Corewell Health™ Additional Lab Test Request

Instructions:

All add on requests should be faxed.

1. **Epic Users: Place Order in Epic | All others: Place Order in your EMR.**
   a. When placing orders please be sure to add any additional new information such as ICD-10 or notes as necessary.
   b. If the new requested testing requires an **ABN** to be signed by the patient, the patient will need to be recollected with a signed ABN, <u>testing cannot be added on after draw.</u>
   c. **The following tests <u>do not allow</u> for add-on orders**:
      This list is not comprehensive and does not include every test name.

   - βhCG
   - CEA Level
   - Hepatitis A IgM Ab Level
   - Hepatitis B Core Total Antibody
   - Hepatitis B Surface Antibody
   - Hepatitis B Surface Antigen
   - Hepatitis C Antibody Screening
   - Hepatitis Panel

   - HIV 1/2 Antibody & Antigen, Scrn.
   - HIV 1/2 Antibody & Antigen, Diag.
   - HIV Quick Test
   - LDH Blood Level
   - Procalcitonin
   - Parathyroid Hormone Intact
   - PSA Free & Total, Screening, or Symptomatic

2. **Fill out all the information on next page**.

   a. **Epic Users:** Only fill out the information with the Epic symbol.
   b. All other users please fill out form completely to avoid delay or cancellation of request.

3. <u>Print</u> the second page and <u>Fax</u> to the Hospital Laboratory most likely to have your patient's specimen(s):

WEST MICHIGAN

Grand Rapids 616.267.2751 Reference Laboratory West; Advanced Technology (LC); Blodgett (BL); Butterworth (BW); and sendout "Ref Lab" (RL)	**Big Rapids** (BR) **231.592.4304** **Gerber** (GM) **231.924.1167** **Greenville** (UN) **616.225.9202** **Ludington** (LH) **231.845.2292**	**Pennock** (PH) **269.945.5244** **Reed City** (RC) **231.832.2154** **Zeeland** (ZH) **616.748.8730**

SOUTHWEST MICHIGAN

St. Joseph (SJ) **269.983.1904** **Niles** (NI) **269.983.1904**	**Watervliet** (WV) **269.983.1904** **Marie Yeager Cancer Center** (MY) **269.983.1904**

4. **Each add-on request will be investigated by the lab for appropriateness.** Please a avoid calling on status of add-on.

   a. If the specimen is still viable and allows for add-on testing, it will be completed, and results will be sent.
   b. If the specimen is not available or not appropriate, a call will be made by Laboratory Staff to alert that a new specimen is required.

See Next Page for Form➔

Corewell Health™ Add-on Lab Test Request

Please review instructions on the ←previous page. **All** **fields** **are** **required** *except* Epic users are only required to fill out fields with the Epic symbol.

ADD-ON TEST REQUEST

Original order entered electronically? ☐ Yes ☐ No
(EMR Interface, eSHare, Epic, EpicCare Link)

Epic Today's date: _____

Epic Patient's Full Legal Name: _____

Epic Patient's Date of Birth: _____

Epic Medical Record Number (MRN): _____

Epic Original Specimen Collection Date: _____

Epic Additional Test(s) Requested*:

Please review the previous page for tests that do not allow for add-on orders.

Epic users this is to aid in picking the right test in case of other future orders.

Additional ICD-10 Code as indicated: _____

Office Name: _____

Epic Office Phone Number: _____

Epic Contact Person at Office Name: _____

(optional) Contact Person at Office Email: _____

Office Fax Number: _____

Ordering Provider Full Name (printed): _____

Ordering Provider Signature: _____

LAB PROCESSING STAFF: *If the original specimen was ordered by a client bill submitter, an add-on should only be allowed or approved from the original client (submitter) that ordered the test.*

Revised 3/25/2025