

REQUISITIONS

Use of Intermountain Laboratory Services requisitions will help alleviate test order errors. Requisitions may be customized for each client. Contact your providing laboratory to obtain requisition forms. A licensed provider's signature with date and time (no stamped signatures) is requested when possible to authenticate the order for government payers. Orders may not be signed by nursing staff on behalf of the provider.

Intermountain Laboratory Services requires the following legible information on every laboratory requisition:

Patient Identification:

Full legal name, with patient's maiden name if married recently

Date of birth

Gender

At least one of the following identifiers:

EMPI #

Other unique identifier

Insurance/Payor Information

Company name or payor name

Company address or payor address

Company telephone or payor telephone

Patient's complete insurance information, including policy number and home and mailing address

Guarantor name and address (patients who are minors cannot be their own guarantor)

A copy of the insurance 'card' is helpful

Collection Information

Date and time of collection

Initial, ID# or signature of person collecting the specimens

Clinician name, address, phone number and fax number if available.

A pager number or telephone number to which results can be called must be included with Electron Microscopy orders.

Include additional information that may be relevant and necessary to assure accurate and timely testing and reporting of results.

Specimen type and source/site for Molecular, Microbiology, Pathology, Cytology and Electron Microscopy testing.

Testing Information

Test(s) to be performed

Patient's diagnosis; current ICD code or signs and symptoms

Testing for Medicare patients should meet the Medicare definitions for medical necessity. Screening requests on Medicare patients may require an Advance Beneficiary Notice (ABN). For example, a Lipid Screen may require a signed ABN. ABN forms can be obtained from the laboratory.

Specimen type and source/site for Molecular, Microbiology, Pathology, Cytology and Electron Microscopy testing.

Specific Testing Information for GYN Cytopathology

Specimen source:

Cervical

Vaginal

Information:

Date of last menstrual period (LMP)

DES Exposed

Pregnant

Nursing

Postpartum

IUD

Hormone therapy

Irregular Menses

Menopausal

Hysterectomy (full/partial)

Chemotherapy for _____

Radiation/Hormone therapy for _____

Current signs/symptom

Previous abnormal Paps, treatments & dates

Other Clinical Information

Specific Testing Information for Non-Gyn Cytopathology

Clinical information:

Recent related infections or illnesses

Signs or symptoms experienced

Applicable patient history, i.e. history of thyroid nodule, history of melanoma, history of bladder lesions, previous hysterectomy, etc.

Indicate if any special stains needed, i.e., silver stain, AFB stain, etc.

STAT orders-Circle or write out: STAT on the requisition and provide clinician's full name and contact information. Notify the pathologist on-call.