

CLINICAL LABORATORY

B Bozeman Health
Deaconess Regional Medical Center
 915 Highland Boulevard | Bozeman, MT 59715
 406-414-1010

PATIENT'S LEGAL NAME:		LAST NAME	FIRST	MIDDLE
<input type="checkbox"/> Minor Consented Sensitive Encounter				
SEX	DATE OF BIRTH	PROVIDER:	LAST NAME	FIRST (PLEASE PRINT CLEARLY)
PROVIDER SIGNATURE: _____				
BILL TO:		RESPONSIBLE PARTY		PHONE #
<input type="checkbox"/> Referring Office		ADDRESS		
<input type="checkbox"/> Client - SNF Part A Medicare Patient		CITY STATE ZIP		
<input type="checkbox"/> Insurance - copy attached		MEDICARE NO.		GUARANTOR DOB
<input type="checkbox"/> Patient - Self Pay		IA MEDIPASS OR PHYSICIAN NPI#		POLICY HOLDER DOB
MEDICAID NO.				
INSURANCE TYPE		POLICY HOLDER		
INSURANCE MAILING ADDRESS				
GROUP NUMBER		ID NUMBER		
RELATIONSHIP: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER				

PRACTICE NAME	
** PROVIDER SIGNATURE, DIAGNOSIS & INSURANCE INFORMATION MUST BE PROVIDED OR TESTING MAY BE DELAYED**	
SPECIMEN DATE	SPECIMEN TIME (MILITARY)
<input type="checkbox"/> FASTING REQUIRED (if checked)	
DIAGNOSES/ICD-10. Indicate which DX# applies to each test	
DX #1	DX #4
DX #2	DX #5
DX #3	DX #6

