Laboratory Services
A Department of Rutland Regional Medical Center
160 Allen Street, Rutland, VT 05701 | www.RRMC.org | 802.747.1771

LABORATORY OUTREACH REQUISITION

Bill to: ☐ Client ☐ Insurance ☐ Patient
☐ Call Results to:
☐ Fax Results to:
☐ Copy Results to:

PATIENT INFORMATION

Pt Last Name	First	M I	
Address	Birth Date	Sex M F	
City	Home Phone		
ST	ZIP		

INSURANCE BILLING INFORMATION

Primary ☐ Medicare ☐ Medicaid ☐ Other Ins ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name	First	M I	
Beneficiary/Member #	Group #		
Claims Address	City	ST	ZIP

Secondary ☐ Medicare ☐ Medicaid ☐ Other Ins ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name	First	M I	
Beneficiary/Member #	Group #		
Claims Address	City	ST	ZIP

CLIENT INFORMATION - REFERRING PHYSICIAN SIGNATURE

Today's Time: _____ Date: _____

COLLECTION / REPORTING INFORMATION

To be done within: ☐ 6 mo. ☐ 12 mo. ☐ STAT ☐ Fasting

All requests for Laboratory testing must be submitted with valid diagnosis information to support medical necessity of all tests ordered. Medicare generally does not cover routine screening tests. Specific diagnosis and frequency criteria apply to the Medicare coverage of preventative screening procedures.

Diagnosis:

CHEMISTRY PANELS (* Fasting Recommended)

- ☐ Basic Metabolic Panel *
- ☐ Comprehensive Metabolic Panel *
- ☐ Electrolyte Panel
- ☐ Hepatitis Acute Panel
- ☐ Lipid Panel *
- ☐ Liver Function Panel (Hepatic)
- ☐ Renal Function Panel *

MEDICARE SCREENING (ABN REQ.)

- ☐ Lipid Panel (Cardiovascular Screen)
  Freq. - Covered every 5 years
  DX - Z13.6 Encnter for screening cardiovascular disorders
- ☐ Prostate Specific Antigen, Screening (PSA)
  Freq. - Covered Annually
  DX - Z12.5 Encounter for scrn for malig. neoplasm of prost
- ☐ Diabetic Screening- Dx - Z13.1
  - Fasting glucose and 2 hr. post-glucose
    Freq. - Individual w/ pre-diabetes - twice yearly
    Individual w/o diag. pre-diabetes - once yearly

HEMATOLOGY

- ☐ Complete Blood Count (CBC)
- ☐ CBC auto diff/rflx manual diff
- ☐ Hemoglobin & Hematocrit
- ☐ Sed Rate

COAGULATION

- ☐ PT/INR
- ☐ PTT

CHEMISTRY

- ☐ ALT/SGPT
- ☐ Amylase
- ☐ AST/SGOT
- ☐ Bilirubin, Direct
- ☐ Bilirubin, Total
- ☐ BUN
- ☐ CA 125
- ☐ Calcium, Total
- ☐ Creatinine
- ☐ CRP (C-Reactive Protein)
- ☐ Diabetes, Gestational Screen, non-fasting
  - 1 hr. post-glucose, non-fasting
- ☐ Ferritin
- ☐ Folate, Serum
- ☐ Follicle Stim. Hormone (FSH)
- ☐ GGT
- ☐ Glucose, Fasting Level
- ☐ HCG Quantitative
- ☐ Hemoglobin A1c
- ☐ hsCRP(High Sensitivity)
- ☐ Iron
- ☐ Iron Binding Capacity (includes Iron)
- ☐ Lipase
- ☐ Magnesium
- ☐ NT-proBNP
- ☐ PTH (Parathyroid Hormone, Intact)
- ☐ Phosphorus
- ☐ Potassium

- ☐ Syphilis Ab

CHEMISTRY (continued)

