General Instructions for Laboratory Request Form

(NRLS Lab Test Form)

Use the 2-part Norman Regional Laboratory Services (NRLS) request form. Print information. Write clearly and firmly on the request form with a ballpoint ink pen.

Complete the top part of the request form including all *required* patient information, client information or billing information. Indicate collection information in space provided on the left side of the form. **If these areas are incomplete, specimen processing may be delayed and/or result in inaccurate billing.**

Check the appropriate test panel, profile, or procedure. (Mark so that choices are clearly shown on all copies.) Additional tests may be hand written in the bottom right portion of the form.

Note: Please do not use a highlighting marker to indicate ordered tests.

When requesting Norman Regional Hospital to bill the patient, include a copy of the front and back of the patient's insurance card and/or Medicare card. Include a copy of the patient's Medicaid voucher when applicable.

When requesting client/contract billing, please check the appropriate box on the request form for accurate client billing.

Provide all applicable ICD-10 codes on the test request form (indicating the patient's symptoms or medical condition) with every Medicare, Medicaid, and Commercial insurance test order. Medicare orders for Limited Coverage Tests (MCLT) with diagnoses not covered per the Medicare carrier's Local Medical Review Policy must include a patient-signed Advance Beneficiary Notice (ABN) if the patient chooses to have the test(s).

Some clinical test procedures require additional information for accurate result interpretation. For the following tests, include:

- Therapeutic drugs: time last dose given.
- Microbiology: specific source of wound culture. Indicate any antibiotic patient is currently taking.
- Glucose Tolerance: number of hours for tolerance test.
- Maternal Screen: specified gestational and maternal information.
- Viral Culture: specific virus for culture.
- Urine Culture: mark "Urine CC" (for clean catch) or "Urine Cath" (for catheterized patient). When Foley Cath is used, specify if Foley has been in place > or <7 days (initial placement, even if it has been changed).
  Note: Also include this information when ordering "UA PRN Culture"
- Many genetic tests require forms to be filled out and sent with the specimen to the referral lab. Look under Special Instructions in the catalog for any forms that need to be included with the specimen.

To obtain a correct specimen for each clinical test, review the specimen codes listed by each laboratory test panel or profile. A key for specimen requirements is listed on the left side of the request form. Review this key or check the *Test Catalog* and/or "Specimen" sections for additional instructions concerning specimen collection and processing.

A panel's or profile's contents are listed on the back of the request form. Call Customer Service for additional assistance at 307-1100.

Label each specimen properly. Print information on the specimen label carefully. Every specimen submitted must include the following:

- Patient's complete name or other unique identifier (for confidential specimens)
- Date and time of specimen collection
- Collector's initials
- Patient's date of birth

Retain the back copy of the request form for your records. Seal specimen in a leak proof, non-breakable container, and label as a biohazard specimen. Store request form outside of the biohazard container. Do not wrap specimen in request form.

Store specimen properly until transport to the laboratory. Refer to "Specimen" in the *Test Catalog* for this information.

In accordance with the OSHA Blood borne Pathogens Standards, all blood and body fluids are considered potentially infectious.
Standard Precautions ("Universal Precautions") must be observed at all times.

Laboratory request forms are updated and revised periodically. Please verify that you have current request forms. Additional request forms can be ordered by completing a Client Request Form and faxing to (405)307-1065. Allow 2-4 business days for delivery.