

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, testing cannot be added on after draw.
 - c. **The following tests do not allow for add-on orders:**
This list is not comprehensive and does not include every test name.

- CEA Level
- Folate 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. **Print the second page and Fax 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 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.*

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