

Date of Request _____ Visit Number: _____

Ordering Provider: _____
Medicaid ID: _____

Chart #: _____ Location: _____

Attending Provider: _____

Name Last: _____ First: _____

Please circle requests below.
Check box for STAT. Unless indicated, tests are considered "Routine."

Date of Birth _____ Medicaid ID#: _____

SPECIMEN	TIME:	DATE:
	COLLECTED BY:	

Diagnosis Code: or Descriptive Diagnosis:	
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Enter in REQ Entry using Robinson Terrace Submitter record

PROVIDERS: Compliance is mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific Diagnosis Code 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

CHEMISTRY	Code	Test Name	STAT	Code	Test Name	STAT	Code	Test Name	STAT
				HEMATOLOGY			ELECTROPHORESIS		
LAB456 Acetone	LAB95	Lactic Acid	<input type="checkbox"/>	LAB294	Heme Profile *	<input type="checkbox"/>	LAB1077	Monoclonal screen	
LAB45601 Beta-Hydroxybutyrate	LAB96	LDH	<input type="checkbox"/>	LAB1748	Heme Profile w/Auto Diff *	<input type="checkbox"/>		With Reflex IFE,	
LAB45 Albumin	LAB102	LDL Chol (measured)*	<input type="checkbox"/>	LAB289	Hematocrit *	<input type="checkbox"/>	LAB174	Serum IFE	
LAB112 Alk Phos	LAB87	LH	<input type="checkbox"/>	LAB291	Hemoglobin *	<input type="checkbox"/>	LAB119	Serum Protein Electrophoresis	
LAB132 ALT	LAB99	Lipase	<input type="checkbox"/>	LAB301	Platelet Count *	<input type="checkbox"/>	MICROBIOLOGY/STOOL		
LAB47 Ammonia	LAB3802	Lipid w/ reflex LDL(meas) ⁶ *	<input type="checkbox"/>	LAB296	Retic Count	<input type="checkbox"/>	LAB257	C.Difficile-Nucleic Acid Amplification Test (NAAT) with Reflex to Toxin	
LAB48 Amylase	LAB103	Magnesium	<input type="checkbox"/>	LAB547	Sed Rate	<input type="checkbox"/>	LAB2107	Cryptosporidium Molecular assay	
LAB131 AST	LAB107	Osmolality	<input type="checkbox"/>	LAB299	WBC *	<input type="checkbox"/>	LAB259	Giardia Molecular assay	
LAB52 Bilirubin, Fract	LAB113	Phosphorus	<input type="checkbox"/>	LAB318	Platelet Function ^{1*} (Mandatory preschedule) ¹	<input type="checkbox"/>	LAB2902	Immunochemical (Occult Blood)	
LAB51 Bilirubin, Neonatal	LAB114	Potassium	<input type="checkbox"/>	LAB320	Prottime/INR *	<input type="checkbox"/>	LAB694	Inpatient Occult Blood (Diagnostic)	<input type="checkbox"/>
LAB50 Bilirubin, Total	LAB115	Prealbumin	<input type="checkbox"/>	LAB325	PTT *	<input type="checkbox"/>	LAB258	Ova and Parasites Molecular assay ³	
LAB106 BNP *	LAB3075	Progesterone	<input type="checkbox"/>	URINES					
LAB140 BUN	LAB531	Prolactin	<input type="checkbox"/>	<input type="checkbox"/> Clean Catch	<input type="checkbox"/> Cath.	<input type="checkbox"/> Other _____			
LAB152 C3	LAB118	Protein, Total	<input type="checkbox"/>	LAB21036	Microalbumin & creatinine (random) Quantitative ³	<input type="checkbox"/>			
LAB151 C4	LAB116	PSA (screen)*	<input type="checkbox"/>	LAB21012	Routine Urinalysis ¹	<input type="checkbox"/>			
LAB155 CA 125 *	LAB3844	PSA (monitoring) *	<input type="checkbox"/>	LAB21014	Routine Urinalysis & Culture if Positive ^{1,2}	<input type="checkbox"/>			
LAB53 Calcium	LAB3842	PSA w/reflexive free PSA (screen) ^{1*}	<input type="checkbox"/>	LAB21015	Macroscopic only	<input type="checkbox"/>			
LAB57 CEA *	LAB3843	PSA w/reflexive free PSA (monitoring) ^{1*}	<input type="checkbox"/>	LAB21017	Microscopic only	<input type="checkbox"/>			
LAB59 Chloride	LAB108	PTH Intact w/Ionized and Total Calcium	<input type="checkbox"/>	LAB437	Pregnancy (Urine)	<input type="checkbox"/>			
LAB60 Cholesterol*	LAB122	Sodium	<input type="checkbox"/>	LAB239	Urine Culture *	<input type="checkbox"/>			
LAB55 CO2	LAB136	Total T3	<input type="checkbox"/>	TDM/TOXICOLOGY					
LAB17 Comprehensive Metabolic Panel	LAB127	Free T4 *	<input type="checkbox"/>	LAB43	Acetaminophen	<input type="checkbox"/>	FAX RESULTS TO: Results are not faxed within Bassett Network, they are available in EMR.		
LAB15 Basic Metabolic Panel	LAB124	Testosterone Total	<input type="checkbox"/>	LAB21	Carbamazepine	<input type="checkbox"/>	Name: _____		
LAB61 Cortisol	LAB829	TIBC *	<input type="checkbox"/>	LAB23	Digoxin*	<input type="checkbox"/>	Number: _____		
LAB62 CPK	LAB133	Transferrin*	<input type="checkbox"/>	LAB46	Ethanol, Medical	<input type="checkbox"/>			
LAB66 Creatinine ⁶	LAB134	Triglyceride*	<input type="checkbox"/>	LAB27	Gentamycin-random	<input type="checkbox"/>			
LAB150 C-Reactive Protein (cardiac)	LAB1747	Troponin I	<input type="checkbox"/>	LAB28	Gentamycin-peak	<input type="checkbox"/>			
LAB149 C-Reactive Protein (inflammatory)	LAB129	TSH *	<input type="checkbox"/>	LAB26	Gentamycin-trough	<input type="checkbox"/>			
LAB16 Electrolyte	LAB3889	TSH with reflex ^{2*}	<input type="checkbox"/>	LAB29	Lithium	<input type="checkbox"/>			
LAB3076 Estradiol	LAB141	Uric Acid	<input type="checkbox"/>	LAB30	Phenobarbitol	<input type="checkbox"/>			
LAB68 Ferritin *	LAB67	Vitamin B-12	<input type="checkbox"/>	LAB31	Phenytoin	<input type="checkbox"/>			
LAB69 Folate	LAB3107	Vitamin D, 25 Hydroxy, Total *	<input type="checkbox"/>	LAB34	Salicylate	<input type="checkbox"/>			
LAB86 FSH	SEROLOGY			LAB35	Theophylline	<input type="checkbox"/>			
LAB85 Gamma GT *	LAB147	Anti-Nuclear Ab	<input type="checkbox"/>	LAB37	Tobramycin-random	<input type="checkbox"/>			
LAB82 Glucose - Random*	LAB779	Cryptococcal Antigen Source _____	<input type="checkbox"/>	LAB36	Tobramycin-peak	<input type="checkbox"/>			
LAB3004 Glucose - Fasting*	LAB788	Lyme IgG/IgM ⁴	<input type="checkbox"/>	LAB38	Tobramycin-trough	<input type="checkbox"/>			
LAB90 GlycoHgb (HbA _{1c})*	LAB657	Measles IgG	<input type="checkbox"/>	LAB40	Valproic Acid	<input type="checkbox"/>			
LAB752 HCG, Tumor Marker* (sendout)	LAB482	Mono Test	<input type="checkbox"/>	LAB41	Vancomycin-random	<input type="checkbox"/>			
LAB101 HDL Cholesterol*	LAB206	Rheumatoid Factor	<input type="checkbox"/>	LAB44	Vancomycin-Peak	<input type="checkbox"/>			
LAB54 Ionized Calcium	LAB4400	Syphilis Treponema Pallidum AB ³	<input type="checkbox"/>	LAB39	Vancomycin-Trough	<input type="checkbox"/>			
LAB3010 Immunoglobulins (IgA, IgG, IgM)	LAB496	Rubella	<input type="checkbox"/>						
LAB3009 Immunoglobulin A	LAB162	Varicella Zoster IgG	<input type="checkbox"/>						
LAB3007 Immunoglobulin G									
LAB3008 Immunoglobulin M									
LAB94 Iron *									
LAB3799 %Iron Saturation ^{4*}									

