

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

PLEASE COMPLETE THIS SECTION OR ATTACH INSURANCE SHEET

Patient Name (Last Name, First Name, Middle Initial):		Primary Insurance Company Name & Address			
Address:		Name:			
State:	ZIP:	*Birth Date:	Sex:	City:	State: Zip:
Responsible Person (if not patient):		Policy #:			
Name:		Birth Date:		Group #:	
Address:		State:		Zip:	
Diagnosis (Signs & Symptoms):		Subscriber:			
Requesting Provider/Physician:		Subscriber Relationship to patient:			
Provider/Physician Signature		Date/Time:		Consulting Provider/Physician:	
				To be done within:	6 months 12 months Stat Fasting
				Series:	Duration: Frequency:
				Call Report to:	Fax Report to:
				Phone #:	Fax #:

* Patients under 18 must be accompanied by a parent or legal guardian unless they are emancipated minors.

Reflex orders are in blue. See back of sheet for more information. If you wish to decline Reflex testing, please check here

CHEMISTRY PANELS	CHEMISTRY (continued)	SEROLOGY-IMMUNOLOGY	MICROBIOLOGY
Basic Metabolic Panel	Glucose, 2 hr tolerance	ANA (Antinuclear Ab Screen)	Please indicate source:
Comprehensive Metabolic Panel	HCG Quantitative	ANCA (Antineutrophil Cytoplasmic Ab)	
Electrolyte Panel	Hemoglobin A1c	C3 Complement	Fungus Culture - skin / hair / nails
Hepatitis Panel A/B/C Viral	Iron Binding Capacity (includes Iron)	C4 Complement	Sputum Culture
Lipid Panel (Fasting)	Iron	Celiac Disease Serology Cascade	Rapid Strep A (throat)
Liver Function Panel (Hepatic)	Lipase	Cyclic Citrullinated Peptide Ab	Strep A (throat) culture
Renal Function Panel	Magnesium	Hepatitis A Antibody	GTY Probe (Vaginal Pathogens)
HEMATOLOGY	NT-proBNP	Hepatitis B Surface Antibody	Chlamydia DNA PCR (CT)
CBC (Hemogram)	Parathyroid Hormone, Intact (PTH)	Hepatitis B Surface Antigen	<input type="checkbox"/> Swab <input type="checkbox"/> Urine
CBC diff/rflx manual diff	Phosphorous, Inorganic	Hepatitis C Antibody	Gonococcus DNA PCR (NG)
Hemoglobin & Hematocrit	Potassium	HIV 1/2 Ab & Ag	<input type="checkbox"/> Swab <input type="checkbox"/> Urine
Sed Rate	Protein Electrophoresis Serum	Lyme Disease Serology	Influenza A and B (rapid)
COAGULATION	Protein Electrophoresis Urine	Measles IgG	RSV rapid
PT/INR	PSA Total, Screening (no hx or sympt.)	Mononucleosis screen	Wound Culture
PTT	PSA Total, Diagnostic	Mumps IgG	Body Site:
CHEMISTRY	T3, Free (Triiodothyronine Free)	Rheumatoid Factor	Source:
Albumin	T3, Total (Triiodothyronine Total)	Rubella IgG	Anaerobic Culture - anaerobe transp. vial
Alkaline Phosphatase	T4, Free (Thyroxine Free)	Thyroid Abs (TPO Ab+Thyroglobulin Ab)	STOOL TESTS
ALT/SGPT	T4 Total (Thyroxine Total)	Varicella IgG	GI Pathogen PCR (enteric panel)
Amylase	Testosterone, Total	URINE TESTS	Lactoferrin (Stool WBC)
AST/SGOT	Testosterone, Total & Free	Microalbumin Level Urine	Ova and Parasites
Bilirubin, Direct	TSH	Urinalysis + reflex microscopic	Giardia/Crypto AG
Bilirubin, Total	Thyroid (TSH) Cascade	Urinalysis + reflex microscopic with culture (if indicated)	Annual Screen Occult Blood Feces
BUN	Uric Acid	Urine Culture	Diagnostic Occult Blood Feces
CA 125	Vitamin B12 Level	Urine Drug Screen, Qual.	C. Difficile Screen
Calcium	Vitamin D Total (25 Hydroxy)	Urine Cytology (Path Non-Gyn)	H. Pylori Antigen Feces
CK	DRUGS	Urine Voided <input type="checkbox"/> Cath spec <input type="checkbox"/>	OTHER DEPARTMENT TESTS
Creatinine	Digoxin		EKG MD to read - Non-Symptomatic
CRP (C-Reactive Protein)	Lithium		OTHER TESTS
hsCRP(High Sensitivity)	Phenobarbital		
Ferritin	Phenytoin (Dilantin®)		
Folate, Serum	Theophylline		
Follicle Stim. Hormone (FSH)	Trazodone Level - Mayo		
GGT	Valproic Acid (Depakene®)		
Glucose, Fasting Level	BLOOD BANK		
Requisition Quality Check	ABO/Rh Type		
Receptionist	Antibody Screen Gel		
Phlebotomist	Type & Screen (ABO/Rh included)		
Processor			

