Laboratory Services
A Department of Rutland Regional Medical Center

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

NURSING HOME REQUISITION

Facility
☐ Rutland Heath & Rehab ☐ Genesis - MVC
☐ The Pines ☐ The Meadows
☐ St Joseph Kervick Floor/Unit: _____
☐ Other

PATIENT INFORMATION

Patient Last Name	First	M I	Sex M F X
Address	Birth Date		
City	Home Phone		
ST ZIP			

CLIENT INFORMATION - REFERRING PROVIDER

Provider First & Last Name Printed:

Provider Signature:

Date: Time:

COLLECTION / REPORTING INFORMATION

To be done within: ☐ STAT ☐ Fasting

INSURANCE BILLING INFORMATION

Medicare Patient is: ☐ Level 1 (bill nursing home)
☐ Not Level 1 (complete insurance info)

Primary ☐ Medicare ☐ Medicaid ☐ Other ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name	First M I
Beneficiary/Member #	Group #
Claims Address	City ST ZIP

Secondary ☐ Medicare ☐ Medicaid ☐ Other ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name	First M I
Beneficiary/Member #	Group #
Claims Address	City ST ZIP

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.

Diagnosis/ICD10:

☐ Call Results to:	☐ Copy Results to: (Provider First & Last Name)
	☐ Copy Results to: (Provider First & Last Name)
☐ Fax Results to:	☐ Copy Results to: (Provider First & Last Name)
	☐ Copy Results to: (Provider First & Last Name)

CHEMISTRY PANELS

☐ Basic Metabolic Panel
☐ Comprehensive Metabolic Panel
☐ Electrolyte Panel
☐ Hepatitis Acute Panel
☐ Lipid Panel (Fasting)
☐ Liver Function Panel (Hepatic)
☐ Renal Function Panel

MEDICARE SCREENING (ABN REQ.)

☐ Cardiovascular Screen (Lipid Panel)
Freq. - Covered every 5 years
DX - Z13.6 Encounter for screening for cardiovascular disorders

HEMATOLOGY

☐ CBC (Hemogram)
☐ CBC diff/rflx manual diff
☐ Hemoglobin & Hematocrit
☐ Sed Rate

COAGULATION

☐ PT/INR
☐ PTT

DRUGS

☐ Digoxin
☐ Lithium Level
☐ Phenytoin (Dilantin®) Level
☐ Valproic Acid (Depakene®) Level

BLOOD BANK

☐ ABO/Rh Type

CHEMISTRY

☐ BUN
☐ Creatinine
☐ CRP (C-Reactive Protein)
☐ Ferritin
☐ Folate Level, Serum
☐ Glucose, Fasting Level
☐ Hemoglobin A1c
☐ Iron Binding Capacity (includes Iron)
☐ Iron Level
☐ Magnesium Level
☐ NT-proBNP
☐ Parathyroid Hormone, Intact (PTH)
☐ Phosphorus Level
☐ Potassium Level
☐ Thyroid (TSH) Cascade
☐ TSH
☐ T4 free
☐ T3, Total (Triiodothyronine Total)
☐ T3, Free (Triiodothyronine Total)
☐ Uric Acid
☐ Vitamin B12 Level
☐ Vitamin D Total (25 Hydroxy)

URINE TESTS

☐ Microalbumin Level Urine
☐ Urinalysis (UA w/ microscopic if ind.)
☐ Culture & Sensitivity (if indicated)
☐ Urine Culture

Requisition Quality Check
Receptionist
Phlebotomist
Processor

MICROBIOLOGY - must indicate source

Please indicate source/site:

☐ Fungus Culture - skin / hair / nails
☐ Wound Culture
☐ Anaerobic Culture - anaerobe transp. vial
☐ Sputum Culture
☐ Rapid Strep A (throat)
☐ Strep A (throat) culture
☐ Influenza A and B PCR
☐ RSV PCR
☐ COVID-19

STOOL TESTS

☐ GI Pathogen PCR (enteric panel)
☐ C. Difficile Screen

OTHER TESTS

RRMC Patient Label

LABORATORY NURSING HOME REQUISITION

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

CBC (Hemogram) - if platelets < 50 reflexes to Immature Platelet Fraction

CBC with auto diff - reflex manual diff if indicated, if platelets < 50 reflexes to Immature Platelet Fraction

Lipid Profile- greater than 400 trig. - will perform measured LDL-fasting required

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.

Urinalysis with reflex microscopic - reflexes to microscopic

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.

Basic Metabolic Panel - Glucose, BUN, Creatinine, Electrolytes, Calcium

Comprehensive Metabolic Panel - Glucose, BUN, Calcium, Electrolytes, Total Protein, Albumin, Total Bilirubin, AST, ALT, Alkaline

Electrolytes Panel - Carbon dioxide, Chloride, Potassium, Sodium

G**I 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

Hepatitis Acute Panel - Hepatitis A IgM, Hepatitis B Surface Antigen, Hepatitis B Core IgM, Hepatitis C Antibody

L**iver Function Panel** (**Hepatic)** - AST, ALT, Total Bilirubin, Direct Bilirubin, Alkaline Phosphatase, Albumin, Total protein

Lipid Profile (Fasting required) - Cholesterol, Triglycerides, VLDL, HDL (includes calculated LDL)

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

RRMC Blood Draw Station: Monday - Friday 7:00 am - 6 pm; Saturday 8 am - Noon