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Form #2748 Created 10/03 Rev. 9/04, 2/09, 1/15, 8/16, 5/18, 6/20, 4/21

LABORATORY NURSING HOME REQUISITION

ADDITIONAL TESTING AT ADDITIONAL CHARGES WILL BE DONE IF CERTAIN CRITERIA ARE MET

CBC (Hemogram) - if platelets < 50 reflexes to Immature Platelet Fraction

CBC with auto diff - reflex manual diff if indicated, if platelets < 50 reflexes to Immature Platelet Fraction

Lipid Profile- greater than 400 trig. - will perform measured LDL-fasting required

TSH Cascade - if TSH is low, then free T4 will be performed. If the FT4 is normal or low with a TSH of 0.11U/ml, then T3 total will be performed. If FT4 is high, the cascade is complete. If TSH is high, then FT4 will be performed.

Urinalysis with reflex microscopic - reflexes to microscopic

Urinalysis with reflex microscopic with culture if indicated - reflexes to microscopic and a culture if indicated

COMPONENTS INCLUDED IN PANEL TEST

Organ or disease-related panels should only be ordered when all components are deemed medically necessary.

Basic Metabolic Panel - Glucose, BUN, Creatinine, Electrolytes, Calcium

Comprehensive Metabolic Panel - Glucose, BUN, Calcium, Electrolytes, Total Protein, Albumin, Total Bilirubin, AST, ALT, Alkaline **Electrolytes Panel** - Carbon dioxide, Chloride, Potassium, Sodium

GI Pathogen PCR- Campylobacter species, Salmonella species, Shigella species, Vibrio species (V. cholera and V. parahaemolyticus), Yersinia enterocolitica, Norovirus (GI and GII), Rotavirus, Shiga Toxin 1 and Shiga Toxin 2, Cryptosporidium, Adenovirus F40/41, Astrovirus, Cyclospora cayetanensis, Entamoeba histolytica, Plesiomonas shigelloides, Giardia lamblia, Sapovirus (I, II, IV, and V), Enteroaggregative E. coli (EAEC), Enteropathogenic E. coli (EPEC), and Enterotoxigenic E. coli (ETEC) lt/st

Hepatitis Acute Panel - Hepatitis A IgM, Hepatitis B Surface Antigen, Hepatitis B Core IgM, Hepatitis C Antibody

Liver Function Panel (Hepatic) - AST, ALT, Total Bilirubin, Direct Bilirubin, Alkaline Phosphatase, Albumin, Total protein

Lipid Profile (Fasting required) - Cholesterol, Triglycerides, VLDL, HDL (includes calculated LDL)

Renal Function Panel - Albumin, Calcium, Electrolytes, Creatinine, Glucose, Phosphorous, BUN

BILLING

We will submit a claim for hospital-related charges to your insurance, if appropriate, and send you a bill for any amount not covered by your insurance. Please Note: Some test procedures may be reviewed by a physician who is not employed by Rutland Regional. In these instances, you may receive a separate bill from that physician for their interpretation time. If you have questions about your bill, call 802.747.1751 or toll free 1.866.460.8277.

OUTPATIENT LABORATORY HOURS

RRMC Blood Draw Station: Monday - Friday 7:00 am - 6 pm; Saturday 8 am - Noon