

BASSETT HEALTHCARE NETWORK

#1210 12/96;3/02,10/2/08,1/4/10 f:\labl.doc



ADD ON REQUISITION

Fax to: 607-547-6717

DATE/TIME of REQUEST: \_\_\_\_\_

PATIENT: \_\_\_\_\_

ICD-9 CODE: \_\_\_\_\_

MEDICAL RECORD NUMBER: \_\_\_\_\_

BILLING #: \_\_\_\_\_

PHYSICIAN REQUESTING: \_\_\_\_\_

PERSON MAKING REQUEST (if not ordering provider): \_\_\_\_\_

TEST(s) TO BE ADDED: \_\_\_\_\_

ADD TO ACCN #: \_\_\_\_\_ COLLECTION DATE/TIME: \_\_\_\_\_

NEW ACCN #: \_\_\_\_\_ RECEIVED DATE/TIME: \_\_\_\_\_

CALL RECEIVED BY, INITIALS \_\_\_\_\_  Read Back Order

NAME AND NUMBER OR PAGE TO CONTACT IF UNABLE TO ADD ON:

COMPLETED BY:  
LST'S INITIALS: \_\_\_\_\_

<b>FOR LAB USE ONLY</b> (Chemistry add ons)			
Shelf _____	Rack # _____	Row # _____	Column _____

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IF UNABLE TO FOLLOW THROUGH

REASON (QNS, HEMOLYZED, ETC): \_\_\_\_\_

NEW SPECIMEN REQUESTED:

PERSON CONTACTED: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

INITIALS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**MUST be filed DAILY in CLP with Requisitions**

REQUISITIONS Lab