For tests included in each panel and reflexive testing, please refer to the back of the requisition form. Under current Medicare regulations, when certain laboratory tests (indicated by Medicare requires an Advance Beneficiary Notice (waiver of liability) be signed to allow the hospital to bill the patient. The ABN box on the requisition MUST be checked when an ABN is obtained.

<table>
<thead>
<tr>
<th>Code</th>
<th>Test Name</th>
<th>STAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAB56</td>
<td>Carboxyhemoglobin</td>
<td></td>
</tr>
<tr>
<td>LAB91</td>
<td>Methemoglobin</td>
<td></td>
</tr>
<tr>
<td>LAB718</td>
<td>O2 Saturation (measured, arterial)</td>
<td></td>
</tr>
<tr>
<td>LAB717</td>
<td>O2 Saturation (measured, venous)</td>
<td></td>
</tr>
<tr>
<td>LAB2106</td>
<td>Gastric pH</td>
<td></td>
</tr>
<tr>
<td>LAB696</td>
<td>Occult Blood-gastric</td>
<td></td>
</tr>
<tr>
<td>LAB989</td>
<td>Post Vasectomy</td>
<td></td>
</tr>
</tbody>
</table>

**HEMATOLOGY**

- Tube Number(s): LAB212 Cell Count +/- diff (ALWAYS PERFORMED STAT)
- CHEMISTRY: LAB22144 Freeze and Hold
  - Also requires serum
  - LAB2185 Glucose
  - LAB2187 Lactic Acid
  - LAB2740 Oligoclonal Bands
- SPECIAL HEMATOLOGY
  - LAB21101 MS Profile
  - Also requires serum
  - LAB2195 Protein

**SPECIMEN**

- COLLECTED BY: __________________________
- TIME: __________________________
- DATE: __________________________

**24-HOUR URINE CHEMISTRY**

- LAB21035 Bence Jones
- LAB21024 Chloride
- LAB383 Creatinine Clearance
- LAB396 Amylase
- LAB21026 Phosphorus
- LAB414 Protein
- LAB436 Potassium
- LAB446 Sodium
- LAB21025 Urea Nitrogen
- LAB841 Uric Acid

**RANDOM URINE CHEMISTRY**

- LAB358 Amylase
- LAB21032 Bence Jones
- LAB371 Calcium
- LAB374 Chloride
- LAB384 Creatinine
- LAB500 Drug Screen (inhouse)
- LAB21029 Glucose
- LAB21057 Magnesium
- LAB441 Protein
- LAB449 Uric Acid

**URINE ELECTROPHORESIS**

- LAB21035 Immunofixation
- LAB21034 Monoclonal Screen with Reflex IFE
- LAB21033 Protein Electrophoresis
- LAB21032 Immunofixation
- LAB21031 Monoclonal Screen with Reflex IFE
- LAB21030 Protein Electrophoresis

**LAB TEST REQUEST FORM #1B**

**LAB TEST REQUEST FORM #1B**

**SPECIMEN**

- COLLECTED BY: __________________________
- TIME: __________________________
- DATE: __________________________
NOTES AND REFLEXIVE TESTING

1. When a Monoclonal Screen (LAB21034 or LAB21031) is ordered and abnormal banding is observed, immunofixation electrophoresis is performed and billed to identify the monoclonal band.

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-Hour Urine</td>
<td>LAB21034</td>
</tr>
<tr>
<td>Random Urine</td>
<td>LAB21031</td>
</tr>
</tbody>
</table>

2. For all 24-hour Urine Chemistry Testing, a Urine Creatinine (LAB712) and output are performed, reported and billed.

3. When a Urine Protein Electrophoresis (24 hour or random) (LAB21033, or LAB21030), or an Immunofixation (24 hour or random) (LAB21035, or LAB21032), or a Monoclonal Screen (24 hour or random) (LAB21034 or LAB21031) is ordered, a Total Protein will also be performed and billed if one has not already been performed on that specimen.

4. When a Microalbumin (LAB21036 or LAB410) is ordered, a Urine Creatinine (LAB384 or LAB712) will be performed and billed.

5. Oligoclonal Bands (LAB740) requires 1 mL of serum, collected within 1 week, sent to the reference lab with the spinal fluid.

6. When a Urine Protein (LAB441 or LAB439) and a Urine Creatinine (LAB712 or LAB384) are ordered, a UPC will be calculated and reported at no charge. This ratio will be calculated on both random and 24 hour urine collections.

7. When a Creatinine Clearance (LAB383) is ordered a Serum Creatinine must have been done within the 24 hour Urine collection period, and a 24 hour Urine Creatinine will be performed and billed.

8. CSF IgG Index and MS (Multiple Sclerosis Profile) require Serum and spinal fluid specimens obtained within 1 week of each other sent together to the reference lab.