Jump to: <u>Requests for Priority (STAT) Services</u> <u>Tests Not Listed in Catalog</u> <u>VCUHS: General Lab Manual (Downtime) Request (Internal Use Only)</u> <u>VCUHS Outreach Client: General Lab Request</u> <u>Anatomic Pathology Requisition Instructions</u> <u>VCUHS: Surgical Pathology - Manual Request (Internal Use Only)</u> <u>VCUHS Outreach Client: Surgical Pathology Request</u> <u>VCUHS Cytology Manual (Downtime) Request (Internal Use Only)</u> <u>VCUHS Outreach Client: Cytology Request</u> <u>VCUHS Manual (Downtime) Request (Internal Use Only)</u>

How to Request Laboratory Services

All requests for laboratory tests or services should be requested by a healthcare provider and the orders recorded in the patient's medical record. Requests for laboratory services or tests can be made by using the hospital's Cerner Information System (CIS), the laboratory information system (LIS) and/or by completing the appropriate paper requisition. Manual requisitions will be the required method of requesting laboratory services during times that computer order entry is not available.

The following information is required for each request (failure to properly supply the following information may result in delays in test analysis or in the rejection of the specimen):

Patient Information (required)

- Full name
- Hospital Medical Record Number
- Location (unit, clinic, room, etc)
- Attending or referring physician
- Age, date of birth, sex, and race
- Financial Number or Outreach Account #

Test Information (required)

- Test(s) requested
- Date and time of specimen collection
- Identity of person collecting the specimen
- Test urgency level (designate Routine or STAT)
- Other information (ie, specimen source, drug dosage information, comments)

Other Clinical Information (as requested)

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- Diagnosis (appropriate ICD-9 Code or narrative description)
- Menstrual history
- Current medications
- Pre-op diagnosis
- Justification for request

Billing Information (required)

We need to assure that we have complete patient billing information to process claims to third party payers and to satisfy Medicare requirements. The additional pieces of information listed below are essential for billing. Please include this information with a copy of the patient's insurance cards and attach to requisition.

- Address
- Phone number
- Date of Birth, or another secondary patient identifier
- Marital status
- Guarantor's name and phone number (if not the patient)
- Insurance Policy/Group Number/ Subscriber (member) Number
- Requesting physician's name and UPIN (unique physician identification number)
- ICD-9 diagnosis code or narrative description

Outreach Referrals on Inpatients: For established outreach accounts with hospitals in the community, the patient's sample should be accompanied by a VCUHS Outreach requisition clearing indicating that the account should be billed.

Instructions for Completing Patient Information Portion of Requisition:

- 1. Complete the patient information section with patient's full name, secondary patient identifier or medical record number, date of birth, sex, race, height and weight.
- 2. The specimen collection information should be completed with the date and time of collection, and the test priority level.
 - Please indicate specimen type, as well as the source, and whether a serum sample is a fasting specimen.
 - Indicate where the report should be called if requested (include phone number).
- 3. Each test must be associated with a Diagnosis/ICD-9 code. Please list all Diagnosis/ICD-9 codes pertaining to this visit and indicate beside the test the diagnosis associated with it.

- 4. Complete Planned Admission section.
 - Answer the question "Is there a planned admission within the next three days?" If yes, please provide name of hospital. Indicate responsible party for billing.
 - If the patient is currently an Inpatient, please note and mark bill to account.
- 5. Each test must be associated with a Diagnosis/ICD-9 code. Please list all Diagnosis/ICD-9 codes pertaining to this visit and indicate beside the test the diagnosis associated with it.

REQUESTS FOR PRIORITY (STAT) SERVICES [Go to Top]

The request for urgent collection, transport, analysis, and reporting of tests may be critical for proper patient care. Careful consideration should be given when requesting any service or test on a stat basis since misuse of this service may affect other patient services increasing the overall cost of patient care. The clinical use of this stat/priority service and the laboratory's performance are metrics used and reported in the Department of Pathology Quality Management Program.

STAT: A request in which all possible speed and prioritization is used to analyze and report results to a physician who requires the information and is waiting to make an urgent patient care decision. Most test results are available within 1 hour and are immediately phoned or transmitted electronically to the physician or unit. Stat or Priority must be indicated on the accompanying requisition. <u>Refer to Stat Test List in the Appendices of this publication</u>.

