



# INTRODUCTION

## FOREWORD

The Health Network Laboratories Handbook has been developed for use by all of our clients. The format and content are designed for your ready reference and as a tool to answer as many questions as possible. Please feel free to call the main laboratory, at 877-402-4221 (toll free), when unanswered questions regarding specimen requirements, test availability, and specimen handling arise.

The staff of Health Network Laboratories is committed to providing you with accurate information and courteous service. We will strive to exceed your requirements and provide you, as our customers, with quality laboratory information.

## MISSION STATEMENT

Health Network Laboratories is a multi-regional leader in laboratory medicine providing high-quality, courteous, and responsive service to our customers. Our staff of dedicated professionals works to ensure accurate, expert, cost-effective, and timely clinical information for the treatment and medical management of patients.

## QUALITY STATEMENT

Our commitment is to quality in everything we do. This can only be achieved if all employees and clinicians strive to provide services that conform to clearly stated requirements. Employees and clinicians are dedicated to continuous improvement in the way work is performed. Our attitude shall embrace the concepts of “Conformance to requirements,” “Prevention,” “No error is acceptable,” and “Do it right the first time.”

## SERVICE PROMISE

We promise to provide you with personalized, quality laboratory services. We will listen and respond to your needs with compassion, honesty, and integrity.



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## PERFORMANCE IMPROVEMENT

Health Network Laboratories has a diagnostic service based on the development and adoption of test procedures having a high degree of clinical predictive value and efficiency. All services are provided by well-trained technologists/technicians to assure the highest degree of technical accuracy. Health Network Laboratories' staffs of M.D. /Ph.D. technical directors and technical specialists with advanced certifications are available to solve any technical problem, as well as to introduce new and innovative techniques.

Health Network Laboratories has a planned and systematic process designed to monitor and evaluate the ongoing and overall quality of patient care. This process includes pre analytic (specimen collection), analytic (specimen processing/ testing), and post analytic (result reporting) procedures. Health Network Laboratories takes pride in its Customer Care Program and has a well-defined Service Recovery Process to respond to our clients' requirements.

An integral part of the Performance Improvement Plan is quality control. Test results are continuously monitored for reliability, precision, and accuracy. Health Network Laboratories voluntarily participates in one or more federal, state, or independent proficiency testing programs. These programs are administered by the College of American Pathologists (CAP), the American Association of Clinical Chemistry (AACC), the American Association of Blood Banks (AABB), the American Association of Bio analysts (AAB), and the Commonwealth of Pennsylvania.



## PROVIDER LICENSE/ACCREDITATION INFORMATION

Health Network Laboratories is federally licensed under the Clinical Laboratory Improvement Act (CLIA) and is approved by both Medicare and Medicaid. The Division of Toxicology is certified by the Commonwealth of Pennsylvania and Occupational Safety and Health Association (OSHA) to perform lead analyses.

**The following agencies accredit and/or inspect Health Network Laboratories:**

- American Association of Blood Banks (AABB)
- College of American Pathologists (CAP)
- CAP Forensic Drug Testing (CPA/FDT)
- New Jersey Department of Health, Public Health and Environmental Laboratories
- Pennsylvania Department of Health, Bureau of Laboratories

Please refer to the list provided of accreditation and license information for each of our main laboratories.

Testing Location	Accreditation & License
Health Network Laboratories 2024 Lehigh Street, Allentown, PA 18103-4798	CAP: 6792301 CAP/FDT: 6792302 CLIA: 39D0919598 MD State: 1479 NJ State: 00025195 PA State: 024655A
Health Network Laboratories 1200 S. Cedar Crest Boulevard Allentown, PA 18103	CAP: 1308701 CLIA: 39D0657491 PA State: 000549A
Health Network Laboratories 1627 West Chew Street Allentown, PA 18102	CAP: 1307901 CLIA: 39D0657483 PA State: 000169A
Health Network Laboratories 2545 Schoenersville Road Bethlehem, PA 18017-7300	CAP: 1307101 CLIA: 39D0189995 PA State: 000600A
Health Network Laboratories 900 Route 168 Turnersville, NJ 08012	CAP: 1209501 CLIA: 31D0117454 NJ State: 00018578
Health Network Laboratories 1200 Walnut Bottom Road Carlisle, PA 17015-776	CLIA: 39D1072932 PA State: 030357A



## PATIENT SERVICE CENTERS

Laboratory services are available to any licensed physician, dentist, podiatrist, or other person authorized by law to use the findings of laboratory examinations upon written receipt of tests requested and ICD-10 codes or symptoms.