Provider Signature on file at Facility
 YES NO

Provider's Signature/Name:

Signed Date and Time:

Received by:

REQUISITION Lab

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

IMMUNOGLOBULINS (LAB3010)

IgA
IgG
IgM

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 PSA with reflexive free PSA (LAB3842) for screening or (LAB3843 for monitoring) is ordered, a free PSA will be performed and billed if the total is between 2.5 ng/ml and 10 ng/ml.
- 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.
- When a Pregnancy (serum) (LAB144) is positive a HCG (Quant) (LAB143) 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.

Coagulation

- It is mandatory, that the Platelet Function (LAB318) be scheduled in advance with the Hematology Laboratory (547-3725) and is available routinely Monday through Friday, 8:00 AM-3:00 PM. STAT testing during off-hours, weekends or holidays must be approved by the pathologist on-call. When a Platelet Function test (LAB318) is ordered a Platelet Count (LAB301) and a Hematocrit (LAB289) will be performed and billed

REFLEXIVE TESTING (continued)**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 /μL	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**PLT Flags (Always Slide Review + Edit)**

MCV < 65 or > 110 fL (Microcytosis or Macrocytosis)	PLT < 100 x 10 ³ /μL, if no previous slide review (Thrombocytopenia)
Hgb < 7 g/dl (Anemia)	PLT > 1000 x 10 ³ /μL (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 Routine Urinalysis & Culture if Positive (LAB21014) is ordered, a urine culture is performed if the urine tests positive for leukocyte esterase or nitrite and examination of the urinary sediment reveals less than six squamous epithelial cells/hpf.
- 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.
- When a Rapid Beta Strep (LAB885) is ordered and the results are negative, a culture is done and billed to confirm the negative (LAB2110).
- When an Ova and Parasite-Stool (LAB258) is ordered, the sample will be tested and billed for Cryptosporidium (LAB258) and Giardia Antigen (LAB259)

Serology

- When a Cryptococcal Antigen (LAB779) is ordered and the screen is positive, a titer is performed and billed.
- When a Rheumatoid Factor (LAB206) is ordered and the screen is positive, a titer is performed and billed.
- When a Syphilis Trponema Pallidum Ab (LAB4400) is ordered and the screen is positive, an RPR (LAB494) will be ordered and billed
- When a Lyme IgG/IgM (LAB788) is ordered, and is positive, it will be automatically reflexed to a Lyme Western Blot, and billed