/Auto Diff *
LAB289	HCT
LAB291	HGB
LAB547	Sed Rate
LAB320	Prottime/INR
LAB325	PTT
LAB313	D-Dimer

URINES

LAB21012	Routine Urinalysis
LAB21014	Routine Urinalysis & Culture if Positive
LAB239	Urine Culture

STOOL

LAB257	C. Difficile Toxin
LAB258	Cryptosporidium Molecular Assay
LAB259	Giardia Antigen Molecular Assay
LAB2231	GI Diarrheal Pathogen Panel

OTHER

LAB1376	CGC-Source _____
LAB228	Throat Culture
LAB234	ROS (MRSA)

OTHER TESTING: _____

Standing Yes No

Frequency: _____

Fasting Yes No

Call 607-547-3700 or Use MyBassett App to schedule to have labs collected at a Bassett Healthcare Network Lab site

Provider's Signature: _____

Signed Date and Time: _____

Received by: _____

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

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 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.
- 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.

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 ³ / μ L	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

RBC IP Messages

MCV < 65 or > 110 fL
(Microcytosis or Macrocytosis)
Hgb < 7 g/dl (Anemia)
RDW-SD > 65 fL
(Anisocytosis)
Any RBC flag
(abn. dist., dimorphic pop. agglut, etc.)
MCHC <30

PLT Flags (Always Slide Review + Edit)

PLT < 100 x 10³/ μ L, if no previous slide review (Thrombocytopenia)
PLT > 1000 x 10³/ μ L
(Thrombocytosis)
PLT Abn. dist. or scattergram flag
PLT clump flag

- 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 an Antinuclear Antibody (LAB147) is ordered and the screen is positive, a titer is performed and billed.
- When an RPR (LAB494) is ordered and the screen is positive, a titer and a Treponema Antibody (LAB3599) will be performed and billed.

When a Lyme IgG/IgM (LAB788) is ordered, and is positive, it will be automatically reflexed to a Lyme Western Blot (LAB860), and billed

CONSULT LABORATORY MANUAL ON BASSETT INTRANET FOR PROPER COLLECTION PROCEDURES.

DRAFT