

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



**BASSETT HEALTHCARE NETWORK**  
Emergency Department  
Downtime Lab Requisition  
#9844 1/26/16;5/24/16,2/10/22, 3/14/22,9/19/23 (flab)

Chart #: \_\_\_\_\_ Location: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Attending Provider: \_\_\_\_\_

Name Last : \_\_\_\_\_ First: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

SPECIMEN		TIME:	DATE:
COLLECTED BY:			

ICD-9 Code or Descriptive Diagnosis:
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**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 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
<b>EDA (ED Abdominal Order Set)</b> <input type="checkbox"/>		
LAB17	Comprehensive Metabolic Panel	
LAB1748	Heme Profile w/Auto Diff* <sup>1,2</sup>	
LAB99	Lipase	

Code	Test Name	STAT
<b>EDB (ED Behavioral Order Set)</b> <input type="checkbox"/>		
LAB43	Acetaminophen	
LAB17	Comprehensive Metabolic Panel	
LAB46	Ethanol, Medical	
LAB3016	Extra Gold	
LAB1748	Heme Profile w/Auto Diff* <sup>1,2</sup>	
LAB99	Lipase	
LAB34	Salicylate	
LAB3889	TSHR*	
LAB21014	Routine Urinalysi & Culture if Positive <sup>1</sup>	
LAB500	Drug Screen (Inhouse)	

Code	Test Name	STAT
<b>EDC (ED Cardiac Order Set)</b> <input type="checkbox"/>		
LAB46	Albumin	
LAB131	AST	
LAB15	Basic Metabolic Panel	
LAB50	Bilirubin, Total	
LAB1748	Heme Profile w/Auto Diff* <sup>1,2</sup>	
LAB103	Magnesium	
LAB118	Protein, Total	
LAB747	Troponin I	

Code	Test Name	STAT
<b>EDM (ED Metabolic Order Set)</b> <input type="checkbox"/>		
LAB45	Albumin	
LAB131	AST	
LAB50	Bilirubin, Total	
LAB14	BUN	
LAB66	Creatinine	
LAB16	Electrolyte	
LAB82	Glucose	
LAB1748	Heme Profile w/Auto Diff* <sup>1,2</sup>	
LAB103	Magnesium	

Code	Test Name	STAT
<b>EDP (ED Basic Order Set)</b> <input type="checkbox"/>		
LAB140	BUN	
LAB66	Creatinine	
LAB16	Electrolyte	
LAB82	Glucose-Random*	
LAB1748	Heme Profile w/Auto Diff* <sup>1,2</sup>	
LAB103	Magnesium	

Code	Test Name	STAT
<b>EDT (ED Trauma Order Set)</b> <input type="checkbox"/>		
LAB62	CPK	
LAB17	Comprehensive Metabolic Panel	
LAB1748	Heme Profile w/Auto Diff* <sup>1,2</sup>	
LAB95	Lactic Acid	
LAB103	Magnesium	
LAB320	Protime/INR*	
LAB325	PTT*	
LAB276	Type and Screen	

Code	Test Name	STAT
<b>CHEMISTRY</b>		
LAB456	Acetone	
LAB132	ALT	<input type="checkbox"/>
LAB47	Ammonia	<input type="checkbox"/>
LAB131	AST	<input type="checkbox"/>
LAB45601	Beta-Hydroxybutyrate	<input type="checkbox"/>
LAB15	Basic Metabolic Panel	
LAB106	BNP*	<input type="checkbox"/>
LAB140	BUN	<input type="checkbox"/>
LAB62	CPK	
LAB17	Comprehensive Metabolic Panel	
LAB66	Creatinine	<input type="checkbox"/>
LAB149	C-Reactive Protein (Inflammatory)	<input type="checkbox"/>
LAB16	Electrolyte	<input type="checkbox"/>
LAB82	Glucose-Random*	<input type="checkbox"/>
LAB54	Ionized Calcium	<input type="checkbox"/>
LAB95	Lactic Acid	<input type="checkbox"/>
LAB103	Magnesium	<input type="checkbox"/>
LAB107	Osmolality	<input type="checkbox"/>
LAB113	Phosphorus	<input type="checkbox"/>
LAB114	Potassium	<input type="checkbox"/>
LAB118	Protein, Total	<input type="checkbox"/>
LAB122	Sodium	<input type="checkbox"/>
LAB747	Troponin	<input type="checkbox"/>
LAB3889	TSH with Reflex* <sup>1</sup>	<input type="checkbox"/>
LAB141	Uric Acid	<input type="checkbox"/>

Code	Test Name	STAT
<b>SPECIAL CHEMISTRY-OB/GYN</b>		
LAB143	HCG (Quant)	<input type="checkbox"/>