PANELS (See back for details)	DX#	PANELS	DX#	BODY FLUIDS	DX#	PANELS	DX#
<input type="checkbox"/> LAB551 Hepatitis Panel, Acute	___	<input type="checkbox"/> LAB114 Potassium	___	Source _____	___	<input type="checkbox"/> LAB1377 Group B Strep - Vag/Rectal	___
<input type="checkbox"/> LAB18 Lipid Panel	___	<input type="checkbox"/> LAB529 Progesterone	___	Volume _____	___	For GBS: Penicillin Allergy? _____	___
<input type="checkbox"/> LAB20 Hepatic Function Panel	___	<input type="checkbox"/> LAB531 Prolactin	___	<input type="checkbox"/> LAB210 Cell Count and Differential	___	<input type="checkbox"/> LAB236 Group A Strep Confirm	___
<input type="checkbox"/> LAB15 Basic Metabolic Panel	___	<input type="checkbox"/> LAB118 Protein, Total	___	<input type="checkbox"/> LAB196 Protein, Total	___	<input type="checkbox"/> LAB2501 Respiratory Culture w/Gram Stain (Sputum, Bronch Wash) Test Only	___
<input type="checkbox"/> LAB17 Comp Metabolic Panel	___	<input type="checkbox"/> LAB116 PSA	___	<input type="checkbox"/> LAB186 Glucose	___	<input type="checkbox"/> MICRO001 Respiratory Culture without Gram Stain (Throat, Nasal)	___
<input type="checkbox"/> LAB550 Obstetrics Panel	___	<input type="checkbox"/> LAB320 Prottime/INR	___	<input type="checkbox"/> LAB940 Crystals	___	<input type="checkbox"/> LAB9401 Stool Culture w/Shiga-Like Toxin	___
<input type="checkbox"/> LAB19 Renal Function Panel	___	<input type="checkbox"/> LAB325 PTT	___		___	<input type="checkbox"/> LAB228 Throat Culture Comp	___
<input type="checkbox"/> LAB48 Amylase	___	<input type="checkbox"/> LAB206 Rheumatoid Factor	___		___		___
<input type="checkbox"/> LAB147 ANA Screen w/Reflex	___	<input type="checkbox"/> LAB296 Reticulocyte Count	___	RAPID TESTING	___	MOLECULAR TESTING	___
<input type="checkbox"/> LAB67 B12	___	<input type="checkbox"/> LAB496 Rubella IgG	___	<input type="checkbox"/> LAB1319 Crypto/Giardia AG	___	<input type="checkbox"/> LAB923 Bordetella pertussis, NAD	___
<input type="checkbox"/> LAB52 Bilirubin, Direct	___	<input type="checkbox"/> LAB122 Sodium	___	<input type="checkbox"/> LAB731 Lactoferrin (Stool WBC)	___	<input type="checkbox"/> LAB257 C.Diff toxin w/Lactoferrin	___
<input type="checkbox"/> LAB50 Bilirubin, Total	___	<input type="checkbox"/> LAB124 Testosterone, Total	___	<input type="checkbox"/> LAB1727 Occult Blood Screen, stool	___	<input type="checkbox"/> LAB1901 GI Panel	___
<input type="checkbox"/> LAB2005 BNP	___	<input type="checkbox"/> LAB866 Syphilis IgG & IgM Ab	___	<input type="checkbox"/> LAB258 Ova & Parasite Exam, stool	___	<input type="checkbox"/> LAB1376 GC/Chlamydia, PCR	___
<input type="checkbox"/> LAB294 CBC No Differential	___	<input type="checkbox"/> LAB137 T3, Free	___	<input type="checkbox"/> LAB397 H. pylori Antigen, stool	___	Source _____	___
<input type="checkbox"/> LAB293 CBC with Differential	___	<input type="checkbox"/> LAB127 T4, Free	___	<input type="checkbox"/> LAB10085 Flu A/B & RSV	___	<input type="checkbox"/> LAB945 HSV 1&2, PCR (not CSF)	___
<input type="checkbox"/> LAB1882 Celiac Cascade	___	<input type="checkbox"/> LAB858 TPO	___	<input type="checkbox"/> LAB1369 Strep Group A Rapid, NAD	___	<input type="checkbox"/> LAB1372 Varicella, PCR (not CSF)	___
<input type="checkbox"/> LAB662 Creatine Kinase (CK)	___	<input type="checkbox"/> LAB123123 Troponin HS	___	<input type="checkbox"/> LAB10086 Flu/Covid, NAD	___	<input type="checkbox"/> LAB10088 Meningitis/Encephalitis Panel, CSF	___
<input type="checkbox"/> LAB149 CRP (Inflammation)	___	<input type="checkbox"/> LAB129 TSH	___	<input type="checkbox"/> LAB10029 Covid Only, NAD	___	<input type="checkbox"/> LAB1747 MRSA/Staph. Aureus, PCR (Nasal sources only)	___
<input type="checkbox"/> LAB383 Creatinine	___	<input type="checkbox"/> LAB1230008 TSH Reflex Screen	___		___	<input type="checkbox"/> LAB1900 Respiratory Pathogen Panel, PCR	___
<input type="checkbox"/> LAB313 D-Dimer	___	<input type="checkbox"/> LAB162 Varicella	___	ALLERGEN PANEL TESTING	___	<input type="checkbox"/> LAB2622 Multiplex Vaginal Panel	___
<input type="checkbox"/> LAB322 ESR (Sed Rate)	___	<input type="checkbox"/> LAB535 Vitamin D, 25-OH, Total	___	<input type="checkbox"/> LAB950 Food & Nut Allergy Panel	___		___
<input type="checkbox"/> LAB523 Estradiol	___	<input type="checkbox"/> LAB10092 TB, QuantIFERON	___	<input type="checkbox"/> LAB11808 Peanut Allergen w/reflex	___		___
<input type="checkbox"/> LAB68 Ferritin	___		___	<input type="checkbox"/> LAB11805 Early Childhood Panel	___		___
<input type="checkbox"/> LAB69 Folate	___	THERAPEUTIC DRUGS	___	<input type="checkbox"/> LAB584 Rocky Mtn Resp. Panel	___		___
<input type="checkbox"/> LAB86 FSH	___	<input type="checkbox"/> LAB29 Lithium	___	Other Allergen: _____	___		___
<input type="checkbox"/> LAB82 Glucose	___	<input type="checkbox"/> LAB24 Valproic Acid (Depakote)	___		___		___
<input type="checkbox"/> LAB90 Glycated Hgb (HgbA1c)	___	<input type="checkbox"/> LAB141 Uric Acid	___	MICROBIOLOGY	___		___
<input type="checkbox"/> LAB144 HCG Serum, QUALITATIVE	___	Other Therapeutic Drug: _____	___	Source _____	___		___
<input type="checkbox"/> LAB143 HCG Serum, QUANT	___		___	Description: _____	___		___
<input type="checkbox"/> LAB12309 HCG Urine, QUALITATIVE	___	URINALYSIS	___		___		___
<input type="checkbox"/> LAB472 Hepatitis B Surface Ab	___	<input type="checkbox"/> Clean Catch <input type="checkbox"/> Foley Cath	___		___		___
<input type="checkbox"/> LAB471 Hepatitis B Surface Ag	___	<input type="checkbox"/> Straight Cath	___		___		___
<input type="checkbox"/> LAB868 Hepatitis C Ab w/Reflex	___	<input type="checkbox"/> LAB4000 UA Dipstick	___	BACTERIAL/FUNGAL CULTURES	___		___
<input type="checkbox"/> LAB159 HIV Screen w/Reflex	___	<input type="checkbox"/> LAB4001 Microscope Only	___	<input type="checkbox"/> LAB897 Culture, Bacterial	___		___
<input type="checkbox"/> LAB166 Immunoglobulins (G,A,M)	___	<input type="checkbox"/> LAB4006 UA Dip, Reflex to Micro	___	<input type="checkbox"/> Other with Gram Stain (Aerobic)	___		___
<input type="checkbox"/> LAB94 Iron	___	<input type="checkbox"/> LAB347 UA Reflex to Micro & Cult.	___	<input type="checkbox"/> LAB233 Anaerobic Culture	___		___
<input type="checkbox"/> LAB829 Iron & TIBC	___	<input type="checkbox"/> LAB239 Urine culture only	___	<input type="checkbox"/> LAB877 AFB Culture with Stain	___		___
<input type="checkbox"/> LAB96 LDH	___		___	<input type="checkbox"/> LAB8971 Culture, Bacterial, Orthopedic	___		___
<input type="checkbox"/> LAB87 Luteinizing Hormone (LH)	___	URINE CHEMISTRIES	___	<input type="checkbox"/> Extended Incub. w/Gram Stain	___		___
<input type="checkbox"/> LAB99 Lipase	___	<input type="checkbox"/> Random _____ 24 Hour _____	___	<input type="checkbox"/> LAB240 Fungal, Other	___		___
<input type="checkbox"/> LAB103 Magnesium	___	<input type="checkbox"/> 24 hour urine volume _____	___	<input type="checkbox"/> LAB1294 Fungal, Skin/Hair/Nails	___		___
<input type="checkbox"/> LAB502 Mono Test	___	<input type="checkbox"/> LAB1765 Ur. Creatinine Clearance	___	<input type="checkbox"/> LAB462 Blood Culture	___		___
<input type="checkbox"/> LAB1230015-1 MMR	___	<input type="checkbox"/> LAB743 Ur. Protein/Creat Ratio	___	<input type="checkbox"/> LAB242 Fungal, Blood	___		___
<input type="checkbox"/> LAB113 Phosphorous	___	<input type="checkbox"/> LAB689 Microalbumin/Creat Ratio	___		___		___
	___	Other Urine Chemistry: _____	___		___		___