Federal regulations require that we obtain, within 30 days of a verbal request, written authorization for every test we perform. You will be asked to forward a signed order, via fax or mail, for all verbal requests. The use of standing orders is permitted in connection with an extended course of treatment. Orders must be dated and current (executed within six months) and include diagnosis information in ICD-10 code format, test frequency, and an expiration date.

**PATIENT SERVICE CENTER** locations and information can be found on the Health Network Laboratories web site. Go to: [www.healthnetworklabs.com](http://www.healthnetworklabs.com) for additional details.



## CUSTOMER CARE/COURIER SERVICE

### CUSTOMER CARE

The Customer Care Department at Health Network Laboratories is your direct personal link to our laboratory, 24 hours/day, 7 days/week. Our representatives are committed to assisting you with information concerning:

- Test and specimen requirements
- Test results or test status
- Add or cancel test requests
- Supply requests
- Patient Service Center information
- Problem solving
- Technical support
- Phlebotomy service

**Toll Free: 1-877-402-4221**

### COURIER SERVICES

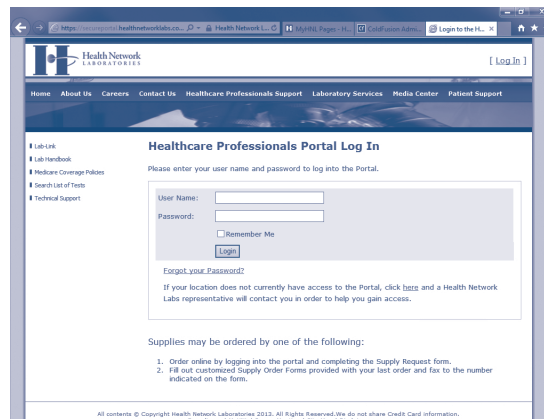
Courier service is available to provide you with both scheduled and unscheduled service for the transport of specimens and the delivery of reports and supplies. Our couriers are trained in client response, driver education, and safety. In addition to being provided with two-way cellular telephones for instant communication, our drivers and dispatchers utilize the latest technologies for route management and specimen tracking to ensure pickups and deliveries are made in the most expedient and efficient manner. During transport, specimens are stored in appropriate containers assuring their integrity upon arrival at the testing location. All materials are handled according to OSHA guidelines.

The Courier Services dispatcher can be reached by phone at 877-402-4221 (toll free).

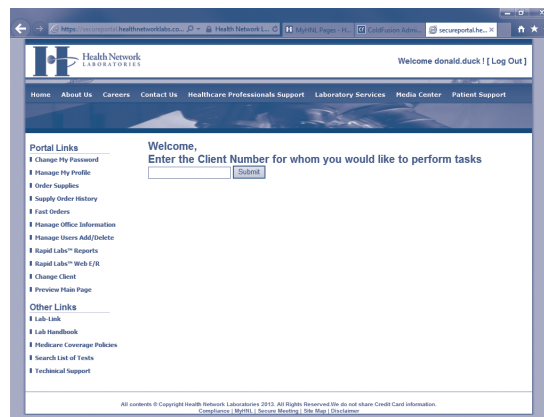
Health Network Laboratories provides specimen collection supplies for testing performed at our laboratory only. All supplies will be provided in compliance with Stark Law regulations.

Supplies may be ordered using the following methods:

1. Order online at [www.healthnetworklabs.com](http://www.healthnetworklabs.com). Click on “Healthcare Professionals Portal” in the upper right hand corner of the screen. Follow the instructions to “Log In”:



Upon successful entrance, select the Portal Link, “Order Supplies”:



OR

2. Fax a completed HNL Supply Request Form to:  
484-425-5121 (PA Clients)  
856-232-8022 (NJ Clients)

The most current, client-customized Supply Request Forms are provided with each delivered order.

