Date of Request _____

Chart #: _____ Location _____

Name Last: _____ First: _____

Date of Birth _____

Ordering Provider _____

BASSETT HEALTHCARE NETWORK
1 Atwell Rd
Cooperstown, NY 13326
Phone: (607)547-3975
Fax: (607)547-6717
12/13/22,9/19/23,2/16/26

SPECIMEN	TIME:	DATE:
COLLECTED BY:		

☐ **STAT** ☐ **Routine**

Wynn Hospital Body Fluid Testing - MUST include requisition for electronic signature

☐ Creatinine
☐ Albumin
☐ Amylase
☐ Total Bilirubin
☐ Glucose
☐ Lactate Dehydrogenase
☐ Total Protein
☐ Triglycerides
☐ Cholesterol
☐ Urea Nitrogen
☐ Uric Acid
☐ pH

PLEASE FAX STAT RESULTS TO Bassett Medical Center Laboratory at 607-547-5438

Please Call Critical Results to 607-547-3975

AND TO THE ORDERING PROVIDER at:_____

Received By:_____