

SNF

OPTION 1  
BILLING PAYOR \_\_\_\_\_  
COMPLETE INSURANCE INFORMATION  
BELOW

OPTION 2  
BILL SNF \_\_\_\_\_

LABORATORY TEST REQUEST			DATE OF SERVICE (COLLECTION DATE)		
MRN #	CN 4205 3/19				
FINANCIAL #	LOCATION/CLIENT				
MEDICARE NO.	PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)			SOCIAL SECURITY NO.	
MEDICAID NO.	ADDRESS (NUMBER AND STREET)			DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F
OTHER	CITY / STATE / ZIP CODE			<input type="checkbox"/> STAT # _____ <input type="checkbox"/> CALL # _____ <input type="checkbox"/> FAX # _____ <input type="checkbox"/> STANDING ORDER * REFLEX (see reverse side) <b>▲ WAIVER/ABN ALERT</b>	
POLICY NUMBER	SUBSCRIBER'S NAME		RELATIONSHIP TO SUBSCRIBER		
PHYSICIAN SIGNATURE	PRINTED NAME	ADDRESS			

**COMPLIANCE IS MANDATORY AND REGULATED.** For the laboratory to bill properly and receive payment for tests you have ordered, you must include the specific ICD code(s) (or descriptive diagnosis) for each test ordered. It is critical that the diagnosis you provide to the lab is consistent with those recorded in the patients medical record on the date of service. Carriers now require that the same diagnosis be consistent with the ordering physician and performing laboratory. **When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.**

ICD Diagnosis Description/Code:	1.	2.	3.	4.	5.
<b>PANELS</b>	<b>HEMATOLOGY</b>		<b>CALCIUM IONIZED ▲</b>	<b>PHOSPHORUS</b>	<b>MICROBIOLOGY</b>
<b>TEST NAME</b>	ANA *		CARBON DIOXIDE (CO <sub>2</sub> )	POTASSIUM	CULTURE BLOOD
BMP (Basic Metabolic Panel) <i>Do not order in addition to CMP</i>	CBC and PLATELET * ▲		CHLORIDE ▲	PROS SPECIFIC AG SCREEN (PSA) ▲ Annual Screen DATE OF LAST PSA TEST _____	CULTURE NOSE
CMP (Comp Metab Panel) <i>Do not order in addition to BMP or HP</i>	CBC, AUTO DIFF, PLATELET * ▲		CHOLESTEROL ▲	PROS SPECIFIC AG (PSAD) ▲ Diagnostic must include diagnostic code	CULTURE SPUTUM with gram stain
HP (Hepatic Function Panel) ▲ <i>Do not order in addition to CMP</i>	CBC, MAN DIFF, PLATELET * ▲		CREATININE	PROTEIN ELECT (Urine)	CULTURE STOOL
HEPABC (Acute Hep Panel) ▲	PLATELET COUNT * ▲		DRUG SCREEN 8 ▲	PROTEIN ELECT (Serum)	STOOL PMN's
LP (Lipid Panel) * ▲	H & H (Hgb & Hct) ▲		GGT ▲	PTH ▲	STOOL OVA & PARASITES
LYT (Electrolytes Panel)	RETICULOCYTE COUNT ▲		GLUCOSE ▲	RHEUMATOID FACTOR	STOOL C. DIFFICILE TOXIN
OB (Obstetrics Panel)	SED RATE (Westergren) ▲		GLUCOSE TOL ____ HRS	RUBELLA SCREEN	CULT THROAT <small>All pathogens (TCA) Rapid Strep not included</small>
RFP (Renal Function Panel) <i>Do not order in addition to BMP or CMP</i>	STOOL FOR OCCULT BLOOD ▲		GLYCOSYLATED HGB (HA1C) ▲	RUBELLA (Prenatal)	CULT THROAT Beta Strep only (BSC)
<b>COAGULATION/URINALYSIS</b>	<input type="checkbox"/> Annual Screen <input type="checkbox"/> Diagnostic DATE OF LAST OCCULT BLOOD TEST _____		HCG (qual.) __ serum __ urine ▲	SODIUM	CULT THROAT RAPID STREP SCREEN* (BSS)
PT (Prothrombin Time) ▲	<b>THERAPEUTIC DRUG MONITORING</b> DILANTIN		HCG (Quant) Serum ▲	T3 TOTAL ▲	CULT URINE ▲ <input type="checkbox"/> clean catch <input type="checkbox"/> cath
PTT (Partial Thromb Time) ▲	LITHIUM		HDL CHOLESTEROL ▲	T4 FREE ▲	OTHER CULTURES Source:
URINALYSIS (Reflex Microscopic) * ▲	<b>CHEMISTRY/OTHER</b> ALBUMIN		HEPATITIS A AB, IgM ▲	TOTAL PROTEIN	CULT BODY FLUID with gram stain
URINALYSIS (with Microscopic) ▲	ALK PHOS		HEPATITIS B core AB, IgM ▲	TRIGLYCERIDES ▲	CULT GC ONLY with gram stain
<b>CSF/BODY FLUIDS</b>	ALT (SGPT)		HEPATITIS Bs AB ▲	TSH ▲ <small>Do not order in addition to T3 Free or TU</small>	CULT GENITAL with gram stain
BODY FLUID cell count & diff	AST (SGOT)		HEPATITIS Bs AG* ▲	TSH R ▲ with reflex FT4	CULT GENITAL (Group B Strep Only)
	B12		HEPATITIS C AB ▲	URIC ACID	CULT WOUND with gram stain
	BILIRUBIN Direct		HIV ▲	VIT D 25-OH ▲	CULTY CHLAMYDIA TRACH. DNA Probe
CSF CELL COUNT	BILIRUBIN TOTAL		HOMOCYSTEINE ▲	OTHER	GC DNA Probe
SYNOVIAL FLUID cell count & diff	BLD UREA NITROGEN (BUN)		IRON (serum) ▲		CLO TEST - H. pylori (Gastric Biopsy)
SYNOVIAL FLUID crystal search	CRP		LDH	<b>OTHER</b>	
	CRP - high sensitivity (cardiac) ▲		LIPASE		
	CALCIUM		HOMOCYSTEINE ▲		
			LYME SCREEN *		
			MAGNESIUM ▲		
			MEASLES IGG SCREEN (Rubecola)		
			MONO TEST		

