or	st:	Visit Nur Location First:		At PI	rdering Provide tending Provide ease circle re neck box for ST dicated, tests a loutine."	er: quests belo TAT. Unless	_	9	GENERA LAB TES 4011 (09,10/5/09,1/4/2010,3/29/17/19/12,10/1/12,1/7/13,4/1/	EALTHCARE N AL LAB/ DOWN T REQUEST FO 01 (t)lab\.doc)1/5/09.4/6/09. 0.4/22/10,7/19/10.1/3/11,4/4/13, 7/1/13, 9/16/13, 4/14/14, 7/16.1/26/17,10/8/20,2/10/22,3	TIME PRM #1 11,6/27/11,1/16/12,4/9/12 1/7/14, 10/6/14, 1/5/15, 1/3/23,9/7/23
Additiona and reflex in the Loc be signed	ERS: Compliance is mand illy, only tests that are med vive testing, please refer to cal Coverage Determination to allow the hospital to bi ient has signed ABN	lically nece the back n or Nation Il the patier	ssary for the in of the requisition al Coverage D out. The ABN bo	ndicated diagnosis or on form. Under currer etermination for that	treatment should nt Medicare regula test, payment ma IUST be checked	be ordered, w ations, when co y be denied. Ir when an ABN	ith supporting doc ertain laboratory to these cases Med is obtained.	cumentation in t ests (indicated	he medical record by an *) are order an Advance Bene	f. For tests included ed, and the diagnost	d in each panel sis is not listed
CHEMISTI	RY		Code	Test Name	STAT	Code	Test Name	STA	т		
Code	Test Name	STAT		Lactic Acid	SIAI		Syphilis Trepone		Code	Test Name	STAT
LAB456	Acetone						w/Reflex	illa i alliquili			
	Beta-Hydroxybutyrate			LDH		LAB496			LAB24	Valproic Acid	
LAB45001	Albumin			LDL Chol (measured)*			Varicella Zoster	laG	LAB40	Vancomycin-rand	
	Alk Phos			LH 		HEMATOL		.90	LAB41	Vancomycin-Pea	
			LAB99	Lipase	6*		Heme Profile *			Vancomycin-Tro	ugh 🗆
LAB132				Lipid w/ reflex LDL	· ′		Heme Profile		ELECTRO	OPHORESIS	
LAB47	Ammonia			Magnesium			w/Auto Diff *	_	LAB1077	'Monoclonal scree	en
LAB48	Amylase			Osmolality			Hematocrit *		.	With Reflex IFE,	
	AST		LAB113	Phosphorus			Hemoglobin *		I I AB1/4	Serum IFE	
LAB52	Bilirubin, Fract		LAB114	Potassium			Platelet Count *		I I AB119	Serum Protein El	ectrophoresis
LAB51	Bilirubin, Neonatal		LAB115	Prealbumin			Retic Count		.		
LAB50	Bilirubin, Total		LAB3075	Progesterone		LAB547			51001		
	BNP *		LAB531	Prolactin			WBC *		LAB257	C.Difficile-Nuclei	
LAB140	BUN		LAB118	Protein, Total					Ampinio	ation Test (NAA	T) with
LAB152	C3		LAB116	PSA (screen)*			Make/Save Slide Abs Neutrophil C		I KONOX (o Toxin	
LAB151	C4		LAB3844	PSA (monitoring) *		LABS100 I	Abs Neutropini C	,	LAB2107	Cryptosporidiur	n iviolecular
LAB155	CA 125 *		LAB3842	PSA w/reflexive free		COAGULA	TION		LABOSO	assay	
LAB53	Calcium			PSA (screen) 1*		LAB313	D-Dimer		LAB259 LAB2902	Giardia Molecula	ar assay
LAB57	CEA *			PSA w/reflexive free	•	LAB314	Fibrinogen		LAB2902	IFUB	
LAB59	Chloride			SA (monitoring) 1*		LAB318	Platelet Function	n ^{1*}	I LARGOA	Inpatient Occult B	lood 🗆
LAB60	Cholesterol*		LAB108	PTH Intact w/lonize	ed	(Mandato	ry preschedule)	1	2,2001	(Diagnostic)	
LAB55	CO2		1.4540404	and Total Calcium		•	Protime/INR *		I AB258	Ova and Parasit	es Molecular
LAB17	Comprehensive			11 Red Cell Folate 1		LAB325	PTT *			assay 3	
L A D 4 E	Metabolic Panel		LAB122	Total T3					LAB2231	ı GI Diarrheal Pa	thogen Panel
LAB15	Basic Metabolic Panel Cortisol			Free T4 *		URINES			LAB2101	10 Stool for WBC	
LAB61	CPK			Testosterone Total			atch Cath.				
LAB62	CPK Index		LAB124 LAB829			LAB21036	Microalbumin &		OTHER T		
LAB63	Creatinine ³			Transferrin*			(random) Quantitat			me 5 Serum Freeze a	nd Hold
LAB66 LAB150	C-Reactive Protein			Triglyceride*			Routine Urinaly			o Plasma Freeze a	
L/ (D 100	(cardiac)	_		Troponin I		LAB21014	Routine Urinalys Culture if Positiv		I LABEZIO	01 1431114 1 10020 1	and mold
LAB149	C-Reactive Protein		LAB129	•		L AD04045					
	(inflammatory)			TSH with reflex 2*			Macroscopic on	=			
LAB16	Electrolyte			Uric Acid			Microscopic only	•			
LAB3076	Estradiol			Vitamin B-12			Pregnancy (Urin	-		biology Tests not li	
LAB68	Ferritin *			Vitamin D, 25 Hydr	oxy	LAB239	Urine Culture *		must use	Laboratory Test Re	quest Form #4.
LAB69	Folate			Total *	y,	TDM/TOXIO	COLOGY		FAX RE	SULTS TO: Results	are not faxed within
LAB86	FSH						Acetaminophen			vork, they are available in E	
LAB85	Gamma GT *			CHEMISTRY - OB/GYN			Carbamazepine				
LAB82	Glucose - Random*			olerance Testing			Digoxin*		I Ivaille		
LAB3004	Glucose – Fasting*			Requisition #8			Ethanol, Medical		i number	:	
LAB90	GlycoHgb (HbA ₁ C)*		LAB143	HCG (Quant)			Gentamycin-rand				
LAB752	HCG,Tumor Marker*			- 00	_		Gentamycin-rand Gentamycin-pea				
	(sendout)		LAB2101	8 OB Urine Screen			Gentamycin-pea				
1 A D 1 O 1	HDL Cholesterol*							<u>-</u>			

