BASSETT MEDICAL CENTER
1 Atwell Rd
Cooperstown, NY 13326
Phone: (607)547-3975
Fax: (607)547-6717
7/21/26

Date of Request _____

Chart #: _____ Location _____

Name Last: _____ First: _____

Date of Birth _____

Ordering Provider _____

SPECIMEN	TIME:	DATE:
COLLECTED BY:		

Diagnosis Code:
or
Descriptive Diagnosis:

☐ **STAT** ☐ **Routine**

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

-M-F Call 315-917-8199 by 4:30pm for pick up
-Weekends call Lab Logistics for STAT courier

- ☐ Creatinine
- ☐ Albumin
- ☐ Amylase
- ☐ Total Bilirubin
- ☐ Glucose
- ☐ Lactate Dehydrogenase
- ☐ Total Protein
- ☐ Triglycerides
- ☐ Cholesterol
- ☐ Urea Nitrogen
- ☐ Uric Acid
- ☐ pH
- ☐ Ammonia (Frozen)

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

Please Call Critical Results to 607-547-3975

Received By: _____