Date of Request _____ Visit Number: _____

Chart #: _____ Location: _____

Name Last: _____ First: _____

Date of Birth _____ Medicaid #: _____

Ordering Provider: _____
Medicaid ID: _____

Attending Provider: _____

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


**BASSETT HEALTHCARE NETWORK**
**St. Johnsville Rehab and Nursing Center**
**P: 518-568-5037**
**F: 888-241-4392**


#11560, 8/4/22, 3/13/23,9/19/23,3/24,12/25


| SPECIMEN COLLECTED BY: | TIME: | DATE: |
|---|---|---|
| | | |

**Diagnosis Code:**
**or**
**Descriptive Diagnosis:**

## Enter in REQ Entry using St.Johnsville Rehab & Nursing Center 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 |
|---|---|---|
| LAB456 | Acetone | ☐ |
| LAB45601 | Beta-Hydroxybutyrate | ☐ |
| LAB45 | Albumin | ☐ |
| LAB112 | Alk Phos | ☐ |
| LAB132 | ALT | ☐ |
| LAB47 | Ammonia | ☐ |
| LAB48 | Amylase | ☐ |
| LAB131 | AST | ☐ |
| LAB52 | Bilirubin, Fract | ☐ |
| LAB51 | Bilirubin, Neonatal | ☐ |
| LAB50 | Bilirubin, Total | ☐ |
| LAB106 | BNP * | ☐ |
| LAB140 | BUN | ☐ |
| LAB152 | C3 | |
| LAB151 | C4 | |
| LAB155 | CA 125 * | |
| LAB53 | Calcium | ☐ |
| LAB57 | CEA * | ☐ |
| LAB59 | Chloride | ☐ |
| LAB60 | Cholesterol* | |
| LAB55 | CO2 | ☐ |
| LAB17 | Comprehensive Metabolic Panel | ☐ |
| LAB15 | Basic Metabolic Panel | ☐ |
| LAB61 | Cortisol | |
| LAB62 | CPK | ☐ |
| LAB66 | Creatinine [6] | ☐ |
| LAB150 | C-Reactive Protein (cardiac) | ☐ |
| LAB149 | C-Reactive Protein (inflammatory) | ☐ |
| LAB16 | Electrolyte | ☐ |
| LAB3076 | Estradiol | |
| LAB68 | Ferritin * | |
| LAB69 | Folate | |
| LAB86 | FSH | |
| LAB85 | Gamma GT * | ☐ |
| LAB82 | Glucose - Random* | ☐ |
| LAB3004 | Glucose – Fasting* | ☐ |
| LAB90 | GlycoHgb ($HbA_1C$)* | |
| LAB752 | HCG,Tumor Marker* (sendout) | |
| LAB101 | HDL Cholesterol* | |
| LAB54 | Ionized Calcium | ☐ |
| LAB3010 | Immunoglobulins (IgA, IgG, IgM) | |
| LAB3009 | Immunoglobulin A | |
| LAB3007 | Immunoglobulin G | |
| LAB3008 | Immunoglobulin M | |
| LAB94 | Iron * | |
| LAB3799 | %Iron Saturation [4]* | |

