

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#: _____

SPECIMEN	TIME:	DATE:
	COLLECTED BY:	

Diagnosis Code: or Descriptive Diagnosis:

Enter in REQ Entry using Foltsbrook 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"/>	LAB4400	Syphilis Treponema Pallidum AB ³		LAB24	Valproic Acid	<input type="checkbox"/>
LAB45601	Beta-Hydroxybutyrate	<input type="checkbox"/>	LAB496	Rubella		LAB40	Vancomycin-random	<input type="checkbox"/>
LAB45	Albumin	<input type="checkbox"/>	LAB162	Varicella Zoster IgG		LAB41	Vancomycin-Peak	<input type="checkbox"/>
LAB112	Alk Phos	<input type="checkbox"/>	LAB294	Heme Profile *	<input type="checkbox"/>	LAB39	Vancomycin-Trough	<input type="checkbox"/>
LAB132	ALT	<input type="checkbox"/>	LAB1748	Heme Profile w/Auto Diff *	<input type="checkbox"/>	STOOL		
LAB47	Ammonia	<input type="checkbox"/>	LAB289	Hematocrit *	<input type="checkbox"/>	LAB257	C.Difficile-Nucleic Acid Amplification Test (NAAT) with Reflex to Toxin	
LAB48	Amylase	<input type="checkbox"/>	LAB291	Hemoglobin *	<input type="checkbox"/>	LAB174	Serum IFE	
LAB131	AST	<input type="checkbox"/>	LAB301	Platelet Count *	<input type="checkbox"/>	LAB119	Serum Protein Electrophoresis	
LAB52	Bilirubin, Fract	<input type="checkbox"/>	LAB296	Retic Count	<input type="checkbox"/>	OTHER TESTING		
LAB51	Bilirubin, Neonatal	<input type="checkbox"/>	LAB547	Sed Rate	<input type="checkbox"/>	LAB2231	GI Diarrheal Pathogen Panel	
LAB50	Bilirubin, Total	<input type="checkbox"/>	LAB299	WBC *	<input type="checkbox"/>	LAB21010	Stool for WBC	<input type="checkbox"/>
LAB106	BNP *	<input type="checkbox"/>	LAB3700	Abs Neutrophil Ct ⁴	<input type="checkbox"/>	Test Name		
LAB140	BUN	<input type="checkbox"/>	COAGULATION			For Microbiology Tests not listed above, you must use Laboratory Test Request Form #4.		
LAB152	C3	<input type="checkbox"/>	LAB313	D-Dimer	<input type="checkbox"/>	FAX RESULTS TO: Results are not faxed within Bassett Network, they are available in EMR.		
LAB151	C4	<input type="checkbox"/>	LAB314	Fibrinogen	<input type="checkbox"/>	Name: _____		
LAB155	CA 125 *	<input type="checkbox"/>	LAB318	Platelet Function ^{1*} (Mandatory preschedule) ¹	<input type="checkbox"/>	Number: _____		
LAB53	Calcium	<input type="checkbox"/>	LAB320	Prottime/INR *	<input type="checkbox"/>	Provider Signature on file at Facility		
LAB57	CEA *	<input type="checkbox"/>	LAB325	PTT *	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
LAB59	Chloride	<input type="checkbox"/>	URINES			Provider's Signature/Name: _____		
LAB60	Cholesterol*	<input type="checkbox"/>	LAB21036	Microalbumin & creatinine (random) Quantitative ³	<input type="checkbox"/>	Signed Date and Time: _____		
LAB55	CO2	<input type="checkbox"/>	LAB21012	Routine Urinalysis ¹	<input type="checkbox"/>	Received by: _____		
LAB17	Comprehensive Metabolic Panel	<input type="checkbox"/>	LAB21014	Routine Urinalysis & Culture if Positive ^{1,2}	<input type="checkbox"/>	REQUISITION Lab		
LAB15	Basic Metabolic Panel	<input type="checkbox"/>	LAB21015	Macroscopic only	<input type="checkbox"/>			
LAB61	Cortisol	<input type="checkbox"/>	LAB21017	Microscopic only	<input type="checkbox"/>			
LAB62	CPK	<input type="checkbox"/>	LAB239	Urine Culture *	<input type="checkbox"/>			
LAB66	Creatinine ⁶	<input type="checkbox"/>	TDM/TOXICOLOGY					
LAB150	C-Reactive Protein (cardiac)	<input type="checkbox"/>	LAB43	Acetaminophen	<input type="checkbox"/>			
LAB149	C-Reactive Protein (inflammatory)	<input type="checkbox"/>	LAB21	Carbamazepine	<input type="checkbox"/>			
LAB16	Electrolyte	<input type="checkbox"/>	LAB23	Digoxin*	<input type="checkbox"/>			
LAB3076	Estradiol	<input type="checkbox"/>	LAB46	Ethanol, Medical	<input type="checkbox"/>			
LAB68	Ferritin *	<input type="checkbox"/>	LAB27	Gentamycin-random	<input type="checkbox"/>			
LAB69	Folate	<input type="checkbox"/>	LAB28	Gentamycin-peak	<input type="checkbox"/>			
LAB86	FSH	<input type="checkbox"/>	LAB26	Gentamycin-trough	<input type="checkbox"/>			
LAB85	Gamma GT *	<input type="checkbox"/>	LAB29	Lithium	<input type="checkbox"/>			
LAB82	Glucose - Random*	<input type="checkbox"/>	LAB30	Phenobarbitol	<input type="checkbox"/>			
LAB3004	Glucose - Fasting*	<input type="checkbox"/>	LAB31	Phenytoin	<input type="checkbox"/>			
LAB90	GlycoHgb (HbA _{1c})*	<input type="checkbox"/>	LAB34	Salicylate	<input type="checkbox"/>			
LAB752	HCG, Tumor Marker* (sendout)	<input type="checkbox"/>	LAB35	Theophylline	<input type="checkbox"/>			
LAB101	HDL Cholesterol*	<input type="checkbox"/>	LAB37	Tobramycin-random	<input type="checkbox"/>			
LAB54	Ionized Calcium	<input type="checkbox"/>	LAB36	Tobramycin-peak	<input type="checkbox"/>			
LAB3010	Immunoglobulins (IgA, IgG, IgM)	<input type="checkbox"/>	LAB38	Tobramycin-trough	<input type="checkbox"/>			
LAB3009	Immunoglobulin A							
LAB3007	Immunoglobulin G							
LAB3008	Immunoglobulin M							
LAB94	Iron *							
LAB3799	%Iron Saturation ^{4*}							

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 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**

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/μL, if no previous slide review (Thrombocytopenia)
PLT > 1000 x 10³/μL (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 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