

\*0105

HEPATITIS

LAB TEST REQUEST FORM #9

# 0105 4/07,5/07,8/2/07,1/14/08,7/1/08,8/8/08,10/6/08,4/6/09,1/4/10  
7/19/10,1/3/11,4/4/11,6/27/11,4/9/12,1/7/13, 4/7/14,10/6/14  
5/15/15,8/10/15,10/20,4/21,9/23,2/16/26 (Nlab\doc)

Date of Request \_\_\_\_\_ Visit Number \_\_\_\_\_ Ordering Provider: \_\_\_\_\_  
 Medicaid ID: \_\_\_\_\_  
 Chart #: \_\_\_\_\_ Location: \_\_\_\_\_ Attending Provider: \_\_\_\_\_  
 Name Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Medicaid ID#: \_\_\_\_\_

<b>SPECIMEN</b>	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 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. 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

**TO ORDER - CIRCLE TEST CODE**

TEST	TEST CODE	Reason for ordering and comments
<b>Hepatitis A (HAV)</b>		
Hepatitis A AB IgG	<b>LAB3779</b>	Tests for current or previous infection; used to decide whether to vaccinate and if vaccine worked
Hepatitis A AB IgM	<b>LAB798</b>	Tests for current or acute infection.
<b>Hepatitis B (HBV)</b>		
Surface antibody Anti-HBs	<b>LAB472</b>	Tests for immunity following vaccination or following resolution of an active infection To confirm that an infection has resolved
Surface antigen HbsAg	<b>LAB471</b>	Earliest indicator of acute infection - often before symptoms Can detect chronic infection or carrier status Is often used to demonstrate recovery from infection (the body has rid itself of the virus) Donated blood is tested for HBsAg
e-antigen HbeAg	<b>LAB908</b>	Tests for infectivity – the ability to spread the disease to others Used to determine if a carrier (who has a positive HbsAg) can infect others
Total -anti-HBc w/ Reflex to IgM	<b>LAB1242</b>	Total antiHBc demonstrates current or past infection (Includes both IgM and IgG) and (often ordered with anti-HBs and includes both IgM and IgG). Positive Total anti HBc reflexes to anti HBc IgM.
Viral DNA - quantitative	<b>LAB1337</b>	Tests for infectivity by measuring the actual virus in blood by RT-PCR. More sensitive than HBeAg for detecting response to therapy Usually ordered to monitor therapy for HBV
<b>Hepatitis C (HCV)</b>		
HCV antibody <sup>1</sup>	<b>LAB21130</b>	Screens for possible type C hepatitis. A confirmatory Hepatitis C Virus RNA by RT- PCR(Reference Lab test#: LAB887) is required. Laboratory will contact patient for redraw, if needed.
HCV RNA Quantification by RT-PCR Viral load – quantitative	<b>LAB887</b>	Supplemental test to confirm positive screen
Hepatitis C Virus Genotype	<b>LAB3140</b>	Decisions regarding therapy. There is a reflexive version of this test to measure higher values than the standard test if the viral load is too high
<b>OTHER HEPATITIS</b> Write in test		Decisions regarding therapy.

**REFLEXIVE TESTING**

1. A confirmatory Hepatitis C Virus RNA by RT- PCR (Reference Lab test LAB887) is required for equivocal results. Laboratory will contact patient for redraw.

Provider's Signature: _____ Signed Date and Time: _____ Received by: _____
--