Patient Label

REFLEX ORDERS - Additional testing at additional charges will be done if certain criteria are met.

1. **ANA (Antinuclear Antibody Screen)** - reflexes to a Titer
2. **Antineutrophil Cytoplasmic Ab** - if positive at screening dilution, an Antineutrophil Cytoplasmic Antibody Titer and/or Myeloperoxidase Antibody will be performed
3. **CBC (Hemogram)** - if platelets < 50 reflexes to Immature Platelet Fraction
4. **CBC with auto diff** - reflex manual diff if indicated, if platelets < 50 reflexes to Immature Platelet Fraction
5. **Celiac Disease Serology Cascade** - If IgA is age-specified normal, then tissue transglutaminase (tTG) IgA will be performed at an additional charge. If tTG IgA is equivocal, then endomysial antibodies IgA and deamidated gliadin antibody IgA will be performed at an additional charge. If IgA is > or =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 at an additional charge. If IgA is below detection (<1.0 mg/dL), then tTG IgG and deamidated gliadin IgG will be performed at an additional charge.
6. **Hepatitis A Antibody** - if positive, Hepatitis IgM Antibody performed
7. **Hepatitis B Surface Antigen** - if positive, confirmation test done
8. **Hepatitis C Antibody** - if reactive, Hep C RNA performed
9. **Lipid Profile**- greater than 400 trig. - will perform measured LDL-fasting required
10. **HIV 1/2 Ab & Ag** - if indicated reflexes to HIV 1/2 Ab Differentiation
11. **Lyme Serology** - if positive or equivocal , Western Immunoblot performed
12. **Protein Electrophoresis Serum** - Immunofixation if indicated
13. **Protein Electrophoresis Urine** - Immunofixation if indicated
14. **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.
15. **Urinalysis with reflex microscopic** - reflexes to microscopic
16. **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.

1. **Basic Metabolic Panel** - Glucose, BUN, Creatinine, Electrolytes, Calcium
2. **Comprehensive Metabolic Panel** - Glucose, BUN, Calcium, Electrolytes, Total Protein, Albumin, Total Bilirubin, AST, ALT, Alkaline Phosphatase, Creatinine
3. **Electrolytes Panel** - Carbon dioxide, Chloride, Potassium, Sodium
4. **Hepatic Function Panel** - AST, ALT, Total Bilirubin, Direct Bilirubin, Alkaline Phosphatase, Albumin, Total protein
5. **Hepatitis A/B/C Viral Panel** - (for Hep A, Hep B and C) Hep A antibody, Hep B Surface Antibody, Hep B Core Antibody, Hep B Surface Antigen, Hep C antibody
6. **Lipid Profile (Fasting required)** - Cholesterol, Triglycerides, VLDL, HDL (includes calculated LDL)
7. **Renal Function Panel** - Albumin, Calcium, Electrolytes, Creatinine, Glucose, Phosphorous, BUN
8. **GI Pathogen PCR (Enteric)** - 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

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.

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

Allen Street Blood Draw Station: Monday - Thursday 6:30am - 12pm & Friday 6:30am - 12:30pm

Brandon Medical Center: Monday - Friday 6:30am - 12:30pm & 1pm - 3pm

Castleton Family Health Center: Monday - Friday 7:30am - 12pm & 12:30pm - 4pm

Commons Street Blood Draw Center: Monday - Friday 5:30am - 4pm

RRMC Blood Draw Station: Monday - Friday 7am - 6pm & Saturday 8am - 12pm

Rutland Community Health Center: Monday - Thursday 8am - 6:30pm & Friday 8am - 4:30pm