

**LAB TEST REQUEST FORM 9617**

5/98;3/03;4/03;10/03,1/04,7/04;4/05,7/05;10/05;4/06,10/4/06,8/1/07,  
 1/14/08;7/6/09,1/4/10,7/19/12,11/29/12, 7/1/13,  
 3/18/15,5/15/15,4/25/16,5/24/17,2/10/22,2/16/26  
 (f:\lab\micro\doc)

ORIGINATING CLINIC
--------------------

**Bassett Healthcare Network Confirmation DOWNTIME Referral Log Refrigerated**

	Patient Information	Test
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ POC Test Result: _____	Pt. Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <p style="text-align: center;"><b>OR</b></p> Place Patient Registration label here <b>and</b> on second ply.	<input type="checkbox"/> Beta Strep (LAB2110) <input type="checkbox"/> Hemoglobin (LAB291) <input type="checkbox"/> Glucose (LAB82)
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ POC Test Result: _____	Pt. Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <p style="text-align: center;"><b>OR</b></p> Place Patient Registration label here <b>and</b> on second ply.	<input type="checkbox"/> Beta Strep (LAB2110) <input type="checkbox"/> Hemoglobin (LAB291) <input type="checkbox"/> Glucose (LAB82)
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ POC Test Result: _____	Pt. Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <p style="text-align: center;"><b>OR</b></p> Place Patient Registration label here <b>and</b> on second ply.	<input type="checkbox"/> Beta Strep (LAB2110) <input type="checkbox"/> Hemoglobin (LAB291) <input type="checkbox"/> Glucose (LAB82)
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ POC Test Result: _____	Pt. Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <p style="text-align: center;"><b>OR</b></p> Place Patient Registration label here <b>and</b> on second ply.	<input type="checkbox"/> Beta Strep (LAB2110) <input type="checkbox"/> Hemoglobin (LAB291) <input type="checkbox"/> Glucose (LAB82)
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ POC Test Result: _____	Pt. Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <p style="text-align: center;"><b>OR</b></p> Place Patient Registration label here <b>and</b> on second ply.	<input type="checkbox"/> Beta Strep (LAB2110) <input type="checkbox"/> Hemoglobin (LAB291) <input type="checkbox"/> Glucose (LAB82)
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ POC Test Result: _____	Pt. Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <p style="text-align: center;"><b>OR</b></p> Place Patient Registration label here <b>and</b> on second ply.	<input type="checkbox"/> Beta Strep (LAB2110) <input type="checkbox"/> Hemoglobin (LAB291) <input type="checkbox"/> Glucose (LAB82)

**PLEASE BE SURE THAT EVERY PATIENT LISTED ON THE ACCESSION LOG HAS THE APPROPRIATE SPECIMEN PLACED IN THE BAG**

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PRINT**

Pick up Time	Originating Site Contact Name	Time Received at Lab	Receiver Name
--------------	-------------------------------	----------------------	---------------