Today's Date: \_\_\_\_\_  
 Time Drawn: \_\_\_\_\_ Tech: \_\_\_\_\_  
 FASTING  NONFASTING  
 House Call Fee: CHC5 or CHC10  
 Waiver Signed: \_\_\_\_\_

## DIVISION OF LABORATORY MEDICINE

The following table is the list of the Laboratory's reflex tests. Any test that has been reflexed will be result and billed for. We ask that the Medical Staff approve the list.

<b>PANEL COMPONENTS (Informational Use)</b>	<b>BASIC METABOLIC PANEL - 80048</b>	<b>HEPATIC FUNCTION PANEL - 80076</b>
	CALCIUM - 82310	ALBUMIN - 82040
	CARBON DIOXIDE - 82374	ALKALINE PHOSPHATASE - 84075
	CHLORIDE - 82435	BILIRUBIN, DIRECT - 82248
	CREATININE - 82565	BILIRUBIN, TOTAL - 82247
	GLUCOSE - 82947	PROTEIN, TOTAL - 84155
	POTASSIUM - 84132	TRANSFERASE, ALANINE AMINO (ALT) (SGPT) - 84460
	SODIUM - 84295	TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) - 84450
	UREA NITROGEN (BUN) - 84520	
	<b>COMP. METABOLIC PANEL - 80053</b>	<b>LIPID PANEL - 80061 ▲</b>
	ALBUMIN - 82040	CHOLESTEROL, SERUM - 82465
	ALKALINE PHOSPHATASE - 84075	HDL CHOLESTEROL - 83718
	BILIRUBIN, TOTAL - 82247	TRIGLYCERIDES - 84478
	CALCIUM - 82310	
	CARBON DIOXIDE (Bicarbonate) - 82374	<b>OBSTETRICS PANEL - 80055</b>
	CHLORIDE - 82435	CBC, AUTO DIFF, PLATELET - 85025
	CREATININE - 82565	HEPATITIS B SURFACE ANTIGEN - 87340
	GLUCOSE - 82947	RUBELLA (PRENATAL) - 86762
	POTASSIUM - 84132	RPR - 86592
	PROTEIN, TOTAL - 84155	TYPE AND SCREEN - 86900, 86901, 86850
	SODIUM - 84295	
	TRANSFERASE, ALANINE AMINO (ALT) (SGPT) - 84460	<b>RENAL FUNCTION PANEL - 80069</b>
	TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) - 84450	ALBUMIN - 82040
	UREA NITROGEN (BUN) - 84520	CALCIUM - 82310
		CARBON DIOXIDE (Bicarbonate) - 82374
	<b>ACUTE HEPATITIS PANEL - 80074 ▲</b>	CHLORIDE - 82435
	HEPATITIS A ANTIBODY (HAAB), IgM - 86709	CREATININE - 82565
	HEPATITIS B CORE ANTIBODY (HBcAB), IgM - 86705	GLUCOSE - 82947
	HEPATITIS B SURFACE ANTIGEN (HBsAG) - 87340	PHOSPHORUS, INORGANIC (Phosphate) - 84100
	HEPATITIS C ANTIBODY - 86803	POTASSIUM - 84132
		SODIUM - 84295
		UREA NITROGEN (BUN) - 84520
	<b>ELECTROLYTES PANEL - 80051</b>	
	POTASSIUM, SERUM - 84132	
	SODIUM, SERUM - 84295	
	CARBON DIOXIDE (BICARBONATE) - 82374	
	CHLORIDE, BLOOD - 82435	