**HNL is committed to expediting your order within three to five business days.**



# LABORATORY REQUISITIONS

## LABORATORY REQUISITIONS

Manual requisitions are to be used to request tests by all customers, except for those placing electronic orders. These electronic users shall revert to a manual requisition during computer down times. Incomplete or illegible requisitions cannot be processed. It is essential that the appropriate information be printed legibly in ballpoint pen. Each specimen or series of specimens must be accompanied by a completed requisition.

### Patient Demographics

The demographic data **required** on each requisition sent to the laboratory is:

- Patient Name: Last, First, Middle Initial
- Address
- Phone Number
- Gender
- Date of Birth
  - The laboratory computer calculates the age of the patient based on the birth date given and in conjunction with the gender information, assigns the corresponding normal range.
- Social Security Number
- Collection Date
- Collection Time
- STAT/FASTING/NON-FASTING
  - *Check applicable box.*
- Call Results To/Fax Results To
  - *Indicate if results are to be called/faxed and the number desired.*
- Duplicate Report To
  - *If an additional copy of a test report needs to be sent to a physician other than the ordering physician, please indicate by last name, first name, and physician location.*
- Comments
  - *Indicate any other preferences not mentioned above*

### Billing Information

- Bill Insurance
  - Check box and provide **complete insurance** information including guarantor/ subscriber name if patient is not the subscriber or attach a copy of patient's insurance **card** (front and back).
- Bill My Account
  - Check box and complete **only when** your HNL account is to be billed.
- Bill Patient (Self Pay)
  - Check box and complete **only when** your **patient** is to be directly billed. Provide complete name and address of person who is responsible for payment.

*(continued)*





# LABORATORY REQUISITIONS

## Health Network Laboratories Billing Requirements

Requisition Prompt	Type of Billing						
	Account	Patient	Medicare	Medicaid	3rd Party	PPO/HMO	W/C
<b>Patient Demographics</b>							
Name	✓	✓	✓	✓	✓	✓	✓
Address		✓	✓	✓	✓	✓	✓
Phone Number		✓	✓	✓	✓	✓	✓
Sex	✓	✓	✓	✓	✓	✓	✓
Date of Birth	✓	✓	✓	✓	✓	✓	✓
Social Security Number	✓	✓	✓	✓	✓	✓	✓
Collection Date/Time	✓	✓	✓	✓	✓	✓	✓
<b>Billing Information</b>							
Insurance Company Name & Address		✓	✓	✓	✓	✓	✓
Insurance Company Policy ID Number		✓	✓	✓	✓	✓	✓
Insurance Company Group Number		✓	✓	✓	✓	✓	✓
Medical/Medicaid Recipient ID Number				✓			
Guarantor Name		✓					
Guarantor Address		✓					
W/C Claim Number							✓
W/C Insurance Carrier Name & Address							✓
<b>ICD-10 Codes</b>		✓	✓	✓	✓	✓	✓

✓ indicates required information  
 W/C indicates Workers' Compensation

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 Toll Free 1-877-402-4221  
[www.healthnetworklabs.com](http://www.healthnetworklabs.com)



# LABORATORY REQUISITIONS

## Advanced Beneficiary Notice (ABN)

*Medicare patients should be asked to read and sign HNL's Advanced Beneficiary Notice when it is believed that Medicare is likely to deny payment for a particular test. Medicare may deny payment for: Limited Coverage Tests if it is determined that it is not reasonable and necessary under their Limited Coverage Policies, tests ordered which are non-FDA investigational or research tests, or tests ordered as a part of routine screen or annual physical. HNL will only seek reimbursement directly from the Medicare patient if they have been notified in advance of the testing that Medicare is likely to deny payment and if they have signed the Advanced Beneficiary Notice. Please refer to HNL's **Guide to HGSA Medicare Services Limited Coverage Policies**. Please submit the signed Advanced Beneficiary Notice with the laboratory orders.*

## ICD-10 Code

*Complete the ICD-10 code section located above the test menu with the appropriate code/symptom to enable quick and accurate processing of claims.*

## Test Menu

*Check the test you require to the left of the test name. There is space available for other tests, which can be used for tests not listed on the requisition form.*

### **Note:**

*If drawing specimens in your office/facility, please note the specimen **collection key** located at the bottom of HNL's Laboratory Requisition (HNL-02). This key corresponds to the letter code located on the far right of each individual test pre-printed on the requisition. Or call our Customer Care Department at 877-402-4221 (toll-free).*

