

ORIGINATING CLINIC
--------------------

**LAB TEST REQUEST FORM 9618**

5/98;3/03;4/03;10/03;1/04;7/04;4/05;7/05;10/05;4/06;10/4/06;8/1/07,  
1/14/08;7/6/09;1/4/10;7/19/12;11/29/12; 7/1/13, 3/18/15, 5/15/15;8/27/15,  
4/25/16;2/10/22

(f:\lab\micro\doc)

**Bassett Healthcare Network (LAB320) PT/INR Coag Confirmation DOWNTIME Referral Log**  
**Room Temperature**

Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ Finger Stick Result: _____	<b>Patient Information</b> Last,First Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <b>OR</b> Place Patient Registration label here <b>and</b> on second ply.	<b>Specimen #</b>    
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ Finger Stick Result: _____	<b>Patient Information</b> Last,First Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <b>OR</b> Place Patient Registration label here <b>and</b> on second ply.	<b>Specimen #</b>    
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ Finger Stick Result: _____	<b>Patient Information</b> Last,First Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <b>OR</b> Place Patient Registration label here <b>and</b> on second ply.	<b>Specimen #</b>    
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ Finger Stick Result: _____	<b>Patient Information</b> Last,First Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <b>OR</b> Place Patient Registration label here <b>and</b> on second ply.	<b>Specimen #</b>    
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ Finger Stick Result: _____	<b>Patient Information</b> Last,First Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <b>OR</b> Place Patient Registration label here <b>and</b> on second ply.	<b>Specimen #</b>    
Specimen Date: _____ Specimen Time: _____ Ordering Provider: _____ Collected By: _____ Finger Stick Result: _____	<b>Patient Information</b> Last,First Name _____ Loc.: _____ Pt. MRN _____ D.O.S. _____ Visit Number _____ <b>OR</b> Place Patient Registration label here <b>and</b> on second ply.	<b>Specimen #</b>    

**PLEASE BE SURE THAT EVERY PATIENT LISTED ON THE ACCESSION LOG HAS THE APPROPRIATE SPECIMEN PLACED IN THE BAG**

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PRINT**

Courier Name	Pick up Time	Originating Site Contact Name	Time Received at Lab	Receiver Name
--------------	--------------	-------------------------------	----------------------	---------------