Reviewed 08/25/22
773-LAB-03/5-17-16

BOZEMAN HEALTH DEACONESS HOSPITAL

Downtime Laboratory Request Form
General & Microbiology

Patient Label
Name: _____
DOB: _____
M#:_____

Collection Date: Time: Collector:	MRN: Gender:
Phone #:	**Patient Location:** Outpt Dept: Unit: Room:
Fax #:	
Indications/Diagnosis (Outpatient)	**Authorizing Provider:** Last: First:
Dx/ICD 10 Code #1	
Dx/ICD 10 Code #2	**Priority:** Routine___ ASAP___ Stat___ Timed (specify time)_____
Dx/ICD 10 Code #3	

	Panels
	LAB16 Electrolyte Panel
	LAB551 Hepatitis Panel, Acute
	LAB829 Iron Panel (Iron, TIBC & % Iron Saturation)
	LAB18 Lipid Panel
	LAB20 Liver (Hepatic Function) Panel
	LAB15 Metabolic Panel, Basic
	LAB17 Metabolic Panel, Comprehensive
	LAB550 OB Panel
	LAB19 Renal Function Panel

	Chemistry
	LAB43 Acetaminophen
	LAB46 Alcohol, Blood
	LAB47 Ammonia
	LAB48 Amylase
	LAB52 Bilirubin, Direct
	LAB50 Bilirubin, Total
	LAB383 Creatinine
	LAB62 CK
	LAB2338 CKMB
	LAB150 CRP (Cardiac)
	LAB149 CRP (Inflammation)
	LAB676 Drugs of Abuse (Automated Urine Drug Screen)
	LAB82 Glucose
	LAB90 Glycated Hgb (A1c)
	LAB144 HCG Screen, Serum (Qualitative)
	LAB9999 HCG Screen, Urine (Qualitative)
	LAB143 HCG, Serum (Quantitative)
	LAB159 HIV Screen, Reflex to Confirmation
	LAB95 Lactic Acid
	LAB96 LDH, Total
	LAB99 Lipase
	LAB103 Magnesium
	LAB689 Micro albumin / Creatinine Ratio
	LAB482 Mono test
	LAB113 Phosphorus
	LAB2005 Pro BNP
	LAB34 Salicylate
	LAB137 T3, Free
	LAB127 T4, Free
	LAB129 TSH
	LAB1230008 TSH Reflex

	Hematology
	LAB293 CBC with Differential
	LAB294 CBC without Differential
	LAB291 Hemoglobin
	LAB289 Hematocrit
	LAB301 Platelet Count
	LAB322 Sed Rate (ESR)

	Urinalysis
	LAB4004 UA Dip, with Microscopic, Reflex to Culture
	LAB4006 UA Dip, reflex to Microscopic
	LAB347 UA Dip, reflex to Microscopic, reflex to Culture _____Clean Catch _____Foley _____Cath

	Microbiology Cultures: Source_____
	LAB897 Bacterial Culture, Other with Gram Stain
	LAB233 Bacterial Culture, Anaerobic
	LAB239 Urine Culture _____Clean Catch _____Foley _____Cath
	LAB462 Blood Culture (1 set)
	LAB9401 Stool Culture
	LAB900(Respiratory Culture)with Gram Stain (Bronch, Sputum)
	LAB9401 Stool Culture

	Infectious Disease Rapid Kit Testing
	LAB1319 Giardia Antigen/Cryptococcus, feces
	LAB397 H.pylori Antigen, feces
	LAB731 Lactoferrin (WBC), feces
	LAB1727 Occult Blood, Screen (iFOB)

	Molecular Testing
	LAB923 Bordetella Pertussis, PCR
	LAB257 C.difficile with Fecal Lactoferrin
	LAB1901 Enteric Pathogen Panel, PCR
	LAB1376 GC/Chlamydia, PCR
	LAB10086 Influenza A/B + SARS-CoV-2
	LAB10085 Influenza A/B + RSV
	LAB10088 Meningitis/Encephalitis Panel, NAD
	LAB1747 MRSA/Staph Aureus, PCR (nasal only)
	LAB1900 Respiratory Pathogen Panel, PCR
	LAB 1369 Strep A NAT
	LAB914 Vaginitis Probe (AFFIRM)

	LAB123123 Troponin		
	LAB141 Uric Acid		
	LAB40 Vancomycin-Random		
	Coagulation		**Write-In Tests**
	LAB313 D-Dimer		
	LAB314 Fibrinogen		
	LAB320 PT/INR		
	LAB325 PTT		

For Lab Use: Tubes Collected (indicate number by each):_____Green _____Lavender _____Blue _____Gold _____Other _____(specify)_____

NOTIFICATION TO PHYSICIANS AND OTHER PERSONS LEGALLY AUTHORIZED TO ORDER TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT.
Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test requester considers the tests appropriate for the patient.