LAB29 Lithium

Phenobarbitol

Phenytoin

Salicylate

LAB37 Tobramycin-random

LAB36 Tobramycin-peak

LAB38 Tobramycin-trough

LAB35 Theophylline

LAB30

LAB31

LAB34

LAB101 HDL Cholesterol*

LAB54 Ionized Calcium

IgM)

LAB94 Iron *

LAB3009 Immunoglobulin A⁷

LAB3007 Immunoglobulin G⁸

LAB3008 Immunoglobulin M⁹

LAB3799 %Iron Saturation 4*

LAB3010 Immunoglobulins (IgA, IgG,

SEROLOGY

LAB147 Anti-Nuclear Ab

Source

LAB788 Lyme IgG/IgM ⁵

LAB657 Measles IgG

LAB482 Mono Test

LAB779 Cryptococcal Antigen

LAB206 Rheumatoid Factor

REQUISITION Lab Provider's Signature: Signed Date and Time: Received by:

TESTS INCLUDED IN PANELS

CHEMISTRY:

Comprehensive Metabolic (LAB17)

Albumin

Alk Phos

Bilirubin, Total

BUN

Calcium

Chloride CO2

Creatinine

Glucose

Potassium

Protein, Total

Sodium ALT

AST

Electrolyte (LAB16)

Sodium Potassium

Chloride

Carbon Dioxide Anion Gap

IMMUNOGLOBULINS (LAB166)

IqA

lgG laM

HEMATOLOGY:

Heme Profile (LAB294)

White Blood Cell Count

Red Blood Cell Count

Hemoglobin

Hematocrit

Platelet Count

Mean Corpuscular Volume

Mean Corpuscular Hemoglobin

Mean Corpuscular Hemoglobin Concentration Red Cell Distribution Width (RDW)

Heme Profile w/ Auto Diff (LAB1748)

Heme Profile

Automated Differential

URINALYSIS:

Macroscopic (LAB21012 or LAB21015)

Color

Appearance

рΗ

Specific Gravity

Glucose

Protein

Bilirubin Blood

Nitrate

Urobilinogen

Ketone Leukocytes

Microscopic (LAB21017)

