

LABORATORY OUTREACH REQUISITION

166 Allen Street, Rutland, VT 05701 | www.RRMC.org | 802.747.1771

Bill to: <input type="checkbox"/> Client	<input type="checkbox"/> Call Results to:
<input type="checkbox"/> Insurance	<input type="checkbox"/> Fax Results to:
<input type="checkbox"/> Patient	<input type="checkbox"/> Copy Results to:

PATIENT INFORMATION		INSURANCE BILLING INFORMATION	
Pt Last Name	First M I	Primary <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins. <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Subscriber Last Name
Address	Birth Date Sex M F		First M I
City	Home Phone	Beneficiary/Member #	Group #
ST	ZIP	Claims Address	City ST ZIP

CLIENT INFORMATION - REFERRING PHYSICIAN SIGNATURE		Secondary <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins. <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Today's Date/Time: All requests for Laboratory testing must be submitted with valid diagnosis information to support medical necessity of all tests ordered. Medicare generally does not cover routine screening tests. Specific diagnosis and frequency criteria apply to the Medicare coverage of preventative screening procedures.		Subscriber Last Name	First M I
		Beneficiary/Member #	Group #
		Claims Address	City ST ZIP

COLLECTION / REPORTING INFORMATION	
To be done within: <input type="checkbox"/> 6 mo. <input type="checkbox"/> 12 mo. <input type="checkbox"/> STAT <input type="checkbox"/> Fasting	

Diagnosis:

CHEMISTRY PANELS	CHEMISTRY (continued)	MICROBIOLOGY - must indicate source
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| <input type="checkbox"/> Basic Metabolic Panel
<input type="checkbox"/> Comprehensive Metabolic Panel
<input type="checkbox"/> Electrolyte Panel
<input type="checkbox"/> Hepatitis Acute Panel
<input type="checkbox"/> Lipid Panel (Fasting)
<input type="checkbox"/> Liver Function Panel (Hepatic)
<input type="checkbox"/> Renal Function Panel | <input type="checkbox"/> Parathyroid Hormone, Intact (PTH)
<input type="checkbox"/> Potassium
<input type="checkbox"/> PSA Total
<input type="checkbox"/> Testosterone, Total - UVMMC
<input type="checkbox"/> Testosterone, Total & Free - Mayo
<input type="checkbox"/> Thyroid (TSH) Cascade
<input type="checkbox"/> TSH
<input type="checkbox"/> T4, Total (Thyroxine Total)
<input type="checkbox"/> T4, Free (Thyroxine Free)
<input type="checkbox"/> T3, Total (Triiodothyronine Total)
<input type="checkbox"/> T3, Free (Triiodothyronine Free)
<input type="checkbox"/> Uric Acid
<input type="checkbox"/> Vitamin B12 Level
<input type="checkbox"/> Vitamin D Total (25 Hydroxy) | Please indicate source/site:
<input type="checkbox"/> Fungus Culture - skin / hair / nails
<input type="checkbox"/> Wound Culture
<input type="checkbox"/> Anaerobic Culture - anaerobe transp. vial
<input type="checkbox"/> Sputum Culture
<input type="checkbox"/> Rapid Strep A (throat)
<input type="checkbox"/> Strep A (throat) culture
<input type="checkbox"/> GTY Probe (Vaginal Pathogens)
<input type="checkbox"/> Chlamydia DNA PCR (CT)
<input type="checkbox"/> Swab <input type="checkbox"/> Urine
<input type="checkbox"/> Gonococcus DNA PCR (NG)
<input type="checkbox"/> Swab <input type="checkbox"/> Urine
<input type="checkbox"/> Influenza A and B PCR
<input type="checkbox"/> RSV PCR |
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MEDICARE SCREENING (ABN REQ.)

