Date of Request Visit Number:

Chart #: Location:

Name Last: First:

Date of Birth

Ordering Provider: _____

Attending Provider: _____

Please circle requests below. Check box for STAT. Unless indicated, tests are considered "Routine."

* 0 2 0 1 *

BASSETT HEALTHCARE NETWORK

GENERAL LAB/ DOWNTIME LAB TEST REQUEST FORM #1B

#0201 (f:\lab\.doc) 1/14/08.7/1/08,10/06/08, 4/6/09,7/6/09,10/29/09,1/4/10,3/29/107/19/10 1/3/11,4/4/11,6/27/11,2/1/12,4/9/12,10/1/12,1/7/13,7/7/14,10/6/14,1/5/15, 4/20/15,8/3/15,1/25/16,1/27/17 2/10/22,3/13/23,9/7/23

SPECIMEN	TIME:	DATE:
COLLECTED BY:		

Diagnosis Code:
or
Descriptive Diagnosis:

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. 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**

Code	Test Name	STAT
24-HOUR URINE CHEMISTRY		
(includes 24 hr. container)		
24 UR + URCT	**TOTAL VOLUME:**_____ (on all 24 hour urine tests below) [2]	
LAB21035	Immunofixation-Monoclonal	
LAB814	Calcium	
LAB21024	Chloride	
LAB712	Creatinine [6]	
LAB383	Creatinine Clearance [7]	
LAB396	Glucose	
LAB406	Magnesium	
LAB410	Microalbumin, quantitative [4]	
LAB21026	Phosphorus	
LAB441	Protein[6]	
LAB436	Potassium	
LAB446	Sodium	
LAB21025	Urea Nitrogen	
LAB841	Uric Acid	
RANDOM URINE CHEMISTRY		
LAB358	Amylase	☐
LAB21031	Electrophorsis with Refex	
LAB371	Calcium	☐
LAB374	Chloride	☐
LAB384	Creatinine[6]	☐
LAB500	Drug Screen (inhouse)	☐
LAB21029	Glucose	☐
LAB21057	Magnesium	☐
LAB21036	Microalbumin & Creatinine Quantitative[4]	☐
LAB420	Osmolality	☐
LAB427	Phosphorus	☐
LAB434	Potassium	☐
LAB439	Protein[6]	☐
LAB444	Sodium	☐
LAB748	Urea Nitrogen	☐
LAB21038	Uric Acid	☐
URINE ELECTROPHORESIS		
TOTAL VOLUME: _____ **(24 UR)[2]**		
LAB21035	Immunofixation [3]	
LAB21034	Monoclonal Screen with Reflex IFE[1, 3]	
Random Urine		
LAB21031	Monoclonal Screen with Reflex IFE[1, 3]	

Code	Test Name	STAT
BLOOD GAS MEASUREMENTS		
LAB56	Carboxyhemoglobin	☐
LAB91	Methemoglobin	☐
LAB718	Oxyhemoglobin,Arterial	☐
LAB717	Oxyhemoglobin,Venous	☐
GASTRIC FLUID		
LAB21006	Gastric pH	☐
LAB696	Occult Blood-gastric	☐
SEMEN		
LAB950	Motility-Semen Post Vasectomy	
LAB891	Post Vasectomy	
BODY FLUID OTHER		
HEMATOLOGY		
Source: _____		
NOTE: Indicate left or right joint for synovial fluid.		
LAB182	Bilirubin	☐
LAB210	Cell Count	☐
LAB940	Crystals	☐
LAB21007	WBC's Nasal Fluids	☐
CHEMISTRY		
Source: (FTYP)_____		
LAB177	Albumin	☐
LAB178	Amylase	☐
LAB21004	Calcium	☐
LAB65	Creatinine	☐
LAB186	Glucose	☐
LAB21002	Lactic Acid	☐
LAB188	LDH	☐
LAB110	pH	☐
LAB193	Potassium	☐
LAB196	Protein	☐
LAB197	Sodium	☐
LAB21003	Urea Nitrogen	☐

Code	Test Name	STAT
CEREBROSPINAL FLUID		
HEMATOLOGY		
Tube Number(s):_____		
LAB212	Cell Count w/diff **(ALWAYS PERFORMED STAT)**	☐
CHEMISTRY		
Tube Number: _____ (SFTN)		
LAB22144	Freeze and Hold	☐
LAB185	Glucose	☐
LAB187	Lactic Acid	☐
LAB740	Oligoclonal Bands [5]	
	Also requires serum	
LAB195	Protein	☐
LAB3902	VDRL	
LAB4959	HSV PCR CSF	
SPECIAL HEMATOLOGY		
	PLEASE SCHEDULE WITH HEMATOLOGY	
	MUST HAVE SPECIFIC REQUISITION	
	(Call CLP at x3975 with questions)	
	BONE MARROW	
LAB21136	Cytogenetics Bone Marrow *	
LAB22100	Flow Cytometry Bone Marrow *	

OTHER TESTING (Test Name):

_____

_____

_____

To be completed by patient:

24 Hour collection started on: **(date):** _____ **(time):** _____

Collection ended on: **(date):** _____ **(time):**

Provider's Signature: _____

Signed Date and Time: _____

Received by: _____

REQUISITIONS Lab

NOTES AND REFLEXIVE TESTING

1. When a Monoclonal Screen (LAB21034 or LAB21031) is ordered and abnormal banding is observed, immunofixation electrophoresis is performed and billed to identify the monoclonal band.

Specimen Type	Code
24-Hour Urine	LAB21034
Random Urine	LAB21031

2. For all 24-hour Urine Chemistry Testing, a Urine Creatinine (LAB712) and output are performed, reported and billed.

3. When a Urine Protein Electrophoresis (24 hour or random) (LAB21033, or LAB21030), or an Immunofixation (24 hour or random) (LAB21035, or LAB21032), or a Monoclonal Screen (24 hour or random) (LAB21034 or LAB21031) is ordered, a Total Protein will also be performed and billed if one has not already been performed on that specimen.

4. When a Microalbumin (LAB21036 or LAB410) is ordered, a Urine Creatinine (LAB384 or LAB712) will be performed and billed.

5. Oligoclonal Bands (LAB740) requires 1 mL of serum, collected within 1 week, sent to the reference lab with the spinal fluid.

6. When a Urine Protein (LAB441 or LAB439) and a Urine Creatinine (LAB712 or LAB384) are ordered, a UPC will be calculated and reported at no charge. This ratio will be calculated on both random and 24 hour urine collections..

7. When a Creatinine Clearance (LAB383) is ordered a Serum Creatinine must have been done within the 24 hour Urine collection period, and a 24 hour Urine Creatinine will be performed and billed.

8. CSF IgG Index and MS (Multiple Sclerosis Profile) require Serum and spinal fluid specimens obtained within 1 week of each other sent together to the reference lab.