

St. Mary's Hospital Laboratory Requisition
P.O. Box 1628 Grand Junction, CO 81502-1628
(970) 298-2071 (Phone)
(970) 298-2286 (Fax)

AD Long, MD
RA LaCount, MD
CLIA ID # 06D0519294

HS Mooney, MD
TL Marshall, MD

Priority Testing

☐ STAT

COLLECTION DATE: ____/____/____

COLLECTION TIME: ____ ☐ AM ☐ PM

Fasting: ☐ Yes ☐ No

Requesting Physician / Provider	Phone Number	Copy To
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PATIENT AND BILLING INFORMATION (Please Print)

Please provide complete information, including insurance card copy

Last Name	First Name	Initial	Previous Name	Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			City	State	Zip
Person Responsible For Bill			Patient's Relationship to Responsible Party <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Client / Physician Billing CHECK (✓) BOX IF PHYSICIAN OFFICE IS TO BE BILLED <input type="checkbox"/>	Social Security Number
Address of Person Responsible for Bill (If different from above)			Phone Number	Social Security Number of Person Responsible	
Primary Insurance Company	Primary Insurance Company Address			Subscriber Number / ID Number	Group Number

INSURANCE SIGNATURE AUTHORIZATION

The undersigned directs payment to St. Mary's Hospital of any insurance benefits otherwise payable to or on behalf of the undersigned for laboratory services rendered. It is understood by the undersigned that he/she is financially responsible for the charges not covered by the insurance company. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay actual attorney's fees and collection expenses. All delinquent accounts shall bear interest at a rate of 1% per month (12% annum).

Signature of Financially Responsible Party: _____ Date: _____ Time: _____

PHYSICIAN ICD DIAGNOSIS REQUIREMENT NOTICE

When ordering tests, be informed that the physician (or other authorized individual) is required to (1) submit ICD code information, supported by the patient medical record, as documentation of the medical necessity of the tests ordered, or (2) explain and have the patient sign an Advanced Beneficiary Notice (ABN). Complete the ABN only if there is reason to believe that Medicare will deny payment.

ICD Codes: _____

1) Mark appropriate box 2) Note collection tube type following blood test name; see back page 3) Limited Coverage Tests 4) *Reflex testing; see back page

Chemistry

- ☐ Albumin, GR/GO
- ☐ Alkaline Phosphatase, GR/GO
- ☐ ALT (SGPT), GR/GO
- ☐ AST (SGOT), GR/GO
- ☐ Bilirubin, Total, GR/GO
- ☐ Bilirubin, Total & Direct, A
- ☐ BUN, GR/GO
- ☐ Calcium, GR/GO
- ☐ Chloride, GR/GO
- ☐ **Cholesterol, GR/GO
- ☐ CK, GR/GO
- ☐ CO2, GR/GO
- ☐ Creatinine, GR/GO
- ☐ GGT, GR/GO
- ☐ **Glucose, GR/GO
- ☐ Glucose Tolerance, 2 HR, GR/GO
- ☐ Glucose OB Screen, GR/GO
- ☐ Glucose OB Diagnostic, 3°, GR/GO
- ☐ LDH, GR/GO
- ☐ Phosphorous, GR/GO
- ☐ Potassium, GR/GO
- ☐ Protein, Total, GR/GO
- ☐ Sodium, GR/GO
- ☐ Triglyceride, GR/GO
- ☐ Uric Acid, GR/GO

Urine

- ☐ Microalbumin/creatinine ratio, CU
- ☐ *Urinalysis, CU

Chemistry

- ☐ Amylase, GR/GO
- ☐ ANA, R
- ☐ **B12, GR/GO
- ☐ BNP, L
- ☐ Cortisol, GO
- ☐ **Digoxin, GR/GO
- ☐ Estradiol, GR/GO
- ☐ **Ferritin, GR/GO
- ☐ **Folate, GR/GO
- ☐ FSH, GO
- ☐ HCG, Pregnancy, GO
- ☐ HCG, Quantitative, GR/GO
- ☐ Hepatitis C Antibody, Screening, GO
- ☐ Hepatitis C Antibody, Diagnostic, GO
- ☐ **HgbA1C, L
- ☐ **HIV I/II Antibody, Screening GO/R
- ☐ **HIV I/II Antibody, Diagnostic, GO/R
- ☐ **Iron, GR/GO
- ☐ **Iron Binding Capacity, GR/GO
- ☐ **Homocysteine, GR/GO
- ☐ Luteinizing Hormone, GO
- ☐ Magnesium, GR/GO
- ☐ N-telopeptide, Urine
- ☐ **PSA, Screening, GR/GO
- ☐ **PSA, Diagnostic, GR/GO
- ☐ **PSA, Free and Total, GR/GO
- ☐ Progesterone, GO
- ☐ Testosterone, GO
- ☐ T3, Free, GR/GO
- ☐ **T4, Free, GR/GO
- ☐ **TSH, GR/GO
- ☐ **TSH Reflex, GR/GO

