

Ordering Lab Tests

I. ORDER ENTRY

Lab tests can be ordered using the Hospital's Electronic Order Entry System in EPIC or by using a manual laboratory requisition form.

II. COMPLETING THE REQUISITION FORM

The information listed below must be provided when submitting any specimen to the Clinical Laboratory. Refer also to the preceding section on [Specimen Identification](#) . For information regarding the appropriate form to use for a specific test, please refer to the section on **Requisition Forms** which follows this section, or to the [ALPHABETICAL LIST OF TESTS](#) .

For manual test ordering, a completely and correctly filled out laboratory requisition form is a legal requirement that must be satisfied for the request to qualify as a valid order.

A. REQUIREMENTS FOR REQUISITION COMPLETION:

All paper lab requisitions **MUST** be filled out completely and legibly. **Each test must be clearly marked with an “X.”** Some locations will have barcode printers that can generate labels to place on the lab requisition. The following information **MUST** be provided on the laboratory request form:

1. Requesting Physician's name, CHN ID number, and contact information.
2. Patient's first and last name.
3. ZSFG medical record number or other lab-approved unique number. Numbers must be legible.
4. ZSFG patient account number.
5. Test (s) requested.
6. Specimen source.
7. Date and time of specimen collection.
8. ICD 10 Code – establishes medical necessity.
9. Patient's birth date (needed for reference ranges and patient ID).
10. Gender (needed for gender-specific reference ranges).
11. Location (needed for critical results contact).

III. DIAGNOSTIC INFORMATION – ICD 10 Code

All requisitions require an ICD 10 Code, which establishes medical necessity for the test(s) requested. Serology specimens sent to the SF Department of Public Health, State Health Services or CDC Labs may require additionally that the date of onset, suspected diagnosis, significant clinical symptoms and signs, lab test results, and therapy given be noted on the requisition.

IV. PHYSICIAN NAME, CHN NUMBER, AND CONTACT INFORMATION OR PAGER NUMBER

Remember to include the requesting physician's name, physician's CHN ID number, and contact information or pager number on the requisition. Should any questions arise regarding the test(s) requested, or in case of an out of range value, the physician may need to be contacted.

V. INCOMPLETE REQUISITIONS

1. Any specimen not accompanied by a **legible, correctly and completely filled out** requisition

will be retained by the Clinical Laboratory for up to 24 hours, but **will not** be processed. The ordering provider will be notified.

2. Missing or incomplete required information must be provided by means of a new electronic or faxed requisition. The Laboratory will not accept verbal information to complete a requisition.
3. If still suitable for analysis, the specimen will be processed when the Laboratory receives the completed requisition. After 24 hours, all specimens without completed requisitions will be discarded.

VI. REQUISITION FORMS FOR LABORATORY SERVICES

1. Be certain to use the proper laboratory requisition form for the test or service that is requested.
2. Most tests are listed on the requisition form and can be checked off by the requesting physician.
3. Some tests, generally those sent to reference labs, are not listed on the laboratory requisition and must be ordered by writing in the request under "Other Tests."
4. Test requests ordered on non-Clinical Laboratory requisitions will not be accepted. The request and the specimen will be returned to the originator via messenger service.
5. Requisition forms are ordered through Materials Management. Fill out a Moore Order Form (generally used for all forms in the hospital) designating the desired Lab requisition form and submit it to Materials Management, telephone number 206-5315 for assistance. Allow up to a week for delivery.

VII. MANUAL REQUISITION FORMS

CLINICAL CHEMISTRY:

- A. Main Laboratory (2M) Requisition - [BLOOD/SERUM](#) (Form # 5788146)
- B. Main Laboratory (2M) Requisition - [URINE/FLUIDS](#) (Form # 5788138)

HEMATOLOGY:

- A. Main Laboratory (2M) Requisition - [BLOOD/SERUM](#) (Form # 5788146)
- B. Main Laboratory (2M) Requisition - [URINE/FLUIDS](#) (Form # 5788138)
- C. [Semen Analysis](#) Requisition – (Form # 578125)

MICROBIOLOGY:

- A. [Microbiology Requisition](#) (Form # 5788112)

On the Microbiology Requisition form, check the appropriate boxes for source of specimen test(s) requested and supply essential clinical data. Use one requisition for each specimen. The requisition may be used for more than one type of culture per specimen. The form includes requests for culture for

bacteria, fungi, AFB, viruses, and Chlamydia. It is also used for requests for parasitology, toxin assay, direct antigen detection and special antimicrobial tests. To ensure proper selection of media and techniques, designate suspected organisms and diagnoses whenever possible. All specimens, whether in collection container or inoculated to culture media, must be labeled with the patient's name and ZSFG medical record number. Unlabeled specimens will be discarded.

SEROLOGY:

1. Main Laboratory (2M) Requisition - [BLOOD/SERUM](#) (Form # 5788146)

TRANSFUSION SERVICE (BLOOD BANK):

A. Blood Bank Transfusion Request and Diagnostic Studies (Form # 5788120)

Blood Bank requisitions require the following information: Patient's complete name, ZSFG medical record and patient numbers ("B" and "A" numbers), birthdate, sex, ward or clinic, diagnosis, reason for transfusion, date to be transfused, number of units each of blood component being requested, name of requesting physician, signature of person who drew the blood specimen, date of request. Sample requisition is shown in Transfusion Service/Blood Bank Procedures section.

VIII. ADDING TESTS TO PREVIOUSLY OBTAINED SPECIMEN

Physicians who wish to add an additional test to a previously obtained specimen must complete the following steps:

- Added tests require a new order or manual requisition with all required information including when the original sample was collected and which test is to be added.
- The requisition may be tubed to station # 21 or delivered to Specimen Collection and Management.
- For Microbiology tests, the requisition may be tubed to station # 23, delivered to Specimen Collection and Management, or faxed to (415) 206-3589.

IX. REQUEST TO CHANGE ROUTINE TESTS TO STAT TESTS

If a STAT test needs to be performed, it is the responsibility of the physician or ward staff to draw the sample and send it to the laboratory by messenger service, or by pneumatic tube to station # 21.

To change to STAT a routine that was not drawn by the phlebotomy team, physicians must:

- Send a new requisition clearly labeled with the necessary information to tube station # 21, or hand deliver directly to Specimen Processing.

X. CANCELLING TESTS

Physicians who wish to cancel tests should submit a new requisition stating which tests to cancel and when the blood was drawn.