- ☐ PSA Screening
- ☐ PSA Diagnostic
- ☐ T3 Free (Triiodothyronine Free)
- ☐ T3 Total (Triiodothyronine Total)
- ☐ T4 Free (Thyroxine Free)
- ☐ T4 Total, S-UVMMC (Thyroxine Total)
- ☐ Testosterone, Total - UVM
- ☐ Testosterone, Total & Free - Mayo
- ☐ Thyroid (TSH) Cascade
- ☐ TSH
- ☐ Uric Acid
- ☐ Vitamin B12
- ☐ Vitamin D Total (25 Hydroxy)

DRUGS

- ☐ Digoxin
- ☐ Lithium
- ☐ Phenytoin (Dilantin®)
- ☐ Valproic Acid (Depakene®)

BLOOD BANK

- ☐ ABO/Rh Type
- ☐ Antibody Screen
- ☐ Direct Antiglobulin Test

SEROLOGY-IMMUNOLOGY

- ☐ ANA (Antinuclear Ab Screen) - Mayo
- ☐ Celiac Disease Serology Cascade - Mayo
- ☐ FibroTest-ActiTest, S-Mayo
- ☐ HCV Genotype, S-Mayo
- ☐ Hepatitis A Total Antibody (IgG/IgM)
- ☐ Hepatitis B Core Total (IgM/IgG)
- ☐ Hepatitis B Surface Antibody (IgG)
- ☐ Hepatitis B Surface Antigen
- ☐ Hepatitis C Antibody
- ☐ Hepatitis C Virus RNA Detect Quant-UVM
- ☐ HIV 1/2 Antibody and p24 Antigen
- ☐ Lyme Antibody, S-UVMMC
- ☐ Measles IgG Ab, S-UVMMC
- ☐ Mononucleosis screen
- ☐ Mumps Ab IgG, S-UVMMC
- ☐ Rheumatoid Factor
- ☐ Rubella IgG
- ☐ Thyroid Abs - UVM
- ☐ Ehrlichia Chaffeensis (HME) Ab S-Mayo
- ☐ Anaplasma phagocytophilum Ab S-Mayo
- ☐ Babesia microti Ab S-Mayo
- ☐ Varicella IgG Ab, S-UVMMC

URINE TESTS

- ☐ Microalbumin Level Urine
- ☐ Urinalysis (UA w/ microscopic if indicated)
  - ☐ Culture & Sensitivity (if indicated)
- ☐ Urine Culture
- ☐ Urine Cytology (Path Non-Gyn)
  - ☐ Voided ☐ Cath spec

Requisition Quality Check
Receptionist
Phlebotomist
Processor

MICROBIOLOGY - must indicate source

Please indicate source/site:

- ☐ Blood Culture
- ☐ Fungus Culture - skin / hair / nails
- ☐ Rapid Strep A Antigen (throat)
- ☐ Sputum Culture
- ☐ Strep A (throat) culture
- ☐ Group B Strep PCR
- ☐ Wound Culture

MOLECULAR MICRO - must indicate source

Please indicate source/site:

- ☐ Chlamydia Trachomatis NAAT (CT)
  - ☐ Swab ☐ Urine
- ☐ Neisseria Gonorrhoeae NAAT (NG)
  - ☐ Swab ☐ Urine
- ☐ Influenza A/B and RSV PCR
- ☐ SARS CoV2 PCR (COVID-19)
- ☐ Upper Respiratory Panel

STOOL TESTS

- ☐ GI Pathogen PCR
- ☐ Lactoferrin (Stool WBC)
- ☐ Ova and Parasites - UVMMC
- ☐ Annual Screen Occult Blood Feces
- ☐ Diagnostic Occult Blood Feces
- ☐ Clostridioides difficile PCR
- ☐ H pylori + Clarithro Resist, PCR, F-Mayo