LAB STAFF ONLY

DATE RECEIVED AND TIME

___ RED ___ GREEN

___ GOLD ___ LAVENDER

___ BLUE

___ POUR OFF

___ URINE

___ SWAB

___ OTHER

TIME _____

INITIALS _____

ADDITIONAL TESTS OR COMMENTS:	http://bozeman.testcatalog.org or scan QR Code 	PLEASE SEND ADDITIONAL COPY OF REPORT TO: (Limited to one) (Must provide COMPLETE name and address or fax #) Physician (last, first): _____ Address or fax: _____
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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 orderer considers the tests appropriate for the patient.

THE FOLLOWING REFLEX PROTOCOLS ARE AUTOMATIC:

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. VDRL with TP-PA will be performed if Treponemal Antibodies are detected.

OPTIONAL REFLEX PROTOCOLS:

1. ANA reflex: ANA 3.0 reflexes to ANA Titer and Pattern, and dsDNA and ENA Antibodies.
2. Anemia Reflex: A CBC & Diff will be performed. If HGB is low and MCV is elevated, a R12 and Folate will be performed and charged. If HGB is low and MCV is also low, a Ferritin and Iron Profile will be performed and charged. If the HGB is low and the MCV is normal, no further testing will be performed.
3. Platelet Function Test: An epinephrine/collagen screen will be performed. If it is positive, an ADP/Collagen screen will be performed and charged.
4. TSH Reflex: If TSH is normal, testing stops. If TSH is low, a free T4 is ordered and if the Free T4 is high, testing stops. If the reflexed Free T4 is low, a Free T3 is ordered. If TSH is high, a Free T4 and TPO are ordered.
5. UA Reflex to Micro: Urine Microscopic will be performed, if indicated per Lab protocol.
6. Reflex to Culture: A urine culture will be performed if two or more of the following parameters are positive: Nitrite + and Leukocyte Esterase +, Leukocyte Esterase + and WBC >5/HPF, Nitrite + and WBC >5/HPF, or Nitrite+, Leukocyte Esterase + and WBC >5/HPF