Automatic Reflex Protocols:

1. Abnormal CBCs & Diff that meet certain laboratory established criteria will have a manual differential performed and charged.
2. Positive microbiology cultures automatically generate procedures and charges for Organism IDs, MICs, and some gram stains.
3. A positive antibody screen will have an antibody identification performed and charged, unless one has been done within the last 3 weeks.
4. RPR will be performed if Treponemal Antibodies are detected.

Optional Reflex Protocols:

1. ANA reflex: ANA ≥ 3.0 reflexes to ANA Titer and Pattern, dsDNA, and ENA
2. Anemia Reflex: A CBC & Diff will be performed. If HGB is low and MCV is elevated, a B12 and Folate will be performed and charged. If HGB is low and MCV is also low, a Ferritin and Iron & TIBC will be performed and charged. If the HGB is low and the MVC is normal, no further testing will be done.
3. Urinalysis with reflex to Microscopic: Microscopic will be performed, if any of the following are positive—Protein, Blood, Leukocyte esterase, or Nitrite.
4. Urinalysis with reflex to Culture: A urine culture will be performed if urinalysis results are positive for two out of the following-- Leukocyte esterase, Nitrite, WBC >5.
5. Platelet Function Test: An epinephrine/collagen screen will be performed. If it is positive an ADP/Collagen screen will be performed and charged.

The following panels are offered:

Electrolytes
Sodium
Potassium
Chloride
CO2

Hepatitis, Acute
Hepatitis A Ab IgM
Hepatitis B Core Ab IgM
Hepatitis B Surface Ag
Hepatitis C Virus Ab

Lipid
Triglyceride
Cholesterol
HDL
LDL

Liver (Hepatic Function)
Albumin
ALT
AST
Alk Phos
Bilirubin, Total & Direct
Bilirubin, Indirect (calculated)
Total Protein

Metabolic, Basic
Sodium
Potassium
Chloride
CO2
Glucose
BUN
Creatinine
Calcium

Metabolic, Comprehensive
Sodium
Potassium
Chloride
CO2
Glucose
BUN
Creatinine
Calcium
Albumin
ALT
AST
Alk Phos
Bilirubin, Total
Total Protein

OB Panel
Syphilis IgG & IgM AB
ABO & RH
Antibody Screen
Rubella IgG
Hepatitis B Surface Ag
CBC &DIFF

Renal Function
Albumin
BUN
Calcium
CO2
Chloride
Creatinine
Glucose
Phosphorus
Potassium
Sodium

Enteric Pathogen Panel

Parasites
Cryptosporidium
Cyclospora cayetanensis
Entamoeba histolytica
Giardia lamblia

Bacteria
Campylobacter
C.difficile Toxin A&B
Plesiomonas shigelloides
Salmonella
Vibrio
Vibrio cholera
Yersinia enterocolitica
Enteroaggregative E.coli (EAEC)
Enteropathogenic E.coli (EPEC)
Enterotoxigenic E.coli (ETEC) LT/ST
Shiga-like Toxin Producing E.coli (STEC)
E.coli O157
Shigella / Enteroinvasive E.coli (EIEC)

Viruses
Adenovirus F 40/41
Astrovirus
Norovirus GI/GII
Rotavirus A
Sapovirus (I, II, IV, V)

*The Enteric Pathogen Panel should not be used for 'Confirmation of Cure'. Nucleic acid can be shed for some time after the disappearance of viable organisms. Instead, order **Stool Culture, Single Pathogen Screen**.*

Respiratory Pathogen Panel

Bacteria
Bordetella pertussis
Bordatella parapertussis
Chlamydophila pneumoniae
Mycoplasma pneumoniae

Viruses
Adenovirus
Coronavirus HKU1
Coronavirus NL63
Coronavirus 229E
Coronavirus OC43
Human Metapneumovirus
Human Rhinovirus / Enterovirus
Influenza A
Influenza B
Parainfluenza Virus 1
Parainfluenza Virus 2
Parainfluenza Virus 3
Parainfluenza Virus 4
RSV
SARS-CoV-2