Date of Request Visit Number:

Chart #: Location:

Name Last: First:

Date of Birth Medicaid ID#:

Ordering Provider: _____
Medicaid ID:_____

Attending Provider: _____

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

BASSETT HEALTHCARE NETWORK
Cooperstown Center
P:607-544-2600
F:607-544-2716

11/3/21, 3/13/23,9/19/2023,3/24, 1/26

SPECIMEN COLLECTED BY:	TIME:	DATE:

Diagnosis Code:
or
Descriptive Diagnosis:

Enter in REQ Entry using Cooperstown Center 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

Code	Test Name	STAT
LAB456	Acetone	☐
LAB45601	Beta-Hydroxybutyrate	☐
LAB45	Albumin	☐
LAB112	Alk Phos	☐
LAB132	ALT	☐
LAB47	Ammonia	☐
LAB48	Amylase	☐
LAB131	AST	☐
LAB52	Bilirubin, Fract	☐
LAB51	Bilirubin, Neonatal	☐
LAB50	Bilirubin, Total	☐
LAB106	BNP *	☐
LAB140	BUN	☐
LAB152	C3	
LAB151	C4	
LAB155	CA 125 *	
LAB53	Calcium	☐
LAB57	CEA *	☐
LAB59	Chloride	☐
LAB60	Cholesterol*	
LAB55	CO2	☐
LAB17	Comprehensive Metabolic Panel	☐
LAB15	Basic Metabolic Panel	☐
LAB61	Cortisol	
LAB62	CPK	☐
LAB66	Creatinine [6]	☐
LAB150	C-Reactive Protein (cardiac)	☐
LAB149	C-Reactive Protein (inflammatory)	☐
LAB16	Electrolyte	☐
LAB3076	Estradiol	
LAB68	Ferritin *	
LAB69	Folate	
LAB86	FSH	
LAB85	Gamma GT *	☐
LAB82	Glucose - Random*	☐
LAB3004	Glucose – Fasting*	☐
LAB90	GlycoHgb (HbA_1C)*	
LAB752	HCG,Tumor Marker* (sendout)	
LAB101	HDL Cholesterol*	
LAB54	Ionized Calcium	☐
LAB3010	Immunoglobulins (IgA, IgG, IgM)	
LAB3009	Immunoglobulin A	
LAB3007	Immunoglobulin G	
LAB3008	Immunoglobulin M	
LAB94	Iron *	
LAB3799	%Iron Saturation [4]*	

Code	Test Name	STAT
LAB95	Lactic Acid	☐
LAB96	LDH	☐
LAB102	LDL Chol (measured)*	
LAB87	LH	☐
LAB99	Lipase	
LAB3802	Lipid w/ reflex LDL(meas)[6*]	
LAB103	Magnesium	☐
LAB107	Osmolality	☐
LAB113	Phosphorus	☐
LAB114	Potassium	☐
LAB115	Prealbumin	
LAB3075	Progesterone	
LAB531	Prolactin	
LAB118	Protein, Total	☐
LAB116	PSA (screen)*	
LAB3844	PSA (monitoring) *	
LAB3842	PSA w/reflexive free PSA (screen) [1*]	
LAB3843	PSA w/reflexive free PSA (monitoring) [1*]	
LAB108	PTH Intact w/Ionized and Total Calcium	
LAB122	Sodium	☐
LAB136	Total T3	☐
LAB127	Free T4 *	☐
LAB124	Testosterone Total	
LAB829	TIBC *	☐
LAB133	Transferrin*	☐
LAB134	Triglyceride*	☐
LAB747	Troponin I	☐
LAB129	TSH *	☐
LAB3889	TSH with reflex [2] *	☐
LAB141	Uric Acid	☐
LAB67	Vitamin B-12	
LAB3107	Vitamin D, 25 Hydroxy, Total *	

SEROLOGY

LAB147	Anti-Nuclear Ab	
LAB779	Cryptococcal Antigen Source _____	
LAB788	Lyme IgG/IgM [4]	
LAB657	Measles IgG	
LAB482	Mono Test	☐
LAB206	Rheumatoid Factor	
LAB4400	Syphilis Treponema Pallidum AB [3]	
LAB496	Rubella	
LAB162	Varicella Zoster IgG	

