

Spectrum Health Laboratories - General Laboratory - EPIC DOWNTIME



Note to Spectrum Health Lab Central:

This is a SHMG site using a DOWNTIME requisition. They do not have a submitter built. Please check Epic for electronic order first. Use #353 Generic Submitter SHMG or HDVCH unable to attach encounter.

Provider Name: _____
PRINT First and Last Name. No Initials. REQUIRED
 NPI: _____

Provider Signature: _____

Additional Reports to:
 Name: _____ Fax: _____
 Name: _____ Fax: _____

Diagnosis or ICD 10 Code - REQUIRED
 1. _____
 2. _____
 3. _____

PANELS
 Acute Hepatitis Panel (HBsAg, HbCAb-IgM, HAV Ab-IgM, HCV Ab)
 Basic Metabolic Panel (Na, K, Cl, HCO3, Creat, BUN, Glu, Ca)
 Comprehensive Metabolic Panel (Na, K, Cl, HCO3, Creat, BUN, Glu, Ca, T. Prot, Alb, AST, ALT, Alk Phos, T.Bili)
 Electrolyte Panel (Na, K, Cl, HCO3)
 Hepatic Function Panel (Liver) (Alb, Alk Phos, ALT, AST, T. Bili, D. Bili, T. Prot)
 Lipid Panel (Chol, HDL, Trig, Chol/HDL, calc LDL)
 Obstetric Panel (**ABO & Rh, **Antibody Screen, Syphilis Total, Rubella, CBC w/diff, HBsAg)
 Renal Panel (Glu, BUN, Na, Creat, PO4, K, Ca, Cl, HCO3, Alb)

| Date ordered | Date collected | Time collected | Collector |
|--------------|----------------|----------------|-----------|
| | | | |

Order Expiration
 30 Days 90 Days 180 Days 365 Days
Note: No indication of order expiration date will default to 400 days
 Standing orders: Weekly Monthly As needed Other: _____

Patient Information - REQUIRED
 Name Last First MI
 Address Phone
 City State Zip
 Sex Marital Status Birth Date Cell Phone

Billing - REQUIRED
 Attach a copy of face sheet and insurance card. Specimen will be registered as patient self-pay and bill be the responsibility of the patient if information is not provided.
Bill to:
 Patient or Insurance Name _____
 Policy Number _____
Note: Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. Be certain the patient has signed the Advanced Beneficiary Notice (ABN) CMS-R 131 as needed.