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| <input type="checkbox"/> Cardiovascular Screen (Lipid Panel)
Freq. - Covered every 5 years
DX - Z13.6 Encounter for screening for cardiovascular disorders
<input type="checkbox"/> Diabetic Screening (x) one below
<input type="checkbox"/> Fasting glucose and 2 hr. post-glucose
<input type="checkbox"/> Glucose Tolerance Test (3 spec. incl. fasting)
Freq. - Individual w/ pre-diabetes - twice yearly
Individual w/o diag. pre-diabetes - once yearly
DX - Z13.1 Encounter for screening for diabetes mellitus
<input type="checkbox"/> PSA Screen
Freq. - Covered Annually
DX - Z12.5 Encounter for scrn for malign. neoplasm of prostate |
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DRUGS

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| <input type="checkbox"/> Digoxin
<input type="checkbox"/> Lithium
<input type="checkbox"/> Phenytoin (Dilantin®)
<input type="checkbox"/> Valproic Acid (Depakene®) |
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BLOOD BANK

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| <input type="checkbox"/> ABO/Rh Type
<input type="checkbox"/> Type & Screen (ABO/Rh included) |
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SEROLOGY-IMMUNOLOGY

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| <input type="checkbox"/> ANA (Antinuclear Ab Screen) - Mayo
<input type="checkbox"/> Celiac Disease Serology Cascade - Mayo
<input type="checkbox"/> Hepatitis A Total Antibody (IgG)
<input type="checkbox"/> Hepatitis B Core Total (IgM/IgG)
<input type="checkbox"/> Hepatitis B Surface Antibody (IgG)
<input type="checkbox"/> Hepatitis B Surface Antigen
<input type="checkbox"/> Hepatitis C Antibody
<input type="checkbox"/> HIV 1/2 Ab & Ag
<input type="checkbox"/> Lyme Disease Serology
<input type="checkbox"/> Measles IgG
<input type="checkbox"/> Mononucleosis screen
<input type="checkbox"/> Mumps IgG
<input type="checkbox"/> Rheumatoid Factor
<input type="checkbox"/> Rubella IgG
<input type="checkbox"/> Thyroid Abs - Mayo
<input type="checkbox"/> Varicella IgG |
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URINE TESTS

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| <input type="checkbox"/> Microalbumin Level Urine
<input type="checkbox"/> Urinalysis (UA w/ microscopic if indicated)
<input type="checkbox"/> Culture & Sensitivity (if indicated)
<input type="checkbox"/> Urine Culture
<input type="checkbox"/> Urine Cytology (Path Non-Gyn)
<input type="checkbox"/> Voided <input type="checkbox"/> Cath spec |
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HEMATOLOGY

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> CBC (Hemogram)
<input type="checkbox"/> CBC diff/rflx manual diff
<input type="checkbox"/> Hemoglobin & Hematocrit
<input type="checkbox"/> Sed Rate |
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COAGULATION

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|-----------------------------------------------------------------|
| <input type="checkbox"/> PT/INR
<input type="checkbox"/> PTT |
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CHEMISTRY

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| <input type="checkbox"/> ALT/SGPT
<input type="checkbox"/> Amylase
<input type="checkbox"/> AST/SGOT
<input type="checkbox"/> Bilirubin, Direct
<input type="checkbox"/> Bilirubin, Total
<input type="checkbox"/> BUN
<input type="checkbox"/> CA 125
<input type="checkbox"/> Creatinine
<input type="checkbox"/> CRP (C-Reactive Protein)
<input type="checkbox"/> hsCRP(High Sensitivity)
<input type="checkbox"/> Ferritin
<input type="checkbox"/> Folate, Serum
<input type="checkbox"/> Follicle Stim. Hormone (FSH)
<input type="checkbox"/> GGT
<input type="checkbox"/> Glucose, Fasting Level
<input type="checkbox"/> HCG Quantitative
<input type="checkbox"/> Hemoglobin A1c
<input type="checkbox"/> Iron Binding Capacity (includes Iron)
<input type="checkbox"/> Iron
<input type="checkbox"/> Lipase
<input type="checkbox"/> Magnesium
<input type="checkbox"/> NT-proBNP |
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Requisition Quality Check
Receptionist
Phlebotomist
Processor