Code	Test Name	STAT
HEMATOLOGY		
LAB294	Heme Profile *	☐
LAB1748	Heme Profile w/Auto Diff *	☐
LAB289	Hematocrit *	☐
LAB291	Hemoglobin *	☐
LAB301	Platelet Count *	☐
LAB296	Retic Count	☐
LAB547	Sed Rate	☐
LAB299	WBC *	☐
LAB3700	Abs Neutrophil Ct [4]	☐
COAGULATION		
LAB313	D-Dimer	☐
LAB314	Fibrinogen	☐
LAB318	Platelet Function[1]* **(Mandatory preschedule)** [1]	☐
LAB320	Protime/INR *	☐
LAB325	PTT *	☐
URINES		
☐ **Clean Catch** ☐ Cath. ☐ Other ____		
LAB21036	Microalbumin & creatinine (random) Quantitative [3]	☐
LAB21012	Routine Urinalysis [1]	☐
LAB21014	Routine Urinalysis & Culture if Positive [1,2]	☐
LAB21015	Macroscopic only	☐
LAB21017	Microscopic only	☐
LAB437	Pregnancy (Urine)	☐
LAB239	Urine Culture *	☐
TDM/TOXICOLOGY		
LAB43	Acetaminophen	☐
LAB21	Carbamazepine	☐
LAB23	Digoxin*	☐
LAB46	Ethanol, Medical	☐
LAB27	Gentamycin-random	☐
LAB28	Gentamycin-peak	☐
LAB26	Gentamycin-trough	☐
LAB29	Lithium	☐
LAB30	Phenobarbitol	☐
LAB31	Phenytoin	☐
LAB34	Salicylate	☐
LAB35	Theophylline	☐
LAB37	Tobramycin-random	☐
LAB36	Tobramycin-peak	☐
LAB38	Tobramycin-trough	☐
LAB24	Valproic Acid	☐
LAB40	Vancomycin-random	☐
LAB41	Vancomycin-Peak	☐
LAB39	Vancomycin-Trough	☐

Code	Test Name	STAT
ELECTROPHORESIS		
LAB1077	Monoclonal screen With Reflex IFE,	
LAB174	Serum IFE	
LAB119	Serum Protein Electrophoresis	
STOOL		
LAB257	C.Difficile-Nucleic Acid Amplification Test (NAAT) with Reflex to Toxin	
LAB2107	Cryptosporidium Molecular assay	
LAB259	Giardia Molecular assay	
LAB2902	Immunochemical (Occult Blood)	
LAB694	Inpatient Occult Blood (Diagnostic)	☐
LAB258	Ova and Parasites Molecular assay [3]	
LAB2231	GI Diarrheal Pathogen Panel	
LAB21010	Stool for WBC	☐

OTHER TESTING
Test Name

_____

_____

For **Microbiology Tests** not listed above, you **must** use Laboratory Test Request Form #4.

FAX RESULTS TO: Results are not faxed within Bassett Network, they are available in EMR.

Name: _____
Number: _____

Provider Signature on file at Facility

☐ YES ☐ NO

Provider's Signature/Name:

_____

Signed Date and Time:

_____

Received by:_____

REQUISITION Lab

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

1. 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.
2. 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.
3. The clinical laboratory will automatically calculate and report glomerular filtration rate (GFR) on all adult out-patients with a serum creatinine, at no charge.
4. When % Iron Saturation (LAB3799) is ordered, a Total Iron and TIBC will be performed and billed.
5. When a Pregnancy (serum) (LAB144) is positive a HCG (Quant) (LAB143) will be performed and billed.
6. LAB3802 includes a measured total cholesterol, triglyceride and HDL-C and calculated LDL-C, when TRIG <400 mg/dl. If the TRIG is >/= 400 mg/dl, a measured LDL-C is reflexively ordered, tested and billed.

Coagulation

1. 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

1. A manual differential is performed when the patient is less than 1 month old.
2. 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/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

RBC IP Messages	**PLT Flags (Always Slide Review + Edit)**
MCV < 65 or > 110 fL (Microcystosis or Macrocyctosis)	PLT < 100 x 10^3/µL, if no previous slide review (Thrombycytopenia)
Hgb < 7 g/dl (Anemia)	PLT > 1000 x 10^3/µL (Thrombocytosis)
RDW-SD > 65 fL (Anisocystosis)	PLT Abn. dist. or scattergram flag
Any RBC flag (abn. dist., dimorphic pop. agglut, etc.)	PLT clump flag
MCHC <30	

3. 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.
4. When an Absolute Neutrophil Count is ordered, a WBC and Differential will be performed and billed.

Urines

1 A urine sediment examination is performed and billed when RTUA (LAB21012) is ordered and the sample is cloudy or an abnormality is detected.
2. 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..
3. 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.

1. 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.

2. When a Rapid Beta Strep (LAB885) is ordered and the results are negative, a culture is done and billed to confirm the negative (LAB2110).
3. When an Ova and Parasite-Stool (LAB258) is ordered, the sample will be tested and billed for Cryptosporidium (LAB258) and Giardia Antigen (LAB259)

Serology

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

CONSULT LABORATORY MANUAL ON BASSETT INTRANET FOR PROPER COLLECTION PROCEDURES.