| Code | Test Name | STAT |
|---|---|---|
| LAB95 | Lactic Acid | ☐ |
| LAB96 | LDH | ☐ |
| LAB102 | LDL Chol (measured)* | |
| LAB87 | LH | ☐ |
| LAB99 | Lipase | |
| LAB3802 | Lipid w/ reflex LDL(meas)[6*] | |
| LAB103 | Magnesium | ☐ |
| LAB107 | Osmolality | ☐ |
| LAB113 | Phosphorus | ☐ |
| LAB114 | Potassium | ☐ |
| LAB115 | Prealbumin | |
| LAB3075 | Progesterone | |
| LAB531 | Prolactin | |
| LAB118 | Protein, Total | ☐ |
| LAB116 | PSA (screen)* | |
| LAB3844 | PSA (monitoring) * | |
| LAB3842 | PSA w/reflexive free PSA (screen) [1]* | |
| LAB3843 | PSA w/reflexive free PSA (monitoring) [1]* | |
| LAB108 | PTH Intact w/Ionized and Total Calcium | |
| LAB122 | Sodium | ☐ |
| LAB136 | Total T3 | ☐ |
| LAB127 | Free T4 * | ☐ |
| LAB124 | Testosterone Total | |
| LAB829 | TIBC * | ☐ |
| LAB133 | Transferrin* | ☐ |
| LAB134 | Triglyceride* | ☐ |
| LAB747 | Troponin I | ☐ |
| LAB129 | TSH * | ☐ |
| LAB3889 | TSH with reflex [2] * | ☐ |
| LAB141 | Uric Acid | ☐ |
| LAB67 | Vitamin B-12 | |
| LAB3107 | Vitamin D, 25 Hydroxy, Total * | |

### SPECIAL CHEMISTRY - OB/GYN

***Glucose Tolerance Testing***
***Use Lab Requisition #8***

| | | |
|---|---|---|
| LAB143 | HCG (Quant) | ☐ |

### SEROLOGY

| | | |
|---|---|---|
| LAB147 | Anti-Nuclear Ab | |
| LAB779 | Cryptococcal Antigen Source _____ | |
| LAB788 | Lyme IgG/IgM [4] | |
| LAB657 | Measles IgG | |
| LAB482 | Mono Test | ☐ |
| LAB206 | Rheumatoid Factor | |

| Code | Test Name | STAT |
|---|---|---|
| LAB4400 | Syphilis Treponema Pallidum AB [3] | |
| LAB496 | Rubella | |
| LAB162 | Varicella Zoster IgG | |

### HEMATOLOGY

| | | |
|---|---|---|
| LAB294 | Heme Profile * | ☐ |
| LAB1748 | Heme Profile w/Auto Diff * | ☐ |
| LAB289 | Hematocrit * | ☐ |
| LAB291 | Hemoglobin * | ☐ |
| LAB301 | Platelet Count * | ☐ |
| LAB296 | Retic Count | ☐ |
| LAB547 | Sed Rate | ☐ |
| LAB299 | WBC * | ☐ |
| LAB3700 | Abs Neutrophil Ct [4] | ☐ |

### COAGULATION

| | | |
|---|---|---|
| LAB313 | D-Dimer | ☐ |
| LAB314 | Fibrinogen | ☐ |
| LAB318 | Platelet Function[1]* **(Mandatory preschedule)** [1] | ☐ |
| LAB320 | Protime/INR * | ☐ |
| LAB325 | PTT * | ☐ |

### URINES

☐ **Clean Catch** ☐ Cath. ☐ Other ____

| | | |
|---|---|---|
| LAB21036 | Microalbumin & creatinine (random) Quantitative [3] | ☐ |
| LAB21012 | Routine Urinalysis [1] | ☐ |
| LAB21014 | Routine Urinalysis & Culture if Positive [1,2] | ☐ |
| LAB21015 | Macroscopic only | ☐ |
| LAB21017 | Microscopic only | ☐ |
| LAB437 | Pregnancy (Urine) | ☐ |
| LAB239 | Urine Culture * | ☐ |

### TDM/TOXICOLOGY

| | | |
|---|---|---|
| LAB43 | Acetaminophen | ☐ |
| LAB21 | Carbamazepine | ☐ |
| LAB23 | Digoxin* | ☐ |
| LAB46 | Ethanol, Medical | ☐ |
| LAB27 | Gentamycin-random | ☐ |
| LAB28 | Gentamycin-peak | ☐ |
| LAB26 | Gentamycin-trough | ☐ |
| LAB29 | Lithium | ☐ |
| LAB30 | Phenobarbitol | ☐ |
| LAB31 | Phenytoin | ☐ |
| LAB34 | Salicylate | ☐ |
| LAB35 | Theophylline | ☐ |
| LAB37 | Tobramycin-random | ☐ |
| LAB36 | Tobramycin-peak | ☐ |
| LAB38 | Tobramycin-trough | ☐ |

| Code | Test Name | STAT |
|---|---|---|
| LAB24 | Valproic Acid | ☐ |
| LAB40 | Vancomycin-random | ☐ |
| LAB41 | Vancomycin-Peak | ☐ |
| LAB39 | Vancomycin-Trough | ☐ |