STOOL TESTS

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| <input type="checkbox"/> GI Pathogen PCR (enteric panel)
<input type="checkbox"/> Lactoferrin (Stool WBC)
<input type="checkbox"/> Ova and Parasites - UVMMC
<input type="checkbox"/> Giardia/Crypto AG - UVMMC
<input type="checkbox"/> Annual Screen Occult Blood Feces
<input type="checkbox"/> Diagnostic Occult Blood Feces
<input type="checkbox"/> C. Difficile Screen
<input type="checkbox"/> H. Pylori Antigen Feces - Mayo |
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OTHER TESTS

Patient Label

LABORATORY OUTREACH REQUISITION

ADDITIONAL TESTING AT ADDITIONAL CHARGES WILL BE DONE IF CERTAIN CRITERIA ARE MET

1. **CBC (Hemogram)** - if platelets < 50 reflexes to Immature Platelet Fraction
2. **CBC with auto diff** - reflex manual diff if indicated, if platelets < 50 reflexes to Immature Platelet Fraction
3. **Hepatitis A Antibody** - if positive, Hepatitis A IgM Antibody performed
5. **Hepatitis C Antibody** - if reactive, Hep C RNA performed
6. **HIV 1/2 Ab & Ag** - if indicated reflexes to HIV 1/2 Ab Differentiation
7. **Lipid Profile**- greater than 400 trig. - will perform measured LDL-fasting required
8. **Lyme Serology** - if positive or equivocal , Western Immunoblot performed
9. **TSH Cascade** - if TSH is low, then free T4 will be performed. If the FT4 is normal or low with a TSH of 0.1IU/ml, then T3 total will be performed. If FT4 is high, the cascade is complete. If TSH is high, then FT4 will be performed.
10. **Urinalysis with reflex microscopic** - reflexes to microscopic
11. **Urinalysis with reflex microscopic with culture if indicated** - reflexes to microscopic and a culture if indicated

COMPONENTS INCLUDED IN PANEL TEST

Organ or disease-related panels should only be ordered when all components are deemed medically necessary.

1. **Basic Metabolic Panel** - Glucose, BUN, Creatinine, Electrolytes, Calcium
2. **Comprehensive Metabolic Panel** - Glucose, BUN, Calcium, Electrolytes, Total Protein, Albumin, Total Bilirubin, AST, ALT, Alkaline Phosphatase, Creatinine
3. **Electrolytes Panel** - Carbon dioxide, Chloride, Potassium, Sodium
4. **GI Pathogen PCR (Enteric)** - Campylobacter species, Salmonella species, Shigella species, Vibrio species (V. cholera and V. parahaemolyticus), Yersinia enterocolitica, Norovirus (GI and GII), Rotavirus, Shiga Toxin 1 and Shiga Toxin 2
5. **Hepatitis Acute Panel** - Hepatitis A IgM, Hepatitis B Surface Antigen, Hepatitis B Core IgM, Hepatitis C Antibody
6. **Liver Function Panel (Hepatic)** - AST, ALT, Total Bilirubin, Direct Bilirubin, Alkaline Phosphatase, Albumin, Total protein
7. **Lipid Profile (Fasting required)** - Cholesterol, Triglycerides, VLDL, HDL (includes calculated LDL)
8. **Renal Function Panel** - Albumin, Calcium, Electrolytes, Creatinine, Glucose, Phosphorous, BUN

BILLING

We will submit a claim for hospital-related charges to your insurance, if appropriate, and send you a bill for any amount not covered by your insurance.

Please Note: Some test procedures may be reviewed by a physician who is not employed by Rutland Regional. In these instances, you may receive a separate bill from that physician for their interpretation time. If you have questions about your bill, call 802.747.1751 or toll free 1.866.460.8277.

OUTPATIENT LABORATORY HOURS

Brandon Medical Center: Monday - Friday 6:30 am - Noon & 12:30 pm - 2 pm

Castleton Family Health Center: Monday - Friday 7:30 am - Noon & 12:30 pm - 4 pm

RRMC Blood Draw Station: Monday - Friday 5:30 am - 6 pm; Saturday 8 am - Noon

Rutland Community Health Center: Monday-Friday 7:30 am - 12:30 pm & 1 - 7 pm; Saturday & Sunday 8 am - 12:30 pm & 1 - 5 pm