



# Laboratory Services

A Department of Rutland Regional Medical Center

160 Allen Street, Rutland, VT 05701  
802.747.1771 | 802.747.3631 fax | www.RRMC.org

## Outpatient Requisition

Date: \_\_\_\_\_

RN: \_\_\_\_\_

### TO BE COMPLETED BY THE PHYSICIAN

Physician Signature and Name (please print): \_\_\_\_\_

Test/Procedure: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Specimen Type: \_\_\_\_\_ Time Obtained: \_\_\_\_\_

Test/Procedure: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Specimen Type: \_\_\_\_\_

Test/Procedure: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Test/Procedure: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Test/Procedure: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

CALL RESULTS: \_\_\_\_\_

FAX RESULTS: \_\_\_\_\_

STAT: ☐

### PATIENT / FACILITY INFORMATION

Patient Name: \_\_\_\_\_ Sex: ☐ M ☐ F Social Security #: \_\_\_\_\_

#### FACILITY

- ☐ Rutland Health & Rehab ☐ Genesis  
☐ The Pines ☐ The Meadows  
☐ VNA/Bayada ☐ St Joseph Kervick  
☐ Other: \_\_\_\_\_

Marital Status: ☐ S ☐ M ☐ W ☐ D DOB: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Guarantor Name and Address: \_\_\_\_\_

Check here if Medicare patient is Level I ☐  
(bill nursing home)

If patient is not Level I, check here ☐  
(complete insurance information below)

### INSURANCE INFORMATION

Primary Insurance Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber Relationship to Patient: \_\_\_\_\_ Employer of Insured: \_\_\_\_\_

Secondary Insurance Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber Relationship to Patient: \_\_\_\_\_ Employer of Insured: \_\_\_\_\_

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.

- 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 Cascade** - 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

**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), Enteroggregative E. coli (EAEC), Enteropathogenic E. coli (EPEC), and Enterotoxigenic E. coli (ETEC) It/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. Respiratory Quad Panel** - SARS CoV2, Influenza an and B and RSV