OTHER TESTS

RRMC Patient Label

Form #4757 Created 05/16 Rev, 11/21, 5/23, 6/23, 4/24

LABORATORY OUTREACH REQUISITION

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

1. **CBC** - if platelets < 50 reflexes to Immature Platelet Fraction; reflex manual diff if indicated, reflex manual diff & path review if indicated
2. **CBC with auto diff** - reflex manual diff if indicated, if platelets < 50 reflexes to Immature Platelet Fraction; reflex manual diff & path review if indicated
3. **Celiac Disease Serology Cascade** -If IgA is age-specified normal, then tissue transglutaminase (tTG) IgA will be performed. If tTG IgA is equivocal, then endomysial antibodies IgA and deamidated gliadin antibody IgA will be performed. If IgA is greater or equal to 1.0 mg/dL, but lower than age-specified normal, then tTG IgA, tTG IgG, deamidated gliadin IgA, and deamidated gliadin IgG will be performed. If IgA is below detection (<1.0 mg/dL), then tTG IgG and deamidated gliadin IgG will be performed.
4. **Hepatitis A Antibody** - if positive, Hepatitis A IgM Antibody performed
5. **Hepatitis C Antibody** - if reactive, Hep C RNA performed
6. **HIV 1/2 Antibody and p24 Antigen** - if indicated reflexes to HIV 1/2 Ab Differentiation
7. **Lipid Profile**- greater than 400 trig. - will perform measured LDL-fasting required
8. **Lyme Serology** - if positive or equivocal , Western Immunoblot performed
9. **Rapid Strep A Antigen (throat)** - if negative, reflexes to Strep A (throat) culture
10. **Syphilis AB** - If the Syphilis Ab is reactive or equivocal a Syphilis Total Ab w/ Reflex , S will be performed. If the syphilis total antibody result is reactive or equivocal, then the rapid plasma reagin (RPR) screen will be performed. If the RPR screen is reactive, then the RPR titer will be performed. If the RPR screen is nonreactive, then syphilis antibody Treponema pallidum particle agglutination testing will be performed.
11. **TSH Cascad**e - if TSH is low, then free T4 will be performed. If the FT4 is normal or low with a TSH of 0.1IU/ml, then T3 total will be performed. If FT4 is high, the cascade is complete. If TSH is high, then FT4 will be performed.
12. **Urinalysis with reflex microscopic** - reflexes to microscopic
13. **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.

* Fasting Recommended

1. **Basic Metabolic Panel *** - Glucose, BUN, Creatinine, Carbon Dioxide, Chloride, Potassium, Sodium, Calcium
2. **Comprehensive Metabolic Panel *** - Glucose, BUN, Calcium, Carbon Dioxide, Chloride, Potassium, Sodium, Total Protein, Albumin, Total Bilirubin, AST, ALT, Alkaline
3. **Electrolytes Panel** - Carbon Dioxide, Chloride, Potassium, Sodium
4. **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
5. **Hepatitis Acute Panel** - Hepatitis A IgM, Hepatitis B Surface Antigen, Hepatitis B Core IgM, Hepatitis C Antibody
6. **Liver Function Panel (Hepatic)** - AST, ALT, Total Bilirubin, Direct Bilirubin, Alkaline Phosphatase, Albumin, Total protein
7. **Lipid Profile *** - Cholesterol, Triglycerides, VLDL, HDL (includes calculated LDL)
8. **Renal Function Panel ***- Albumin, Calcium, Carbon Dioxide, Chloride, Potassium, Sodium, Creatinine, Glucose, Phosphorous, BUN
10. **Upper Respiratory Pane**l - Adenovirus, Coronaviruses (229E, OC43, HKU1, and NL63), Human Metapneumovirus, Influenza A (H1, H1-2009, and H3) and Influenza B, Parainfluenza Viruses (1-4), Respiratory Syncytial Virus (RSV), Rhinoviruses/Enteroviruses (unable to differentiate), Bordetella pertussis, Bordetella parapertussis, Chlamydia pneumoniae, and Mycoplasma pneumoniae are all targets potentially detected from the nasopharyngeal swab taken from individuals suspected of respiratory tract infections.

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

Fax requisition -747.6200

Please visit bit.ly/BloodDraw2020 or call 802.747.1771