

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:

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	Code	Test Name	STAT	Code	Test Name	STAT
Code	Test Name	STAT	LAB95	Lactic Acid	<input type="checkbox"/>	LAB788	Lyme IgG/IgM ⁵		LAB38	Tobramycin-trough	<input type="checkbox"/>
LAB456	Acetone	<input type="checkbox"/>	LAB96	LDH	<input type="checkbox"/>	LAB657	Measles IgG		LAB24	Valproic Acid	<input type="checkbox"/>
LAB45601	Beta-Hydroxybutyrate	<input type="checkbox"/>	LAB102	LDL Chol (measured)*		LAB482	Mono Test	<input type="checkbox"/>	LAB40	Vancomycin-random	<input type="checkbox"/>
LAB45	Albumin	<input type="checkbox"/>	LAB87	LH	<input type="checkbox"/>	LAB206	Rheumatoid Factor		LAB41	Vancomycin-Peak	<input type="checkbox"/>
LAB112	Alk Phos	<input type="checkbox"/>	LAB99	Lipase		LAB4400	Syphilis Treponema Pallidum w/Reflex		LAB39	Vancomycin-Trough	<input type="checkbox"/>
LAB132	ALT	<input type="checkbox"/>	LAB3802	Lipid w/ reflex LDL(meas) ⁶		LAB496	Rubella		ELECTROPHORESIS		
LAB47	Ammonia	<input type="checkbox"/>	LAB103	Magnesium	<input type="checkbox"/>	LAB162	Varicella Zoster IgG		LAB1077	Monoclonal screen	
LAB48	Amylase	<input type="checkbox"/>	LAB107	Osmolality	<input type="checkbox"/>	HEMATOLOGY			With Reflex IFE,		
LAB131	AST	<input type="checkbox"/>	LAB113	Phosphorus	<input type="checkbox"/>	LAB294	Heme Profile *	<input type="checkbox"/>	LAB174	Serum IFE	
LAB52	Bilirubin, Fract	<input type="checkbox"/>	LAB114	Potassium	<input type="checkbox"/>	LAB1748	Heme Profile w/Auto Diff *	<input type="checkbox"/>	LAB119	Serum Protein Electrophoresis	
LAB51	Bilirubin, Neonatal	<input type="checkbox"/>	LAB115	Prealbumin		LAB289	Hematocrit *	<input type="checkbox"/>	STOOL		
LAB50	Bilirubin, Total	<input type="checkbox"/>	LAB3075	Progesterone		LAB291	Hemoglobin *	<input type="checkbox"/>	LAB257	C.Difficile-Nucleic Acid Amplification Test (NAAT) with Reflex to Toxin	
LAB106	BNP *	<input type="checkbox"/>	LAB531	Prolactin		LAB301	Platelet Count *	<input type="checkbox"/>	LAB2107	Cryptosporidium Molecular assay	
LAB140	BUN	<input type="checkbox"/>	LAB118	Protein, Total	<input type="checkbox"/>	LAB296	Retic Count	<input type="checkbox"/>	LAB259	Giardia Molecular assay	
LAB152	C3	<input type="checkbox"/>	LAB116	PSA (screen)*		LAB547	Sed Rate	<input type="checkbox"/>	LAB2902	IFOB	
LAB151	C4	<input type="checkbox"/>	LAB3844	PSA (monitoring) *		LAB299	WBC *	<input type="checkbox"/>	LAB694	Inpatient Occult Blood (Diagnostic)	<input type="checkbox"/>
LAB155	CA 125 *		LAB3842	PSA w/reflexive free PSA (screen) **		LAB844	Make/Save Slide	<input type="checkbox"/>	LAB258	Ova and Parasites Molecular assay ³	
LAB53	Calcium	<input type="checkbox"/>	LAB3843	PSA w/reflexive free PSA (monitoring) **		LAB3700	Abs Neutrophil Ct ⁴	<input type="checkbox"/>	LAB2231	GI Diarrheal Pathogen Panel	
LAB57	CEA *	<input type="checkbox"/>	LAB108	PTH Intact w/Ionized and Total Calcium		COAGULATION			LAB21010	Stool for WBC	<input type="checkbox"/>
LAB59	Chloride	<input type="checkbox"/>	LAB771	Scleroderma 70 Ab, IgG		LAB313	D-Dimer	<input type="checkbox"/>	OTHER TESTING		
LAB60	Cholesterol*		LAB122	Sodium	<input type="checkbox"/>	LAB314	Fibrinogen	<input type="checkbox"/>	Test Name		
LAB55	CO2	<input type="checkbox"/>	LAB344	SS-A/RO Antibodies, IgG		LAB318	Platelet Function ^{1*} (Mandatory preschedule) ¹	<input type="checkbox"/>	LAB22145	Serum Freeze and Hold	
LAB17	Comprehensive Metabolic Panel	<input type="checkbox"/>	LAB345	SS-B/La Antibodies, IgG		LAB320	Prottime/INR *	<input type="checkbox"/>	LAB22190	Plasma Freeze and Hold	
LAB15	Basic Metabolic Panel	<input type="checkbox"/>	LAB772	RNP Antibodies, IgG		LAB325	PTT *	<input type="checkbox"/>	For Microbiology Tests not listed above, you must use Laboratory Test Request Form #4.		