### ELECTROPHORESIS

| | | |
|---|---|---|
| LAB1077 | Monoclonal screen With Reflex IFE, | |
| LAB174 | Serum IFE | |
| LAB119 | Serum Protein Electrophoresis | |

### STOOL

| | | |
|---|---|---|
| LAB257 | C.Difficile-Nucleic Acid Amplification Test (NAAT) with Reflex to Toxin | |
| LAB2107 | Cryptosporidium Molecular assay | |
| LAB259 | Giardia Molecular assay | |
| LAB2902 | IFOB | |
| LAB694 | Inpatient Occult Blood (Diagnostic) | ☐ |
| LAB258 | Ova and Parasites Molecular assay [3] | |
| LAB2231 | GI Diarrheal Pathogen Panel | |
| LAB21010 | Stool for WBC | ☐ |

### OTHER TESTING

**Test Name**

_____

_____

For **Microbiology Tests** not listed above, you **must** use Laboratory Test Request Form #4.

**FAX RESULTS TO:** Results are not faxed within Bassett Network, they are available in EMR.

**Name:** _____

**Number:** _____

## Provider Signature on file at Patient 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**

1. 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.
2. 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.
3. The clinical laboratory will automatically calculate and report glomerular filtration rate (GFR) on all adult out-patients with a serum creatinine, at no charge.
4. When % Iron Saturation (LAB3799) is ordered, a Total Iron and TIBC will be performed and billed.
5. When a Pregnancy (serum) (LAB144) is positive a HCG (Quant) (LAB143) will be performed and billed.
6. LAB3802 includes a measured total cholesterol, triglyceride and HDL-C and calculated LDL-C, when TRIG <400 mg/dl. If the TRIG is >/= 400 mg/dl, a measured LDL-C is reflexively ordered, tested and billed.

**Coagulation**

**1.** 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**

1. A manual differential is performed when the patient is less than 1 month old.
2. 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**

| **RBC IP Messages** | **PLT Flags (Always Slide Review + Edit)** |
|---|---|
| MCV < 65 or > 110 fL (Microcystosis or Macrocyctosis) | PLT < 100 x $10^3$/µL, if no previous slide review (Thrombycytopenia) |
| Hgb < 7 g/dl (Anemia) | PLT > 1000 x $10^3$/µL (Thrombocytosis) |
| RDW-SD > 65 fL (Anisocystosis) | PLT Abn. dist. or scattergram flag |
| Any RBC flag (abn. dist., dimorphic pop. agglut, etc.) | PLT clump flag |
| MCHC <30 | |

3. 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.
4. When an Absolute Neutrophil Count is ordered, a WBC and Differential will be performed and billed.

**Urines**

1 A urine sediment examination is performed and billed when RTUA (LAB21012) is ordered and the sample is cloudy or an abnormality is detected.
2. 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..
3. 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.

1. 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.

2. When a Rapid Beta Strep (LAB885) is ordered and the results are negative, a culture is done and billed to confirm the negative (LAB2110).
3. When an Ova and Parasite-Stool (LAB258) is ordered, the sample will be tested and billed for Cryptosporidium (LAB258) and Giardia Antigen (LAB259)

**Serology**

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



**CONSULT LABORATORY MANUAL ON BASSETT INTRANET FOR PROPER COLLECTION PROCEDURES.**