Routine: A request for laboratory tests on patients from a ward or clinic, in which the test will be analyzed at the earliest possible time (which for most tests is within 4-6 hours or the same day) and which will be reported through the routine reporting systems (see Result Reporting Section). The actual turnaround time for routine test requests depends on the test and time of day of specimen receipt. It is expected that the majority of test requests should be with this level of urgency. Specific information is available in the Alphabetical Listing of Tests.

Laboratory Result Turnaround Time (TAT): The laboratory attempts to comply with the TAT as described in the laboratories Production Schedule for each test. The laboratory's Quality Management program monitors this performance and requires at least a 90% compliance rate with these performance standards. Contact the laboratory if problems with TAT are detected.

TESTS NOT LISTED IN CATALOG

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When a specific test is not included in the catalog of services, healthcare providers should contact the laboratory's Client Services Help-Line at 828-7284 to determine if the analysis is performed by Pathology or VCUHS, or if the test is referred to a commercial reference laboratory.

New tests or tests not listed in the handbook may be ordered by entering a Type-In order in the hospital's CIS or by completing a manual requisition and listing the specific test/service required, and other pertinent patient and specimen information. Before requesting miscellaneous tests, contact the laboratory Helpline to ensure that the laboratory does not currently perform the test. The Department of Pathology continuously reviews referral testing to develop and bring new procedures in house whenever volume dictates or the addition of the testing is otherwise justified. Please contact Pathology Administration and faculty for consultation about the availability of new procedures.

VCUHS: General Lab Manual (Downtime) Request Internal Use Only

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VCU Health System

MCV Hospitals & Physicians of the VCU Health System Clinical Pathology Laboratory Requisition

MCV Hospitals and Physicians

403 North 13th Street, CSC Building (6th Floor) • Flichmond, VA 23298 • Phone (804) 828-7284 (PATH)

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VCUHS Outreach Client: General Lab Request [Go to Top]

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Anatomic Pathology Requisition Instructions

- 1. Complete the following patient demographic information: patient's name, address, telephone number, date of birth, sex, race, and other secondary patient identifier. If the patient is receiving services at VCUHS, enter medical record number.
- Provide the patient's VCUHS service location (floor, room, clinic etc). If the patient's sample is referred from outside the VCUHS environment, enter the referring institution. Check the appropriate box for inpatient or outpatient. Enter referring physician name and UPIN number and/or ordering physician name UPIN number.
- 3. Enter current specimen date: (month, date, year).
- 4. Complete the Planned Hospital Admission section if appropriate.
 - Answer the question "Is there a planned admission within the next three days?" If yes, provide name of hospital.
- 5. If final report is to be faxed, answer yes or no.
 - Include mailing address, fax number, telephone number.
 - If within VCUHS, provide delivery location for report to be hand delivered.
- Attach patient demographic registration form to back of requisition or manually complete all appropriate insurance/billing information. An appropriate ICD-9 code for the procedure is required.
- 7. Enter the date and time of specimen collection and the sources of the specimens being submitted.
- 8. Enter all required significant clinical information such as preop or postop diagnosis.

VCUHS Internal Use Only: Surgical Pathology - Manual Request

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VCUHS Outreach Client: Surgical Pathology Request

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VCUHS Internal Use Only: Cytology Manual (Downtime) Request

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ENDOCRINE THERAPY CYTOPATHOLOGIC INTERPRETATION NEGATIVE Malignant Tumor Cells WNL Within Normal Limits CELLULAR CHANGES PRESENT CO Cervicitis - Mild Moderate Squamous Metaplasis BCC Benign Cellular Changes Atypical Cells of reparative/inflame Reactive endocervical cells	N: Are Not Identified static unsa NSISTENT WITH: Severe Organisms - ECA Epit • ASCUS natory process • LGSIL • • Human	tr not entirely: ctory due to r entirely: br not entirely: ctory due to r entirely: br entirely: r entirely: r entirely: Degeneration Excessive Blood Excessive Blood
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Biopsy Cone Oth Cone		To Include: Endocervical Sample Endometrial Sample
DISCLAIMER: Cervical/vaginal cytology is a screek		NONED:M.D.
MEDIC Bocause the screening Pap Smoor is a Medicare Fr opplicable agreements shown below. Medicare will only pay for services that it determine particular service, attrough it would determine be co Sector if you have had one during the last three BENEFICIARY AGREEMENT: "These been noticed	ARE ADVANCE BENEFICIARY NOTIN equancy - Limited Service the ABN mo as to be "reasonable and necessary" u verod, is 'not mesonable and necessar (8) years. by my physician/isboratory that Mos d I have held CI/ICLE OWE a Screege	
Bonoficiary Signature		

