

REFERENCE LABORATORY HEAVY METAL TESTING REQUISITION							Quest Acct. #	
<u>Date of Request</u>		<u>Chart #</u>		<u>Ordering Provider</u>		<b>BASSETT HEALTHCARE NETWORK</b>  <b>Clinical Laboratories</b>  <b>Reference Lab Heavy Metal Form #2937</b>  <small>(f\lab\doc) Rev  01/08,7/18/08,10/6/08,1/4/10,7/19/10,1/3/2011,  4/9/12,7/19/12, 4/1/13,8/17/2015,5/24/17,2/10/22, 3/14/23,  2/16/26</small>		
<u>Date of Birth</u>		<u>Location</u>		<u>Attending Provider</u>				
Patient Name	<u>Last Name</u>		<u>First Name</u>		<u>MI</u>		<u>Diagnosis Code or Diagnosis</u>  	
	Race		<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> other _____					
Patient's Address	Street Address:							
	City:		State:		County:		Zip Code:	
Guardian Name (if child)	<u>Last Name</u>		<u>First Name</u>		<u>MI</u>		<u>Home Phone</u>	
	If Occupational Testing	Employer Name	<u>Last Name</u>		<u>First Name</u>		<u>MI</u>	
Employer Address			<u>Street</u>		<u>City</u>		<u>State</u>	<u>Zip</u>
	Physician	<u>Name</u>		<u>Last Name</u>		<u>First Name</u>		<u>Phone#</u>
Address		<u>Street</u>		<u>City</u>		<u>State</u>	<u>Zip</u>	
	<b>(√) Testing Required</b>							
√	<u>Quest Code</u>	<u>LIS Code</u>	<u>Test Name</u>		√	<u>Quest Code</u>	<u>LIS Code</u>	<u>Test Name</u>
	269	LAB3740	Arsenic, Blood			636	LAB831	Mercury, Blood
	36433	LAB361	Arsenic, 24 hr Urine			36441	LAB408	Mercury, 24 hr Urine
	852	LAB49	Beta-2-Microglobulin, S			4696	LAB1109	Nickel, Serum
	49448	LAB21063	Beta-2-Microglobulin, Ur			945	LAB581	Zinc, Serum
	299	LAB832	Cadmium, Blood			946	LAB21054	Zinc, 24 hr Urine
	672	LAB21065	Cadmium, Random Urine			948	LAB84	Zinc Protoporphyrin
	5248	LAB967	Chromium, Serum			33051	LAB1019	Heavy Metal Screen, Blood
	363	LAB817	Copper, Serum			15110	LAB398	Heavy Metal Screen, Random Ur
	365	LAB380	Copper, 24 hr Urine			35386	LAB21066	Heavy Metal Screen, 24 hr Ur
	39027	LAB9997	Lead, Bld Capillary Only					
	599	LAB3577L	Lead, Bld Venipuncture					
	601	LAB404	Lead, Random Urine					
<u>Collected by</u>		<u>Date</u>		<u>Time</u>		<u>Specimen Type</u>		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
						<u>Provider's Signature:</u>		<u>Date and Time:</u>
<b>Providers:</b> Compliance is mandatory and regulated. See reverse						Quest Diagnostics		Phone: 866-697-8378      Fax: 703-802-7131

REQUISITIONS LAB

**PROVIDERS:** Compliance is mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific ICD-10 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 below. 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**