LAB61	Cortisol	<input type="checkbox"/>	LAB136	Total T3	<input type="checkbox"/>	URINES			FAX RESULTS TO: Results are not faxed within Bassett Network, they are available in EMR.		
LAB62	CPK	<input type="checkbox"/>	LAB127	Free T4 *	<input type="checkbox"/>	<input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath. <input type="checkbox"/> Other _____			Name: _____		
LAB63	CPK Index	<input type="checkbox"/>	LAB124	Testosterone Total		LAB21036	Microalbumin & creatinine (random) Quantitative ³	<input type="checkbox"/>	Number: _____		
LAB66	Creatinine ³	<input type="checkbox"/>	LAB3187	Thyroglobulin Ab Anti-TG		LAB21012	Routine Urinalysis ¹	<input type="checkbox"/>	_____		
LAB150	C-Reactive Protein (cardiac)	<input type="checkbox"/>	LAB3188	Autoimmune Thyroid Anti-TPO		LAB21014	Routine Urinalysis & Culture if Positive ^{1,2}	<input type="checkbox"/>	_____		
LAB149	C-Reactive Protein (inflammatory)	<input type="checkbox"/>	LAB829	TIBC *	<input type="checkbox"/>	LAB21015	Macroscopic only	<input type="checkbox"/>	_____		
LAB16	Electrolyte	<input type="checkbox"/>	LAB3184	Tissue3 Transglutaminase IgA Ab		LAB21017	Macroscopic only	<input type="checkbox"/>	_____		
LAB3076	Estradiol		LAB31841	Tissue Transglutaminase IgG		LAB437	Pregnancy (Urine)	<input type="checkbox"/>	_____		
LAB68	Ferritin *		LAB3185	Tissue Transglutaminase IgG/IgA		LAB239	Urine Culture *	<input type="checkbox"/>	_____		
LAB69	Folate		LAB133	Transferrin*	<input type="checkbox"/>	TDM/TOXICOLOGY			Provider's Signature: _____		
LAB86	FSH		LAB134	Triglyceride*	<input type="checkbox"/>	LAB43	Acetaminophen	<input type="checkbox"/>	Signed Date and Time: _____		
LAB85	Gamma GT *	<input type="checkbox"/>	LAB134	Triglyceride*	<input type="checkbox"/>	LAB23	Digoxin*	<input type="checkbox"/>	Received by: _____		
LAB31862	Gliadin Antibody IgA		LAB747	Troponin I	<input type="checkbox"/>	LAB46	Ethanol, Medical	<input type="checkbox"/>	_____		
LAB31861	Gliadin Antibody IgG		LAB129	TSH *	<input type="checkbox"/>	LAB27	Gentamycin-random	<input type="checkbox"/>	REQUISITION Lab		
LAB3186	Gliadin Antibody IgA and IgG		LAB3889	TSH with reflex ² *	<input type="checkbox"/>	LAB28	Gentamycin-peak	<input type="checkbox"/>			
LAB82	Glucose - Random*	<input type="checkbox"/>	LAB141	Uric Acid	<input type="checkbox"/>	LAB26	Gentamycin-trough	<input type="checkbox"/>			
LAB3004	Glucose - Fasting*	<input type="checkbox"/>	LAB67	Vitamin B-12		LAB29	Lithium	<input type="checkbox"/>			
LAB90	GlycoHgb (HbA _{1C})*		LAB3107	Vitamin D, 25 Hydroxy, Total *		LAB30	Phenobarbitol	<input type="checkbox"/>			
LAB101	HDL Cholesterol*		SPECIAL CHEMISTRY - OB/GYN			LAB31	Phenytoin	<input type="checkbox"/>			
LAB54	Ionized Calcium	<input type="checkbox"/>	Glucose Tolerance Testing			LAB34	Salicylate	<input type="checkbox"/>			
LAB3010	Immunoglobulins (IgA, IgG, IgM)		Use Lab Requisition #8			LAB35	Theophylline	<input type="checkbox"/>			
LAB3009	Immunoglobulin A		LAB143	HCG (Quant)	<input type="checkbox"/>	LAB37	Tobramycin-random	<input type="checkbox"/>			
LAB3007	Immunoglobulin G		LAB21018	OB Urine Screen	<input type="checkbox"/>	LAB36	Tobramycin-peak	<input type="checkbox"/>			
LAB3008	Immunoglobulin M		SEROLOGY								
LAB94	Iron *		LAB147	Anti-Nuclear Ab							
LAB3799	%Iron Saturation ^{4*}		LAB779	Cryptococcal Antigen Source _____							

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 (LAB166)

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:

Hemogram		DIFFERENTIAL RULES	
		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 an Antinuclear Antibody (LAB147) is ordered and the screen is positive, a titer is performed and billed.
- 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 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