BLOOD TESTS

| | | |
|---|--|---|
| <input type="radio"/> A1c (Hemoglobin A1c) | <input type="radio"/> Hepatitis C Ab Diagnostic | <input type="radio"/> Carbamazepine (Tegretol) Total |
| <input type="radio"/> AFP Tumor Marker | <input type="radio"/> Hepatitis C Ab Screen | Dosage: _____ Date/Time: _____ |
| <input type="radio"/> Albumin | <input type="radio"/> HIV-1/HIV-2 Screen | <input type="radio"/> Cyclosporine |
| <input type="radio"/> Alkaline Phosphatase | <input type="radio"/> Homocysteine Total | Dosage: _____ Date/Time: _____ |
| <input type="radio"/> ALT | <input type="radio"/> Iron | <input type="radio"/> Digoxin |
| <input type="radio"/> Amylase | <input type="radio"/> Iron and IBC | Dosage: _____ Date/Time: _____ |
| <input type="radio"/> ANA Screen | <input type="radio"/> LD (Lactate Dehydrogenase) | <input type="radio"/> Lithium Level |
| <input type="radio"/> AST | <input type="radio"/> LH (Luteinizing Hormone) | Dosage: _____ Date/Time: _____ |
| <input type="radio"/> Beta CTx Level | <input type="radio"/> Lipase | <input type="radio"/> Phenytoin (Dilantin) Total <input type="radio"/> Free |
| <input type="radio"/> Bilirubin, Direct | <input type="radio"/> Magnesium | Dosage: _____ Date/Time: _____ |
| <input type="radio"/> Bilirubin, Total | <input type="radio"/> Mono EBV, IgM if Ind | <input type="radio"/> Sirolimus Level |
| <input type="radio"/> BNP (NT-Pro BNP) | <input type="radio"/> Mononucleosis Screen | Dosage: _____ Date/Time: _____ |
| <input type="radio"/> BUN (Urea Nitrogen) | <input type="radio"/> Parathyroid Hormone (PTH) Intact | <input type="radio"/> Tacrolimus Level |
| <input type="radio"/> Calcium | <input type="radio"/> Phosphorus | Dosage: _____ Date/Time: _____ |
| <input type="radio"/> Cancer Antigen 125 | <input type="radio"/> Potassium | <input type="radio"/> Valproic Acid (EpiVal) Total <input type="radio"/> Free |
| <input type="radio"/> Cancer Antigen 15-3 | <input type="radio"/> Prolactin | Dosage: _____ Date/Time: _____ |
| <input type="radio"/> CBC w/Differential | <input type="radio"/> PSA Screening | <input type="radio"/> Vancomycin <input type="radio"/> Trough <input type="radio"/> Random <input type="radio"/> Peak |
| <input type="radio"/> CBC w/o Differential | <input type="radio"/> PSA Symptomatic | Dosage: _____ Date/Time: _____ |
| <input type="radio"/> CCP Antibody Level | <input type="radio"/> PSA, Symp. do Free PSA if ind. | |
| <input type="radio"/> CEA | <input type="radio"/> PT/INR (Protime) | |
| <input type="radio"/> Chloride | <input type="radio"/> PTT (APTT) | |
| <input type="radio"/> Cholesterol Total | <input type="radio"/> Rheumatoid Factor (RF) | |
| <input type="radio"/> CK | <input type="radio"/> Sed Rate | |
| <input type="radio"/> C-Reactive Protein | <input type="radio"/> Sodium | |
| <input type="radio"/> CRP, High Sensitive | <input type="radio"/> Syphilis Total Antibody Screen | |
| <input type="radio"/> Creatinine | <input type="radio"/> T4, Free | |
| <input type="radio"/> Epi Pro Colon | <input type="radio"/> TB Screen (Quantiferon Gold) | |
| <input type="radio"/> Estradiol | <input type="radio"/> Testosterone, Total | |
| <input type="radio"/> Ferritin | <input type="radio"/> Testosterone, Free and Total | |
| <input type="radio"/> Folate (Folic Acid) | <input type="radio"/> Thyroid Function Cascade | |
| <input type="radio"/> FSH | <input type="radio"/> Thyroid Peroxidase Antibody | |
| <input type="radio"/> GGT | <input type="radio"/> Total Protein | |
| <input type="radio"/> Glucose | <input type="radio"/> Triglycerides | |
| <input type="radio"/> Glucose, Fasting (8+hrs) | <input type="radio"/> TSH | |
| <input type="radio"/> Glucose, 2 hr. Tolerance | <input type="radio"/> TSH, do Free T4 if ind | |
| <input type="radio"/> HCG, (Beta) Quantitative | <input type="radio"/> Uric Acid | |
| <input type="radio"/> HDL Cholesterol | <input type="radio"/> Vitamin B-12 | |
| <input type="radio"/> Hepatitis B Surf ANTIBODY | <input type="radio"/> Vitamin D 25 Hydroxy | |
| <input type="radio"/> Hepatitis B Surf ANTIGEN | <input type="radio"/> | |