VCUHS Outreach Client: Cytology Request

				CYTOP/	ATHOL	OGY	SE	RVICES			
VCU Health MCVIIngride and Patholog Laborator (804) 828-PATH	¹⁶ 9851aau 119 1188 11 (7284)	COUN	IT INFORMATION					LABEL TO EACH SPECIMEN		
MIDICAL RECORD NUMBER	AN USE ONLY			538							
PRESERVICE L	AGT,			FIRST		M					
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an:		593	2	702	ROOM #:		-	AZ: YES MOS	BLACK WHITE OTHER		
INCLUSION IN MARK						ADDRESS					
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				NEURANCE CARD & REFE							
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		AUTHORI	WICH N			PADLITY: PAYSOAN					
Non-Gynecologic	al Servi	088			DX CO	DE		1510 OR Client:			
Body Cavity / I											
CSF								INDODTANT	CLINICAL HISTORY		
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Nipple Dischar	109								LD REQUIRED		
Ocular Cytolog	100								outh		
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 Bladder Washi Urethral Cytok 							_				
Urine, Cathete							_				
Urine, Voided							Def	te of LMP:			
Gynecological Cy	tology (service	6								
Pap Smear (1 Pap Smear (2)							Ra	diation Therapy: Date:			
		-		an Minth				Type:			
Liquid Based F HPV Hybri								Amount:			
				(-any diagnosis)							
HPV Hybrid Ca	apture O	nly (Blu	Je Cap	Vial)			En	docrine Therapy:			
All shaded area	informa	tion mu	ust be	completed. Con	piete all p	ertinent	cilir	ical information and i	history with sample submission.		
				MEDICATE ADVANC	C DENERGAT	Y NOTICE - S	CITE	NING PAP SMEANS	ther of the two applicable agreements shown below that a particular service, although it would otherwise ing the last three (3) years.		
BENEFICIARY AGREEMEN	T: 1 have b INCLE CNE	ien notifie] = <u>Scom</u> e	i by ny s Na Ana	indianal decidency had Snow dering the facility	Medicare will der nam / Al years. 1	ny paymont to Lam ministere		xeaning Pag Smar #1 have ha Medicare denies payment, Tagne	<u>done daring the last from (3 years</u> , 1 below that to be personally and fully responsible for payment.		
Tendrary Signature											

VCUHS Internal Use Only: Manual (Downtime) Request

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REQUEST FOR FINE NEEDLE ASPIRATION

Name Address Zip Birthdate Chart # Social Security No.	Medical College of Virginia Hospitals Virginia Commonwealth University DIVISION OF SURGICAL & CYTOPATHOLOGY Richmond, Virginia 23298
Requesting MD	Is there a planned admission within the next three days?
Phone/Beeper Date: / / Body Site:	Indicate Patient Location: Consult InPt CT OR OutPt
Die of Midligenit Neoplaam 169.1 Die of Neoplaam 200.5 Die of Unigenitiefen 2005 Die of Unigenitiefen Neoplaam 2006 Die of Interctious Discose 666.0	
diagram	Hx:
	Rinse: Plasmalyte RPMI Formalin Alcohol Cyst Fluidcc Spec Studies: Flow Cell Block Cytospins P: ER/PR Spec Stains:
	Cyst Fluid cc Spec Studies: Flow Cell Block Cytospins P: ER/PR Spec Stains:
(5 5	Cyst Fluid cc Spec Studies: Flow Cell Block Cytospins P: ER/PR Spec Stains:M.D. Limited Cells Excess Blood Drying Artifact Degeneration
	Cyst Fluid cc Spec Studies: Flow Cell Block Cytospins P: ER/PR Spec Stains:

57-048 (Rev. 11/97) HMR 386

DQ/Pap /