Organ or Disease Oriented Panels

(refer to back page)

- ☐ Electrolyte, GR/GO
- ☐ Basic Metabolic, GR/GO
- ☐ Comprehensive Metabolic, GR/GO
- ☐ Hepatic Function, GR/GO
- ☐ **Acute Hepatitis, GO/R
- ☐ **Lipid Panel, GR/GO
- ☐ Renal Function, GR/GO
- ☐ Obstetric, 2L (one 4 mL & one 9 mL), 2 GO ☐ +HIV, GO

Microbiology - culture request must include source

- ☐ **Urine Culture ☐ Mid Stream ☐ Cath ☐ Supra
- ☐ Backup Beta Strep
- ☐ Group B Strep Screen (Genital) ☐ Susceptibility Requested
- ☐ EPMA (Enteric Pathogen Molecular Assay)
- ☐ Ova & Parasites
- ☐ Respiratory Culture: ☐ Sputum
- ☐ Chlamydia Molecular Assay Source: _____
- ☐ Gonorrhea Molecular Assay Source: _____
- ☐ *Wound Culture Source: _____
- ☐ Fecal Occult Blood, Screening
- ☐ Fecal Occult Blood, Diagnostic
- ☐ C. Diff. Toxin by PCR
- ☐ Respiratory Panel by PCR
- ☐ Rapid Testing: ☐ Strep A ☐ Influenza ☐ RSV
- ☐ H. Pylori Fecal Antigen
- ☐ Bordetella Molecular Assay
- ☐ Herpes Molecular Assay

** = National Coverage Decisions (NCD); see back page

FOR LAB USE ONLY

<input type="checkbox"/> ABN <input type="checkbox"/> Veno Init: _____ <input type="checkbox"/> AMP, LB <input type="checkbox"/> MB <input type="checkbox"/> LB	Specimen Name: _____
PT ID-OK: _____	Specimens: _____
Req #: _____	Initials: _____ Date: _____ Time: _____
DE Audit Initials: _____	Initials: _____ Date: _____ Time: _____

Additional Testing / Instructions

Signature: _____
Date: _____ Time: _____



St. Mary's
MEDICAL CENTER | SCL Health

2635 N. 7th Street, Grand Junction, CO 81501-8209



Laboratory Requisition

White Copy - Lab
3010142 Rev. 09/16

Yellow Copy - Provider

PATIENT INFORMATION

Place label here.
Scanning does NOT work if label is
outside this guide.

Draw Station Locations

Revised: 11/2014

Advanced Medical Pavilion Laboratory Services 750 Wellington Avenue, Entrance 22 Hours: M-F 7:00 AM to 5:00 PM	St. Mary's Hospital Laboratory Draw Station SMH, Main Floor, Entrance 1, 2, or Parking Garage Walk way Hours: 24 hours / 7 days a week
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Organ or Disease Oriented Panels

Comprehensive Metabolic (80053) Albumin (82040) Bilirubin, Total (82247) Calcium (82310) Carbon Dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Alkaline Phosphatase (84075) Potassium (84132) Protein, Total (84155) Sodium (84295) ALT (84460) AST (84450) BUN (84520)	Basic Metabolic (80048) Calcium (82310) Carbon Dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) BUN (84520)	Acute Hepatitis (80074) Hepatitis B Surface Antigen Hepatitis B Core Antibody, IgM Hepatitis A Antibody, IgM Hepatitis C Antibody	Obstetric (80055) CBC (85022 or 85025) Hep B Surface Antigen (87340) Rubella (86762) RPR (86592) Antibody Screen (86850) Blood Typing, ABO (86900) Blood Typing, Rh (86901)	Renal Function (80069) Albumin (82040) Calcium (82310) Carbon Dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorous (84100) Potassium (84132) Sodium (84295) BUN (84520)
	Electrolyte (80051) Carbon Dioxide (82374) Chloride (82435) Potassium (84132) Sodium (84295)	Hepatic Function (80076) Albumin (82040) Bilirubin, Total (82247) Bilirubin, Direct (82248) Alkaline Phosphatase (84075) ALT (84460) AST (84450) Protein, Total (84155)	Lipid (80061)* Cholesterol (82465) Triglyceride (84478) HDL (83718)	