URINE TESTS

| | | |
|---|------------------------------|--|
| <input type="radio"/> Chlamydia (CT) PCR, Urine | First Void | ABBOTT Only |
| <input type="radio"/> Gonococcus (GC) PCR, Urine | First Void | ABBOTT Only |
| <input type="radio"/> CT/GC PCR, Urine | First Void | ABBOTT Only |
| <input type="radio"/> Chlamydia (CT) NAAT, Urine | First Void | APTIMA Only |
| <input type="radio"/> Gonococcus (GC) NAAT, Urine | First Void | APTIMA Only |
| <input type="radio"/> CT/GC NAAT, Urine | First Void | APTIMA Only |
| <input type="radio"/> Trichomonas NAAT, Urine | First Void | APTIMA only |
| <input type="radio"/> Drug Screen w/Confirmation 23 Target | | |
| <input type="radio"/> Drug Screen w/Confirmation 32 Target | | |
| <input type="radio"/> Microalbumin/Creatinine, Random Urine | | |
| <input type="radio"/> Nicotine Level, Urine | | |
| <input type="radio"/> Pregnancy Qualitative, Urine | | |
| <input type="radio"/> Protein/Creatinine, Random Urine | | |
| <input type="radio"/> UA (Urinalysis) | | <input type="radio"/> Catheter <input type="radio"/> OCCMS |
| <input type="radio"/> UA, do C&S if ind. | | <input type="radio"/> Catheter <input type="radio"/> OCCMS |
| <input type="radio"/> Urine Culture only | | <input type="radio"/> Culture Kit <input type="radio"/> Catheter <input type="radio"/> OCCMS |
| 24 Hr Start Date & Time: _____ | | |
| 24 Hr End Date & Time: _____ | | |
| <input type="radio"/> Calcium | <input type="radio"/> 24 hr. | <input type="radio"/> Random |
| <input type="radio"/> Chloride | <input type="radio"/> 24 hr. | <input type="radio"/> Random |
| <input type="radio"/> Creatinine 24 Hour Urine | | |
| <input type="radio"/> Creatinine Clearance | 24 Hr Urine + | <input type="radio"/> SERUM |
| <input type="radio"/> Magnesium | <input type="radio"/> 24 hr. | <input type="radio"/> Random |
| <input type="radio"/> Phosphorus | <input type="radio"/> 24 hr. | <input type="radio"/> Random |
| <input type="radio"/> Protein | <input type="radio"/> 24 hr. | <input type="radio"/> Random |
| <input type="radio"/> Protein Electrophoresis | <input type="radio"/> 24 hr. | <input type="radio"/> Random |
| <input type="radio"/> Sodium | <input type="radio"/> 24 hr. | <input type="radio"/> Random |
| <input type="radio"/> Urea Nitrogen | <input type="radio"/> 24 hr. | <input type="radio"/> Random |
| <input type="radio"/> Uric Acid | <input type="radio"/> 24 hr. | <input type="radio"/> Random |

MISCELLANEOUS TESTS

SOURCE:

| | |
|--|---|
| <input type="radio"/> Chlamydia (CT) Swab | <input type="radio"/> Abbott <input type="radio"/> Aptima |
| <input type="radio"/> Gonococcus (GC) Swab | <input type="radio"/> Abbott <input type="radio"/> Aptima |
| <input type="radio"/> CT and GC Swab | <input type="radio"/> Abbott <input type="radio"/> Aptima |
| <input type="radio"/> Trichomonas NAAT Swab | <input type="radio"/> Aptima |
| <input type="radio"/> Trichomonas Antigen Swab | <input type="radio"/> Eswab |
| <input type="radio"/> Strep A Screen, Culture if neg. | |
| <input type="radio"/> Group A Strep Throat Culture | |
| <input type="radio"/> Group B Strep, PCR (vag/rectal) | |
| <input type="radio"/> Group B Strep, PCR, Pen Allergy (vag/rectal) | |
| <input type="radio"/> H. Pylori Urea Breath Test | |
| <input type="radio"/> Influenza A/B, PCR | |
| <input type="radio"/> Occult Blood Diagnostic Immunoassay, Stool | |
| <input type="radio"/> Occult Blood Screening Immunoassay, Stool | |
| <input type="radio"/> RSV Rapid | |
| <input type="radio"/> | |
| <input type="radio"/> | |
| <input type="radio"/> | |

SPECIAL INSTRUCTIONS