

Date of Request \_\_\_\_\_ Visit Number: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_  
 Medicaid ID: \_\_\_\_\_

Chart #: \_\_\_\_\_ Location: \_\_\_\_\_

Attending Provider: \_\_\_\_\_

Patient Name \_\_\_\_\_

Please circle requests below.  
 Check box for STAT or  
 Urgent(URG). Unless indicated,  
 tests are considered "Routine."

Date of Birth \_\_\_\_\_ Medicaid ID#: \_\_\_\_\_

**Point of Care iSTAT  
 Blood Gas**

**LAB TEST REQUEST FORM #17**

#3868 (f:\lab\doc)  
 9/12/06,1/07,2/07,4/07,10/07,1/14/08,1/4/10,4/2/10,1/3/2011,10/6/14,  
 5/15/15,8/17/15,2/16/26

COLLECTED BY: _____	TIME: _____	DATE: _____
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<p><b>Diagnosis Code:</b> _____                  or  <b>Descriptive Diagnosis:</b> _____</p>
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**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. 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.

**\*\*\* DO NOT ORDER IN LIS SYSTEM \*\*\***  
 (done automatically when iSTAT is docked)

<b>BLOOD GAS MEASUREMENTS</b>
<p><b>Specimen Type:</b></p> <p>Arterial <input type="checkbox"/> Venous <input type="checkbox"/></p> <p>Capillary <input type="checkbox"/> Mixed <input type="checkbox"/></p> <p>Cord Arterial <input type="checkbox"/> Cord Venous <input type="checkbox"/></p> <p>Cord <input type="checkbox"/></p> <p><b>Patient Temperature:</b> _____</p> <p><b>FIO2:</b> _____</p> <p><b>Pump Status: (check one)</b></p> <p>On Pump (CPB) <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>

<b>TEST (check one)</b>	<b>STAT</b>	<b>iSTAT Cartridge</b>
Blood Gas <b>only</b> (pH, PCO2, PO2)	<input type="checkbox"/>	CG4
Blood Gas <b>with Na, K, iCal, Hct</b>	<input type="checkbox"/>	EG7
Blood Gas <b>only (Cord and Cap for Birthing Center)</b>	<input type="checkbox"/>	EG7
ACT-Celite	<input type="checkbox"/>	ACT-C
ACT-Kaolin	<input type="checkbox"/>	ACT-K
Creatinine	<input type="checkbox"/>	Crea
Na only	<input type="checkbox"/>	EG7
K only	<input type="checkbox"/>	EG7
iCal only	<input type="checkbox"/>	EG7
Hct only	<input type="checkbox"/>	EG7

<p>Tape iSTAT                  Printout                  Here</p>
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<p>Provider's Signature: _____</p> <p>Signed Date and Time: _____</p> <p>Received by: _____</p>
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