### **Note:**

*Physicians and other health care practitioners authorized to order tests should order tests medically necessary for the care and treatment of their patients. The Office of the Inspector General of the United States Health and Human Services Department takes the position that any physicians or other health care practitioners who order medically unnecessary tests may be subject to civil penalties under laws and regulations relating to Medicare, Medicaid, and other federally funded health care programs.*



# RESULTS REPORTING

## RESULT REPORTING

Test reports will be delivered by courier, U.S. mail, or electronically printed via remote printer/fax/Internet access. STAT and critical results are provided via telephone and/or fax. The mechanism for delivery will be arranged to meet the needs of the client.

Results are available to patients upon request. **A Release of Protected Health Information Request Form** (next page) may be required.

There are several different types of reports that can be generated by HNL. Please contact your laboratory sales representative to discuss available options.



# RELEASE FORM

## RELEASE OF PROTECTED HEALTH INFORMATION REQUEST FORM

Date: \_\_\_\_\_

Patient Name (Print): \_\_\_\_\_ DOB: \_\_\_\_\_

Med Rec #: \_\_\_\_\_ SS #: \_\_\_\_\_

Requested by (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Patient:

Type of Record:  Self  Parent  Guardian  Other \_\_\_\_\_

Date(s) of Record:  Billing  Clinical Lab Result(s)  Pathology

Date needed by: \_\_\_\_\_ (HNL may take up to 30 days to compile your record request)

Please indicate where records are to be sent: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments:

### HNL USE ONLY

Received by: \_\_\_\_\_

Date Request received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Date Record Sent: \_\_\_\_\_

Record Released by: \_\_\_\_\_

*Under certain circumstances HNL has the right to refuse this request.  
 This request is not to be used for disclosure to anyone other than the patient or his/her representative.*



## CRITICAL VALUES

HNL has established the following test results/ranges to be of a critical status. Therefore, any result outside of these parameters will be called/faxed to your office/facility immediately upon completion of testing.

If you desire to modify any of these ranges to better suit your needs, please contact your laboratory sales representative. They will provide you with a Critical Value Modification Request Form. All changes will remain in effect until modifications are requested and authorized.

Analyte	Low Limit	High Limit
Acetaminophen		> 150 µg/mL
Amikacin		Trough: > 10 µg/mL
Ammonia		> 100 µmol/L
Amylase		> 300 units/L
Base Deficit, Cord Blood, Arterial		>15.0
Bilirubin, Total	Call all outpatient neonatal bilirubins	<1 day: >10.0 mg/dL 1 to <2 days: >13.0 mg/dL ≥ 2 days: >15.0 mg/dL <b>Call all outpatient neonatal bilirubins</b>
Calcium	< 6.0 mg/dL	> 13.0 mg/dL
Calcium, Ionized, Whole Blood	< 3.0 mg/dL	> 6.5 mg/dL
Calcium, Ionized, Serum (Out-patient only)	<0.75 mmol/L	>1.63 mmol/L
Carbamazepine, Total		> 15 µg/mL
Carbamazepine, Free		> 4.0 µg/mL
Carboxyhemoglobin		> 20.0 %
CO <sub>2</sub> content	< 15 mEq/L	
CSF Protein		> 75 mg/dL
CSF Glucose	< 40 mg/dL	> 400 mg/dL
Differential(WBC)	<ul style="list-style-type: none"> <li>• Elevated band count ≥ 25%</li> <li>• Presence of ≥ 3.0 immature (blast) cells (1st time only) Hematopathologist review to follow</li> <li>• Microorganisms (Intracellular or Extracellular) present on peripheral blood smear</li> </ul>	
Digoxin		> 2.5 ng/mL
Fibrinogen	< 101 mg/dL	
Gentamicin		Peak: > 12.0 µg/mL Trough: > 2.0 µg/mL
Glucose	< 40 mg/dL	> 400 mg/dL
Hemoglobin	0-3 days: <12.0 g/dL 4-60 days: <9.0 g/dL >60 Days: <8.0 g/dL	0-3 days: >22.0 g/dL 4-60 days: >20.0 g/dL >60 Days: >21.0 g/dL
Heparin Level (Unfractionated)		> 0.7 units/mL
Lactate		> 4.0 mmol/L