White Blood Cells Red Blood Cells

Bacteria

Squamous Epithelium

Mucus

Casts

REFLEXIVE TESTING

Chemistry

- 1. When a PSA with reflexive free PSA (LAB3842) for screening or (LAB3843 for monitoring) is ordered, a free PSA will be performed and billed if the total is between 2.5 ng/ml and 10 ng/ml
- When a LAB3889 is ordered, a Free T4 (LAB127) will be performed and billed if the TSH is abnormally high, and a Free T4 and a Total T3 (LAB136) will be performed and billed if the TSH is abnormally low. If a Free T4 or a Total T3 is desired regardless of the reflexive algorithm, circle them separately on front of this form.
- 3. The clinical laboratory will automatically calculate and report glomerular filtration rate (GFR) on all adult out-patients with a serum creatinine, at no charge.
- When % Iron Saturation (LAB3799) is ordered, a Total Iron and TIBC will be performed and billed.
- When a Pregnancy (serum) (LAB144) is positive a HCG (Quant) (LAB143) will be performed and billed.
- LAB3802 includes a measured total cholesterol, triglyceride and HDL-C and calculated LDL-C, when TRIG <400 mg/dl. If the TRIG is >/= 400 mg/dl, a measured LDL-C is reflexively ordered, tested and billed.
- Immunoglobulin A (LAB3009) on patients <18 years old should be ordered as IGA to MML code IGA (LAB3009) - write in or use #2 Lab Reg.
- Immunoglobulin G (LAB3007) on patients <18 years old should be ordered as IGG to MML code IGG (LAB3007) - write in or use #2 Lab Reg.
- Immunoglobulin M (LAB72) on patients <18 years old should be ordered as IGM to MML code IGM (LAB3008) - write in or #2 Lab Req.

Coagulation

It is mandatory, that the Platelet Function (LAB318) be scheduled in advance with the Hematology Laboratory (547-3725) and is available routinely Monday through Friday, 8:00 AM-3:00 PM. STAT testing during off-hours, weekends or holidays must be approved by the pathologist on-call. When a Platelet Function test (LAB318) is ordered a Platelet Count (LAB301) and a Hematocrit (LAB289) will be performed and

REFLEXIVE TESTING (continued)

Hematology

- 1. A manual differential is performed when the patient is less than 1 month old.
- A manual differential is performed when the sample fails the following algorithm:

DIFFERENTIAL RULES

All neonates < 2.0 and > 30.0 x 103/uL > 5%

WBC Flags

All WBC Flags require a slide review or differential. These include:

IG Blast

Atypical/Variant Lymph NRBC flag

SLIDE REVIEW

PLT < $100 \times 10^3/\mu L$, if no previous slide

review (Thrombycytopenia)

PLT Abn. dist. or scattergram flag

 $PLT > 1000 \times 10^{3}/\mu L$

(Thrombocytosis)

PLT clump flag

RBC IP Messages PLT Flags (Always Slide Review + Edit)

MCV < 65 or > 110 fL (Microcystosis or Macrocyctosis) Hgb < 7 g/dl (Anemia)

RDW-SD > 65 fL (Anisocystosis)

Any RBC flag (abn. dist., dimorphic pop. agglut, etc.)

MCHC <30

- If a "Differential Only" is ordered (must write in under Other Testing), an automated differential will be performed. A WBC will also be ordered and billed.
- When an Absolute Neutrophil Count is ordered, a WBC and Differential will be performed and billed

Urines

- A urine sediment examination is performed and billed when RTUA (LAB21012) is ordered and the sample is cloudy or an abnormality is detected.
- When a Routine Urinalysis & Culture if Positive (LAB21014) is ordered, a urine culture is performed if the urine tests positive for leukocyte esterase or nitrite and examination of the urinary sediment reveals less than six squamous epithelial cells/hpf...
- When a Microalbumin (LAB21036) is ordered, a Random Urine Creatinine (LAB384) will be performed and billed...

Microbiology

The following protocols have been established as standard practices in The Mary Imogene Bassett Hospital Microbiology Laboratory. They are based on standard Microbiology reference books (references available upon request) and have been reviewed by the Microbiology Advisory Committee.

If a provider does not want any of the reflexive tests performed, use Laboratory Test Request Form #4 and indicate so in the Special Requests Box.

Organism identification and susceptibility studies are performed as appropriate, according to established protocols that have been approved by the Clinical Laboratory Director. Call Microbiology for details, 547-3707.

There may be additional charges for these identification and susceptibility procedures

- When a Rapid Beta Strep (LAB885) is ordered and the results are negative, a culture is done and billed to confirm the negative (LAB2110).
- When an Ova and Parasite-Stool (LAB258) is ordered, the sample will be tested and billed for Cryptosporidium by EIA (LAB258) and Giardia Antigen by EIA (LAB259)

Serology

- When an Antinuclear Antibody (LAB147) is ordered and the screen is positive, a titer is performed and billed.
- When a Cryptococcal Antigen (LAB779) is ordered and the screen is positive, a titer is performed
- When a Rheumatoid Factor (LAB206) is ordered and the screen is positive, a titer is performed and hilled When an RPR (LAB494) is ordered and the screen is positive, a titer and a Treponema Antibody
- (LAB3599) will be performed and billed. When a Lyme IgG/IgM (LAB788) is ordered, and is positive, it will be automatically reflexed to a Lyme Western Blot (LAB860), and bille