Code	Test Name	STAT
<b>SEROLOGY</b>		
LAB482	Mono Test	<input type="checkbox"/>

Code	Test Name	STAT
<b>HEMATOLOGY</b>		
LAB1748	Heme Profile w/Auto Diff* <sup>1,2</sup>	<input type="checkbox"/>
LAB289	Hematocrit*	<input type="checkbox"/>
LAB291	Hemoglobin*	<input type="checkbox"/>
LAB301	Platelet Count*	<input type="checkbox"/>
LAB547	Sed Rate	<input type="checkbox"/>

Code	Test Name	STAT
<b>COAGULATION</b>		
LAB313	D-Dimer	<input type="checkbox"/>
LAB314	Fibrinogen	<input type="checkbox"/>
LAB320	Protime/INR*	<input type="checkbox"/>
LAB325	PTT*	<input type="checkbox"/>

Code	Test Name	STAT
<b>TDM/TOXICOLOGY</b>		
LAB43	Acetaminophen	<input type="checkbox"/>
LAB21	Carbamazepine	<input type="checkbox"/>

Code	Test Name	STAT
LAB23	Digoxin*	<input type="checkbox"/>
LAB46	Ethanol, Medical	<input type="checkbox"/>
LAB29	Lithium	<input type="checkbox"/>
LAB30	Phenobarbital	<input type="checkbox"/>
LAB31	Phenytoin	<input type="checkbox"/>
LAB34	Salicylate	<input type="checkbox"/>
LAB24	Valproic Acid	<input type="checkbox"/>

Code	Test Name	STAT
<b>URINES</b>		
LAB500	Drug Screen (Inhouse)	<input type="checkbox"/>
LAB21036	Microalbumin <sup>2</sup>	<input type="checkbox"/>
LAB437	Pregnancy (Urine)	<input type="checkbox"/>
LAB21014	Routine Urinalysis & Culture if Positive <sup>1</sup>	<input type="checkbox"/>
LAB239	Urine Culture*	<input type="checkbox"/>

Code	Test Name	STAT
<b>STOOL</b>		
LAB694	Inpatient Occult Blood (Diagnostic)	<input type="checkbox"/>
LAB257	CDIF	
LAB2231	GI Diarrheal Pathogen Panel	
LAB258	Ova and Parasite molecular Assay	

Code	Test Name	STAT
<b>MICROBIOLOGY</b>		
LAB462	Blood Cultures	
LAB886	LGAG	
LAB21140	SPAGU	

Code	Test Name	STAT
<b>BLOOD BANK</b>		
LAB276	Type & Screen	

Code	Test Name	STAT
<b>Severe Sepsis Order Sets Ed:</b>		
LAB17	Comprehensive Metabolic Panel	
LAB462	Blood Cultures (2 Sets)	
LAB1748	Heme Profile w/Auto Diff* <sup>1,2</sup>	
LAB95	Lactic Acid	
LAB99	Lipase	
LAB103	Magnesium	
LAB747	Troponin	
LAB21014	Routine Urinalysis & Culture if Positive <sup>1</sup>	

**OTHER TESTING (Test Name):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

**Heme Profile w/ Auto Diff (LAB1748)**

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)  
Automated Differential

**REFLEXIVE TESTING**

- 1. 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.

**Hematology**

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

**DIFFERENTIAL RULES**

**Hemogram Differential**

All neonates  
WBC < 2.0 and > 30.0 x 10<sup>3</sup>/µL  
Basophils > 5%

**WBC Flags**

All WBC Flags require a slide review or differential. These include:  
LS  
IG  
Blast  
Atypical/Variant Lymph  
NRBC flag

**SLIDE REVIEW**

**RBC IP Messages PLT Flags (Always**

**Slide Review + Edit)**

MCV < 65 or > 110 fL (Microcytosis or Macrocytosis)  
Hgb < 7 g/dl (Anemia)  
RDW-SD > 65 fL (Anisocytosis)  
Any RBC flag (abn. dist., dimorphic pop. agglut, etc.)  
MCHC <30  
PLT < 100 x 10<sup>3</sup>/µL, if no previous slide review (Thrombocytopenia)  
PLT > 1000 x 10<sup>3</sup>/µL (Thrombocytosis)  
PLT Abn. dist. or scattergram flag

**Urines**

- 1. When a Routine Urinalysis & Culture if Positive (LAB21014) is ordered, a urine culture(LAB239) will be performed and CPT #87086 will be billed.if two out of three are present: positive nitrites, positive leukocyte esterase and/or greater than ten WBC/hpf seen on the microscopic AND there are less than six squamous epithelial cells/hpf.
- 3. When a Microalbumin (LAB21036) is ordered, a Random Urine Creatinine (LAB384) will be performed and billed..