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MML Acct#: 7034108

REFERENCE LABORATORY HEAVY METAL TESTING REQUISITION

<u>Date of Request</u>	<u>Visit Number</u>	<u>Ordering Provider</u>	BASSETT HEALTHCARE NETWORK Clinical Laboratories Reference Lab Heavy Metal Form #2937 (flabl.doc) Rev 01/08,7/18/08,10/6/08,1/4/10,7/19/10,1/3/2011, 4/9/12,7/19/12, 4/1/13,8/17/2015,5/24/17,2/10/22, 3/14/23
<u>Chart#</u>	<u>Location</u>	<u>Attending Provider</u>	

Patient Name	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	Diagnosis Code or Diagnosis
Date of Birth	Race <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> other _____			

Patient's Address	Street Address:			
	City:	State:	County:	Zip Code:

Guardian Name (if child)	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Home Phone</u>

If Occupational Testing	Employer Name	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Phone#</u>
	Employer Address	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>

Physician	Name	<u>Last Name</u>	<u>First Name</u>	<u>Phone#</u>
	Address	<u>Street</u>	<u>City</u>	<u>State</u> <u>Zip</u>

(√) Testing Required							
√	MML Code	LIS Code	Test Name	√	MML Code	LIS Code	Test Name
	ASB	LAB3740	Arsenic, Blood		PBU	LAB404	Lead, 24 hr Urine
	ASU24	LAB361	Arsenic, 24 hr Urine		HG	LAB831	Mercury, Blood
	B2M	LAB49	Beta-2-Microglobulin, S		HGU	LAB408	Mercury, 24 hr Urine
	B2MU	LAB21063	Beta-2-Microglobulin, Ur		NIS	LAB1109	Nickel, Serum
	CDB	LAB832	Cadmium, Blood		NIU	LAB413	Nickel, 24 hr Urine
	CDUOE	LAB21065	Cadmium, Random Urine		TLB	LAB1026	Thallium, Serum
	CDU	LAB370	Cadmium, 24 hr Urine		TLU	LAB1027	Thallium, 24 hr Urine
	CRS	LAB967	Chromium, Serum		ZN_S	LAB581	Zinc, Serum
	CRU	LAB21051	Chromium, 24 hr Urine		ZNU	LAB21054	Zinc, 24 hr Urine
	CUS1	LAB817	Copper, Serum		ARUP:0020605	LAB84	Zinc Protoporphyrin
	CUU	LAB380	Copper, 24 hr Urine		HMDB	LAB1019	Heavy Metal Screen, Blood
	PBDC	LAB9997	Lead, Bld Capillary Only		HMUOE	LAB398	Heavy Metal Screen, Random Ur
	PBDV	LAB3577L	Lead, Bld Venipuncture		HMU24	LAB21066	Heavy Metal Screen, 24 hr Ur

<u>Collected by</u>	<u>Date</u>	<u>Time</u>	<u>Specimen Type</u>	<input type="checkbox"/> Venous	<input type="checkbox"/> Capillary
			Provider's Signature:	Date and Time:	

Providers: Compliance is mandatory and regulated. See reverse

MML Business Office Phone: 800-447-6424 Fax: 800-524-5125

REQUISITIONS LAB

PROVIDERS: Compliance is mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific ICD-9 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 below. 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

Informed Consent Forms are available through the Bassett warehouse or from the following link: www.health.state.ny.us/forms/doh-2556.pdf