

BASSETT HEALTHCARE NETWORK

**Perrella Health Center
Hartwick College
P:607-431-4120
F:607-431-4124**

#10901 10/30/19, 5/5/22,6/8/22,3/20/23,5/1/23,2/16/26

Date of Request _____

Mary Ellen Hoffman, MD NPI:1871676601

Medicaid ID: 03257178

Date of Birth: _____ Gender: _____

Amy Gardner FNP-C NPI:1063791499

Medicaid ID: 03853078

Kelly Birmingham FNP-C NPI:1912382268

Medicaid ID: 04274228

Patient Name _____

Jennifer Weaver RPA-C NPI:1669708897

Medicaid ID: 04211932

Medicaid ID#: _____

Christina Fuller FNP-C NPI: 1710493150

Medicaid ID: 02862619

SPECIMEN		TIME:	DATE:
COLLECTED BY:			

Please circle requests below.

Diagnosis Code: _____
or _____
Descriptive Diagnosis: _____

Patient Demographics:

Has this been verified in Req Entry? Initials: _____

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.

- Patient has signed ABN Waiver (ABN) Patient refused to sign ABN Waiver (ABNR) ABN not required

Enter in REQ Entry using the Hartwick College submitter record

CHEMISTRY/SEROLOGY	Send-Out Testing	OTHER
Code Test Name	Code Test Name	
LAB17 CMP	LAB7741 Celiac Disease Serology	LAB1376 CGC Source: _____
LAB15 BMP	Cascade	LAB9998 H. Pylori Antigen,EIA
LAB48 Amylase	LAB2457 EBV AB Profile	LAB4848 Trichomonas (Swab) Source (Female): _____
LAB147 ANA ¹	LAB339 Hemoglobin S, Screen	LAB24404 Trichomonas Urine or Males: _____
LAB61 Cortisol	LAB788 Lyme AB w/Reflex ³	LAB234 MRSA Screen Source: _____
LAB3076 Estradiol	LAB657 Measles AB IgG	LAB503 Wound Culture Source: _____
LAB68 Ferritin	LAB160 Mumps AB IgG	LAB2106A Vaginitis Panel (Aptima swab): _____
LAB69 Folate	LAB3110 Quantiferon Gold	LAB2902 IFOB (Stool)
LAB86 FSH	LAB137 T3 Free	LAB3784 HSV PCR Source: _____
LAB85 GGT	LAB138 T3 Reverse	LAB272 Influenza A and B
LAB90 HbA1C (GHGB)	LAB126 T4 Total	
LAB143 HCG	LAB173 Testosterone Total & Free	OTHER TESTING: _____
LAB94 IRN	LAB3887 Thyroid autoantibodies	_____
LAB829 TIBC	Profile	_____
LAB87 LH	LAB4922 Tick Born Panel, PCR	_____
LAB99 Lipase	LAB1875 Tick Born AB Panel	_____
LAB103 Magnesium	Hematology	_____
LAB482 Mono	LAB289 HCT	_____
LAB2295 Mono w/Reflex to EBV	LAB291 HGB	_____
LAB108 PTH-Intact	LAB1748 CBCA	_____
LAB206 Rheumatoid Factor	LAB325 PTT	_____
LAB4400 Syphilis Treponema	LAB320 PT	_____
Pallidum total AB w/Reflex	LAB296 Reticulocyte Count	_____
LAB496 Rubella AB	LAB547 ESR	_____
LAB133 Transferrin	URINE	_____
LAB129 TSH	LAB21012 Urinalysis ¹	_____
LAB3889 TSHR ¹	LAB21017 Urine Microscopy	_____
LAB136 T3 Total	LAB21036 Urine Microalbumin ²	_____
LAB127 T4 Free	LAB239 Urine C&S	_____
Lab141 Uric Acid	LAB1744 Controlled Substance	_____
LAB162 Varicella AB IgG	Monitoring Panel, Random	_____
LAB67 Vitamin B12	Urine	_____
LAB3107 Vitamin D 25		
LAB3779 Hepatitis A IgG		
LAB21130 Hepatitis C IgG		
LAB471 Hepatitis B Surface AG		
LAB472 Hepatitis B Surface AB		
LAB473 HIV-1 and HIV-2 AG Screen		

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	PLT Flags (Always Slide Review + Edit)
MCV < 65 or > 110 fL (Microcytosis or Macrocytosis)	PLT < 100 x 10 ³ / μ L, if no previous slide review (Thrombocytopenia)
Hgb < 7 g/dl (Anemia)	PLT > 1000 x 10 ³ / μ 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 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.

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

CONSULT LABORATORY MANUAL ON BASSETT INTRANET FOR PROPER COLLECTION PROCEDURE

