

Date of Request \_\_\_\_\_

Peipei Zhou, MD

**Peipei Zhou MD (10523)**  
**5546 St Hwy 7 Suite 2**  
**Oneonta NY 13820**  
**P:607-643-0016**  
**F:607-643-0018**

3/15/19,5/10/22,3/13/23,5/1/23,2/16/26

Date of Birth \_\_\_\_\_

NPI: 1336134709  
 Medicaid: 02091289

Patient Name \_\_\_\_\_

<b>SPECIMEN</b>	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)
LAB48	Amylase
LAB140	BUN
LAB53	Calcium
LAB54	Calcium, Ionized <b>(Keep Capped)</b>
LAB66	Creatinine, Serum <sup>2</sup>
LAB152	C3
LAB151	C4
LAB23	Digoxin
LAB16	Electrolyte
LAB69	Folate
LAB86	FSH
LAB85	Gamma GT
LAB82	Glucose-Random*
LAB87	LH
LAB99	Lipase
LAB115	Prealbumin
LAB531	Prolactin
LAB129	TSH*
LAB3889	TSH with Reflex* <sup>1</sup>
LAB136	Total T3
LAB127	Free T4
LAB747	Troponin
LAB141	Uric Acid
LAB114	Potassium
LAB122	Sodium
LAB103	Magnesium
LAB106	BNP
LAB108	PTH (includes Calcium & ICAL)
LAB90	GlycoHgb (HbA <sub>1c</sub> )
LAB94	Iron
LAB3799	% Iron Saturation Profile
LAB829	TIBC
LAB68	Ferritin
LAB134	Triglyceride
LAB67	Vitamin B-12
LAB3107	Vitamin D, 25 Hydroxy Total
LAB149	CRP (Inflammatory)
LAB150	CCRP (High Sensitivity)

**CHEMISTRY CONT.**

Code	Test Name
LAB124	Testosterone Total
LAB116	PSA (Screen)
LAB3844	PSA (Monitoring)
LAB3802	Lipid w/ reflex LDL(meas)
LAB60	Cholesterol
LAB102	LDL Chol (measured)
LAB101	HDL Cholesterol

**SEROLOGY**

LAB788	Lyme Serology, IgG/IGM <sup>2</sup>
LAB482	Mono Test
LAB4400	Syphilis Treponema Pallidum with reflex
LAB147	Anti-Nuclear Ab (ANA)
LAB648	DSDNA w/ reflex
LAB21130	Hepatitis C Antibody
LAB887	Hepatitis C Virus RNA-PCR

**Hematology/Coagulation**

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

**URINES**

LAB21012	Routine Urinalysis
LAB21014	Routine Urinalysis & Culture if Positive
LAB239	Urine Culture
LAB1744	Controlled Substance Monitoring Panel with Ethyl Glucuronide Screen
LAB21036	Microalbumin, Random Urine
LAB500	In House Drug Screen

**STOOL**

LAB257 C.	Difficile Toxin
LAB2107	Cryptosporidium Molecular Assay
LAB259	Giardia Antigen
LAB258	Ova and Parasites-molecular <sup>3</sup>
LAB2231	GI Diarrheal Pathogen Panel

**OTHER**

LAB3784	HSV Molecular Detection, PCR
	Source: _____
LAB1372	VZV Molecular Detection PCR
	Source: _____
LAB1376	CGC-Source _____
LAB228	Throat Culture
LAB2261	Cortisol, Saliva
LAB3110	QuantiFERON- TB Gold

OTHER TESTING: \_\_\_\_\_

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 <sup>3</sup> / $\mu$ 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	PLT Flags (Always Slide Review + Edit)
MCV < 65 or > 110 fL (Microcytosis or Macrocytosis)	PLT < 100 x 10 <sup>3</sup> / $\mu$ L, if no previous slide review (Thrombocytopenia)
Hgb < 7 g/dl (Anemia)	PLT > 1000 x 10 <sup>3</sup> / $\mu$ L (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 will be performed and CPT #87086 will be billed. If two out of three are present: positive nitrites, positive leukocyte esterase and/or greater than ten WBC/hpf seen on the microscopic AND there are 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 by EIA (LAB258) and Giardia Antigen by EIA (LAB259)

**Serology**

- When an Antinuclear Antibody (LAB147) is ordered and the screen is positive, a titer is 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