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Health Network  
LABORATORIES<sup>®</sup>

## CRITICAL VALUES

Analyte	Low Limit	High Limit
Lithium		> 2.0 mmol/L
Magnesium	< 1.0 mg/dL	> 5.0 mg/dL
Osmolality, serum	< 250 mOsm/kg	> 325 mOsm/kg
pO <sub>2</sub>	< 60 mmHg	
pCO <sub>2</sub>	< 20 mmHg	> 60 mmHg
pH	<7.20	> 7.55
pH, Cord Blood, Arterial	<7.00	
Phenobarbital		> 40 µg/mL
Phenytoin, Total		> 25.0 µg/mL
Phenytoin, Free		> 3.0 µg/mL
Phosphorus	< 2.0 mg/dL	<1 year: >11.0 mg/dL ≥ 1 year: >8.0 mg/dL
Platelets	< 30 thousand/µL (10 <sup>9</sup> /L)	> 1,000 thousand/µL (10 <sup>9</sup> /L)
Procainamide + NAPA		> 30 µg/mL
Potassium	< 3.0 mmol/L	> 6.0 mmol/L
INR		> 4.9
PTT		≥ 95.0 seconds* * range varies with reagent lot
Quinidine		> 10.0 µg/mL
Salicylate		> 30.0 mg/dL
Sodium	<120 mmol/L	>155 mmol/L
Sperm	If present in urine of females < 18 years and ALL female Nursing Home Residents.	
Theophylline		> 25.0 µg/mL
Tobramycin		Peak: > 12.0 µg/mL Trough: > 2.0 µg/mL
TCO <sub>2</sub>	<15 mmol/L	>40 mmol/L
Troponin I		> 0.78 ng/mL
Urea Nitrogen		0-16 years: >49 mg/dL Adult: >99 mg/dL
Uric Acid		> 13.0 mg/dL
Valproic Acid, Total		> 125 µg/mL
Valproic Acid, Free		> 15 µg/mL
Vancomycin		Peak: > 60.0 µg/mL Trough: > 20.0 µg/mL
WBC		> 30.0 thousand/µL (10 <sup>9</sup> /L)
Absolute Neutrophil Count (ANC)	< 1.5 thousand/µL (10 <sup>9</sup> /L)	

\* RANGE VARIES WITH REAGENT LOT

Revision Date: September 2015

Health Network Laboratories®  
Microbiology Critical Values

Revision Date: November 1, 2016

TEST	CALL
AFB, Mycobacteria, TB Culture	Positive smears and cultures
Blood Culture	Positive Gram stains and Critical Update- Positive Nucleic Acid Test (NAT)
Bordetella pertussis, PCR	B. pertussis detected
Clostridium difficile Toxin Assay	Positives called to nursing homes
Cerebral Spinal Fluid Culture	All Gram stains and positive bacterial cultures,
CSF Comprehensive PCR Panel	Bacteria: Escherichia coli K1, Haemophilus influenza, Listeria monocytogenes, Neisseria meningitidis, Streptococcus agalactiae, Streptococcus pneumoniae Yeast: Cryptococcus gattii / neoformans Viruses: Cytomegalovirus (CMV), Enterovirus, Herpes simplex virus 1 (HSV-1), Herpes simplex virus 2 (HSV-2), Human herpesvirus 6 (HHV-6), Human parechovirus, Varicella zoster virus (VZV)
Eye Culture	S. aureus, S. pneumoniae, Fusarium, Gram negative organisms and viral isolates
India Ink	Encapsulated yeast
Mycology Culture	Blastomyces dermatitidis, Histoplasma capsulatum, Paracoccidioides brasiliensis, Coccidioides immitis, Penicillium marneffeii and Sporothrix schenckii
Susceptibilities	Methicillin resistant S. aureus (MRSA) Penicillin resistant S. pneumoniae Vancomycin resistant Enterococci (VRE) Extended spectrum beta lactamase producers (ESBL) and carbapenemase producers
Synovial Fluid Culture	Positive Gram stains and positive cultures
Viral Respiratory Specimens, PCR	Influenza A/B and RSV detected
Wound/ Fluid Cultures	Beta Streptococci Group A isolates in sterile sites only