<p align="center"><u>ELECTROLYTES</u></p> <p>Sodium Potassium Chloride CO2</p> <p align="center"><u>LIVER FUNCTION PANEL</u></p> <p>Albumin T & D Bilirubin ALT AST Alkaline Phosphatase Total Protein Indirect Bilirubin (calculated)</p> <p align="center"><u>BASIC METABOLIC PANEL</u></p> <p>Sodium Potassium Chloride CO2 Glucose Urea Nitrogen Creatinine Calcium</p> <p align="center"><u>RENAL FUNCTION PANEL</u></p> <p>Albumin Calcium CO2 Chloride Creatinine Glucose Phosphorus Potassium Sodium BUN</p>	<p align="center"><u>LIPID PANEL</u></p> <p>Triglyceride Cholesterol HDL LDL (If Triglyceride >400 a Direct LDL will be performed)</p> <p align="center"><u>ACUTE HEPATITIS PANEL</u></p> <p>Hepatitis A Antibody IgM Hepatitis B Core Antibody IgM Hepatitis B Surface Antigen Hepatitis C Virus Antibody</p> <p align="center"><u>COMPREHENSIVE METABOLIC PANEL</u></p> <p>Sodium Potassium Chloride CO2 Glucose Urea Nitrogen Calcium Creatinine Total Protein Alkaline Phosphatase Albumin & A/G Ratio Total Bilirubin ALT AST</p> <p align="center"><u>OBSTETRICS PANEL</u></p> <p>Syphilis IgG & IgM antibody Type & Screen Rubel Ia IgG HBsAG CBC & DIFF</p>	<p align="center"><u>ENTERIC PATHOGEN PANEL</u></p> <p align="center">Bacteria</p> <p><i>Campylobacter (C. jejuni, C. Coli, C. upsaliensis)</i> <i>Yersinia enterocolitica</i> <i>Plesiomonas shigelloides</i> <i>Salmonella</i> <i>Vibrio (V. parahaemolyticus, V. vulnificus, V. cholera)</i></p> <p align="center">Diarrheagenic E.coli / Shigella</p> <p><i>Enteroaggregative E. coli (EAEC)</i> <i>Enteropathogenic E. coli (EPEC)</i> <i>Enterotoxigenic E.coli (ETEC) It/st Shiga-like toxin-producing E.coli (STEC) stx1!stx2</i> <i>E. coli O157</i> <i>Shigella/Enteroinvasive E.coli (EIEC)</i></p> <p align="center">Parasites</p> <p><i>Cryptosporidium</i> <i>Cyclospora cayatenensis</i> <i>Entamoeba histolytica</i> <i>Giardia lamblia</i></p> <p align="center">Viruses</p> <p><i>Adenovirus F 40/41</i> <i>Astrovirus</i> <i>Norovirus GI/GII</i> <i>Rotavirus A</i> <i>Sapovirus (I, 11, IV, V)</i></p>	<p align="center"><u>RESPIRATORY PATHOGEN PANEL</u></p> <p><i>Bordetella pertussis</i> <i>Chlamydoiphila pneumoniae</i> <i>Mycoplasma pneumoniae</i> <i>Adenovirus</i> <i>Coronavirus HKU1, NL63, 229E, OC43</i> <i>Human Metapneumovirus</i> <i>Human Rhinovirus/Enterovirus</i> <i>Influenza A (subtypes: H1, H3, H1 2009)</i> <i>Influenza B</i> <i>Parainfluenza Virus 1, 2, 3, & 4</i> <i>Respiratory Syncytial Virus</i></p> <p align="center"><u>MENINGITIS/ENCEPHALITIS PANEL</u></p> <p align="center">Bacteria</p> <p><i>Escherichia coli K1</i> <i>Haemophilus influenza</i> <i>Listeria monocytogenes</i> <i>Neisseria meningitidis</i> <i>Streptococcus a galactiae (Group B)</i> <i>Streptococcus pneumoniae</i></p> <p align="center">Viruses</p> <p>Cytomegalovirus (CMV) <i>Enterovirus</i> Herpes simplex virus 1 Herpes simplex virus 2 Human herpes virus 6 Human Parechovirus Varicella Zoster virus</p> <p align="center">Yeast</p> <p><i>Cryptococcus neoformans/gat ti</i></p>
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Please have patient sign an ABN if needed and include copy with this order

<p>Bozeman Health Deaconess Regional Medical Center 937 Highland Blvd. Suite 5130 Entrance 5 Monday–Friday 7 a.m. to 5:30 p.m. Saturday 8 a.m.–noon Entrance 3 Monday-Friday 7 a.m.-5:30 p.m.</p>	<p>Bozeman Health Outpatient Services 120 North 19th near Main Monday–Friday 7 a.m. to 3:30 p.m.</p>	<p>Bozeman Health Belgrade Clinic 206 Alaska Frontage Road, Suite 1000 Monday–Friday 7:30 a.m. to 5 p.m.</p>	<p>Bozeman Health Big Sky Medical Center 334 Town Center Ave. 7 days a week 8 a.m. to 7 p.m. (Holidays included)</p>
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