



**BASSETT HEALTHCARE NETWORK  
GLUCOSE TOLERANCE**

**LAB TEST REQUEST FORM #8**

#7031(f:\lab\doc) 10/27/06,4/07, 8/1/07,1/14/08,  
8/1/07,1/14/08,4/7/08,10/6/08,4/6/09,1/4/10,3/29/10,7/19/10,  
1/3/2011,11/29/11,1/16/12, 7/1/13,1/6/14,10/6/14,  
1/5/15,5/14/15,8/10/15,9/7/23

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

Chart #: \_\_\_\_\_ Location: \_\_\_\_\_ Ordering Provider: \_\_\_\_\_

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Attending Provider: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Please circle requests below.

<b>SPECIMEN</b>	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

Refer to the Oral Glucose Tolerance Testing Procedure located on the Bassett Intranet Laboratory Manual Document Center for full instructions.

**PATIENT INSTRUCTIONS**

1. Have the patient eat a carbohydrate intake of at least 150 g/day for 3 days before the test.
2. Have the patient fast for 8-12 hours. Fasting includes abstinence from tobacco, coffee, tea, juice, alcohol, food, mints, gum, etc. – only water to drink.
3. Patient should sit upright and quietly during the test.

**PROVIDER INFORMATION**

1. Perform GTT only on patients with known fasting glucose <126 mg/dl. Before a glucose load is given, obtain a fasting glucose sample. In some cases, it may be necessary to wait for the fasting glucose value before administering the oral glucose dose.
2. Note on the lab requisition the appropriate test, the dose of Glucola given, and the time the Glucola was given.

**NURSE INFORMATION:**

Fasting Glucose Screen: \_\_\_\_\_ mg/dl \_\_\_\_\_ time/date Initials: \_\_\_\_\_

Glucola Administered: \_\_\_\_\_ vol \_\_\_\_\_ time/date Initials: \_\_\_\_\_

**GLUCOSE TOLERANCE TESTS FOR PREGNANT OR POSTPARTUM WOMEN**

Select Test	LIS Code	Glucose Testing Performed	Usage
<b>Pregnant or Postpartum Women</b>			
	LAB3583*	1 hr draw post Glucola	Screen (50 G) used AS Gestational Diabetes Challenge
	LAB3000	Fasting, 1, 2 hr glucoses	Standard OGTT (75g). Used for gestational
	LAB169*	Fasting and 2 hr glucose	Standard OGTT (75g). Used 6 weeks postpartum.
	LAB3545	Fasting, 1 hr, 2 hr, 3 hr glucose	Follow-up testing from failed 1 GCT (100g).

**GLUCOSE TOLERANCE TESTS FOR NON-PREGNANT ADULTS AND PEDIATRICS**

Select Test	LIS Code	Glucose Testing Performed	Usage
	LAB169*	Fasting, 2 hr glucose	Standard OGTT (75 g).
	LAB164	Fasting, 1, 2, 3 hr glucose	ADA Obsolete Screen (100g)
	LAB167	Fasting, 1, 2, 3, 4, 5 hr glucoses	Screen for reactive hypoglycemia. Performed under provider supervision. Provider can stop the test at any time. (75 g)

**GROWTH HORMONE SUPPRESSION TEST**

Select Test	LIS Code	Glucose Testing Performed	Usage
	LAB2428	Fasting, ½, 1, 1½, 2 glucoses and GH	Growth Hormone Suppression Test (100 g)

**OTHER TESTING**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider's Signature: \_\_\_\_\_  
Signed Date and Time: \_\_\_\_\_  
Received by: \_\_\_\_\_

REQUISITIONS Lab