

Date of Request _____ Visit Number: _____

Chart # _____ Location: _____

Name Last: _____ First: _____

Date of Birth _____



BASSETT HEALTHCARE NETWORK

Home Dialysis

1/25/16,2/10/22,9/19/2023

Ordering Provider: _____

Attending Provider: _____

Please circle requests below.

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. 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

Monthly Labs

Code	Test Name
LAB21130	AHCV ⁴
LAB45	Albumin
LAB112	Alk Phos
LAB48	Amylase
LAB131	AST
LAB140	BUN
LAB53	Calcium
LAB1748	CBCA ³
LAB59	Chloride
LAB55	CO ₂ ,total
LAB3131	Corrected Calcium ²
LAB66	Creatinine
LAB82	Glucose
LAB291	Hemoglobin
LAB472	Hepatitis B Surface Antibody
LAB471	Hepatitis B Surface Antigen
LAB96	LDH
LAB99	Lipase
LAB103	Magnesium
LAB113	Phosphorus
LAB21107	Pre DIAL BUN
LAB21113	Post BUN+URR
LAB114	Potassium
LAB118	Protein,total
LAB108	PTH, Intact
LAB122	Sodium
LAB129	TSH

Quarterly Labs

LAB68	Ferritin
LAB90	Hemoglobin A1c
LAB94	Iron
LAB829	Iron Binding Capacity
LAB3799	Iron Saturation Profile ¹
LAB108	PTH, intact
LAB129	TSH

OTHER TESTING (Write in test name)

Release **ONLY** Labs Indicated.
These labs are standing orders in EPIC.

REMINDER: Use monthly billing number.

Provider's Signature: _____

Signed Date and Time: _____

Received by: _____

1. When % Iron Saturation (LAB3799) is ordered, a Total Iron and TIBC will be performed and billed
2. When a corrected Calcium (LAB3131) is ordered, a Calcium (LAB53), an Albumin (LAB42) and a corrected Albumin will be performed and billed.
3. 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 ³ /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)	PLT < 100 x 10 ³ /μL, if no previous slide review (Thrombocytopenia)
RDW-SD > 65 fL (Anisocytosis)	PLT > 1000 x 10 ³ /μL (Thrombocytosis)
Any RBC flag (abn. dist., dimorphic pop. agglut, etc.)	PLT Abn. dist. or scattergram flag
MCHC <30	PLT clump flag

4. A confirmatory Hepatitis C Virus RNA by RT- PCR (Reference Lab test LAB887) is required for equivocal results. Laboratory will contact patient for redraw if needed.

