

Date of Request _____

Ordering Provider: _____

Medicaid ID: _____

Chart # _____

Attending Provider: _____

Name Last: _____ First: _____

Date of Birth _____ Medicaid ID#: _____

Please circle requests below.

SPECIMEN	TIME:	DATE:
COLLECTED BY: _____	_____	_____

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

ENTER USING REQUISITION ENTRY IF RECEIVED DIRECTLY FROM CLINIC

CHEMISTRY

Code	Test Name	STAT
LAB15	Basic Metabolic Panel	<input type="checkbox"/>
LAB17	Comprehensive Metabolic Panel	<input type="checkbox"/>
LAB140	BUN	<input type="checkbox"/>
LAB66	Creatinine, Serum ²	<input type="checkbox"/>
LAB16	Electrolyte	<input type="checkbox"/>
LAB82	Glucose-Random*	<input type="checkbox"/>
LAB129	TSH*	<input type="checkbox"/>
LAB3889	TSH with Reflex* ¹	<input type="checkbox"/>
LAB141	Uric Acid	<input type="checkbox"/>
LAB114	Potassium	<input type="checkbox"/>
LAB122	Sodium	<input type="checkbox"/>
LAB106	BNP*	<input type="checkbox"/>

Serology

LAB788	Lyme Serology, Serum ²
LAB482	Mono Test
LAB4400	Syphilis Treponema Pallidum AB
LAB473	HIV
LAB21130	Hepatitis C Antibody

HEMATOLOGY

LAB294	Heme Profile*
LAB1748	Heme Profile w/Auto Diff *

MICROBIOLOGY

LAB239	Urine Culture*
LAB228	Throat Culture
LAB236	Beta Strep Screen:Throat
LAB503	Wound Culture- Source:_____
LAB250	Gram Stain-Source:_____
LAB234	Resistant Organism Screen (VRE/MRSA)-Source:_____
LAB2231	GI Diarrheal Pathogen Panel
LAB257	C. Difficile Toxin
LAB259	Giardia Molecular Assay
LAB258	Ova and Parasites Molecular assay-Stool ²
LAB1376	Chlamydia and Gonorrhea Screen Source:_____

SENDOUT TESTING

LAB3784	HSV Molecular Detection, PCR Source:_____
LAB1372	VZV Molecular Detection PCR Source:_____
LAB1875	Tick-Borne Disease Ab Panel
LAB4922	Tick-Born Panel Molecular Detection,PCR

OTHER TESTING: _____

Provider's Signature:

Signed Date and Time:

Received by: _____

TESTS INCLUDED IN PANELS

Comprehensive Metabolic (LAB17)

Albumin
Alk Phos
Bilirubin, Total
BUN
Calcium
Chloride
CO2
Creatinine
Glucose
Potassium
Protein, Total
Sodium
ALT
AST
Sodium
Potassium
Chloride
Carbon Dioxide
Anion Gap

Basic Metabolic (LAB15)

Calcium
CO2
Chloride
Creatinine
Glucose
Potassium
Sodium
BUN

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

Reflexive Testing

1. 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.
2. The clinical laboratory will automatically calculate and report glomerular filtration rate (GFR) on all adult out-patients with a serum creatinine, at no charge.

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 10³/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

(Microcytosis or Macrocytosis)

Hgb < 7 g/dl (Anemia)

RDW-SD > 65 fL (Anisocytosis)

Any RBC flag (abn. dist., dimorphic pop. agglut, etc.)

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.

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 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 an RPR (LAB494) is ordered and the screen is positive, a titer and a Treponema Antibody (LAB3599) will be performed and billed.
2. When a Lyme IgG/IgM (LAB788) is ordered, and is positive, it will be automatically reflexed to a Lyme Western Blot (LAB860), and billed

