

**LAB TEST REQUEST FORM 9617**

5/98;3/03;4/03;10/03;1/04;7/04;4/05;7/05;10/05;4/06;10/4/06;8/1/07,  
 1/14/08;7/6/09;1/4/10;7/19/12;11/29/12, 7/1/13,  
 3/18/15;5/15/15;4/25/16;5/24/17;2/10/22, 9/12/23  
 (f:\lab\micro\doc)

ORIGINATING CLINIC
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**Bassett Healthcare Network Confirmation DOWNTIME Referral Log Refrigerated**

	Patient Information	Test
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ POC Test Result: _____	Last,First Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <p style="text-align: center;"><b>OR</b></p> Place Patient Registration label here <b>and</b> on second ply.	<input type="checkbox"/> Beta Strep (LAB2110) <input type="checkbox"/> Hemoglobin (LAB291) <input type="checkbox"/> Glucose (LAB82)
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ POC Test Result: _____	Last,First Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <p style="text-align: center;"><b>OR</b></p> Place Patient Registration label here <b>and</b> on second ply.	<input type="checkbox"/> Beta Strep (LAB2110) <input type="checkbox"/> Hemoglobin (LAB291) <input type="checkbox"/> Glucose (LAB82)
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ POC Test Result: _____	Last,First Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <p style="text-align: center;"><b>OR</b></p> Place Patient Registration label here <b>and</b> on second ply.	<input type="checkbox"/> Beta Strep (LAB2110) <input type="checkbox"/> Hemoglobin (LAB291) <input type="checkbox"/> Glucose (LAB82)
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ POC Test Result: _____	Last,First Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <p style="text-align: center;"><b>OR</b></p> Place Patient Registration label here <b>and</b> on second ply.	<input type="checkbox"/> Beta Strep (LAB2110) <input type="checkbox"/> Hemoglobin (LAB291) <input type="checkbox"/> Glucose (LAB82)
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Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ POC Test Result: _____	Last,First Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <p style="text-align: center;"><b>OR</b></p> Place Patient Registration label here <b>and</b> on second ply.	<input type="checkbox"/> Beta Strep (LAB2110) <input type="checkbox"/> Hemoglobin (LAB291) <input type="checkbox"/> Glucose (LAB82)

**PLEASE BE SURE THAT EVERY PATIENT LISTED ON THE ACCESSION LOG HAS THE APPROPRIATE SPECIMEN PLACED IN THE BAG**

**Comments:**

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**PLEASE PRINT**

Pick up Time	Originating Site Contact Name	Time Received at Lab	Receiver Name
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