

Date of Request _____

Mary Ellen Hoffman, MD

Hoffman Family Medicine

NPI: 1871676601
Medicaid: 03257178

Phone: 607-643-4045

Fax: 844-280-3063

1/18,11/29/18,10/1/21,2/10/22,3/20/23,5/1/23,2/16/26

Date of Birth _____

Patient Name _____

SPECIMEN	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/SEROLOGY	Send-Out Testing	Hematology cont.																																																																																																																																																																												
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Pylori Antigen, EIA, Stool</p> <p>LAB234 MRSA Screen Source: _____</p> <p>LAB503 Wound Culture Source: _____</p> <p>LAB2902 IFOB (Stool)</p> <p>LAB3784 HSVPCR Source: _____</p> <p>OTHER TESTING: _____</p> <hr/> <hr/> <hr/> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p>Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Call 607-547-3700 or Use MyBassett App to schedule to have labs collected at a Bassett Healthcare Network Lab site</p> </div>
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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 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

CONSULT LABORATORY MANUAL ON BASSETT INTRANET FOR PROPER COLLECTION PROCEDURE