Specimen Collection Container Key

Code	Collection Container	Code	Collection Container
GO	GOLD	L	LAVENDER
GR	GREEN	IL	Iced LAVENDER (must be separated from cells & frozen within 1 hour)
GR/GO	GREEN or GOLD	B	BLUE
A	AMBER or RED protected from light	CU	Clean Catch Container
R	RED, no barrier	F	Critical Frozen, separate for cells ASAP & freeze
CL	Call Lab 298-2071 for more information	24°UR	24 Hour Urine Collection Container
GO/R	GOLD or RED		

Advanced Beneficiary Notice (ABN) Review; Screening Tests (Medicare Program)

Title XVIII of the Social Security Act, section 1862 (a) (1) excludes routine physical checkup (including the absence of signs and symptoms) from the Medicare program. Screening is defined as examinations and/or diagnostic procedures performed in the absence of signs and symptoms. While election to perform such examinations and tests may be considered good medical practice, they are not covered services by the Medicare program. Even though laboratory tests performed for screening purposes are a program exclusion, and an ABN is not required, it is recommended that the provider/physician notify the patient in advance that Medicare will not cover the screening test and that the patient will be liable for the cost of the test.

Advanced Beneficiary Notice (ABN) Review; ** National Coverage Decisions (NCD) for the Medicare Program

St. Mary's Laboratory Services National Coverage Decision (NCD) is determined by Medicare Part B policies. The policies are published at www.cms.org and limit coverage on specified tests to specific ICD codes that support medical necessity. If the patient's ICD code/codes are not included in the NCD, refer to the Advanced Beneficiary Notice (ABN). Advise the patient of the reason for the non-covered service, of his/her responsibility for the cost of testing, and ask the patient to sign the ABN. The ABN needs to be submitted to the laboratory with the "Laboratory Services Requisition" at the time of service.

*Reflex Testing Performed by the Laboratory

- *Lipid Extended:** A Lipid Panel is performed and billed unless the Triglyceride is > 400 mg/dL. If Triglyceride is > 400 mg/dL a direct measured LDL Cholesterol will be performed and billed.
- *TSH Reflex:** A TSH will be performed and billed unless the TSH is < 0.4 or > 4.9. If TSH is > 4.9 a Free T4 is performed and billed. If the TSH is < 0.4, a Free T4 is performed and billed. If the Free T4 is performed from a reflex and is normal, a Free T3 will be performed and billed.
- *CBC:** If laboratory criteria for a manual differential are triggered, a Hemogram and a manual differential will be performed and billed. Oncology patients are an exception to this reflex at the request of the Oncology clinicians.
- *Pathologist Smear Review:** If a slide review or manual differential from a CBC triggers a pathologist smear review, a Pathologist Smear Review will be performed and billed.
- **All physician orders for a Pathologist Smear Review will trigger orders for a manual differential to be performed and billed.**
- *Other Source Cultures:** If laboratory criteria are met for identification and sensitivities, these procedures will be performed and billed.
- *Gram stain:** A gram stain will be performed and billed for all cultures with the exception of Urine, Stool, Ear-Nose-Throat, Genital, or Strep Screen.
- *Rapid Strep Screen:** A negative rapid strep screen will trigger a strep culture to be performed and billed.
- *ANA:** A positive ANA will trigger an ANA titer to be performed and billed.
- *AFB Culture:** An AFB culture will reflex an AFB Smear to be performed and billed.
- *HIV:** A positive HIV will reflex a confirmatory test to be performed and billed.
- *Treponemal Antibodies (Syphilis) (TPPA):** Positive TPPA will reflex a confirmatory test to be performed and billed.
- *All abnormal serum protein electrophoresis showing a monoclonal protein not previously identified will trigger an immunoelectrophoresis be performed and billed.**
- *Hepatitis B Surface Antigen:** A positive result will reflex to a confirmatory test to be performed and billed.
- Custom Panel:** Physicians should order only those tests that are medically necessary. Using a customized panel may result in ordering tests for which Medicare/Medicaid will deny payment. The OIG takes the position that the physician who orders medically unnecessary tests may be subject to civil penalties.