ORDERED TEST	REFLEX CRITERIA	REFLEXED TEST
ANA	Positive ANA	ANA Titer
AT (Antibody Titer)		TS - If antibody screen is positive, an ABID (antibody identification) will be performed. If the patient is an inpatient, we will also perform a crossmatch (XM) and antigen (AG) typing.
Rhogam or Rhig	Mom is Rh neg, Baby is Rh pos	FS (fetal screen) and possible Kleihauer-Betke (BKFH)
BSS (rapid Beta Strep Group A test)	Negative BSS	BSC (Beta Strep Group A culture)
CBC, CBCA or H&H	If WBC is less than 1,500, greater than 80,000 or instrument code for WBCs (i.e. Blast)	Smear review and/or Manual Diff
CRYAG (cryptococcal antigen, qual test)	Positive CRYAG	Cryag titer and CSF Culture
Culture, Any Source	Any pathogen growing	Identification and Sensitivity
Culture, Any Source	If any Culture grows N. meningitidis, N. gonorrhoeae, H. influenzae, M. catarrhalis, or if Blood or BF Culture grows Group D Enterococcus	Beta lactamase testing
Culture on Donor Cornea	All Donor corneas for culture	Includes bacterial and fungus cultures
Culture, stool	If Enterococcus is suspected	Identification to rule out VRE
Culture, urine	If source is nephrostomy or suprapubic	Gram stain and anaerobic culture
DAT (Direct Antiglobulin Test)	Positive DAT	Eluate if a transfusion candidate. T&S if no current order
DAT (Direct Antiglobulin Test)	ABORh	If no Previous ABORh on record
Hepatitis B Core Antibody, Total	Positive Hep B Core Ab, Total	Hepatitis B Core Ab, IgM
HBsAg	Equivocal HBsAg	Confirmatory HbsAg (neutralization)
HCV (Hepatitis C Virus) Antibody	Equivocal HCV	Confirmatory HCV testing
HIV test	Positive HIV	HIV Confirmatory Testing
Lipid Panel	Triglyceride > 400	Direct LDL (no calculated LDL)
LYME	Positive Lyme/Equivocal Lyme	Lyme Western Blot
Manual Differential or CBC/CBCA with Instrument Code for review	Smear indicates possible blood parasitic infection	Babesia/Ehrlichia/Anaplasma Smear and/or Malaria Smear
Measles Screen (Rubeola)	Equivocal Measles	Measles confirmation
Mumps Screen	Equivocal Mumps	Mumps IgG
PAP smear (includes all Liquid based PAP smears)	Ascus result	HPV testing
Platelet (ordered individually or as part of a CBC)	Result less than 20, greater than 999,000 or determined by instrument	Platelet Review and/or Manual Diff
Protein Electrophoresis (PE or UPE)	Abnormal Pattern	Immunofixation (IFE or UIFE)
RPR	RPR reactive	RPR titer and TP-PA
Stool for Ova & Parasites	Immune compromised aspirate, eosinophilia, travel	Full conventional exam
TOXO (Toxoplasmosis)	Toxo IgG is negative	Toxo IgM
TSH with Reflex Free T4	If TSH less than 0.4 or greater than 5.5	Free T4
Type & Screen (TS)	Screening Positive or Previously Positive	ABID (Antibody ID) and also possible DAT & eluate. Crossmatch is also performed.
Type & Screen (TS)	Obstetric Patient with Positive Screen	ABID and Antigen testing first, then AT (Antibody Titer)
Type & Screen	No previous history	Recheck ABORh
UR (Urinalysis)	Positive Leukocyte, Positive Nitrite, Positive Protein or Positive Blood greater than Trace	MI (Microscopic)
Varicella Zoster (VZV) Screen	Equivocal Screen	Varicella Zoster (VZV) Titer

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