
Requests/Reporting

Autofax

Electronic transfer of test results is provided through Regional Health Laboratory System to a dedicated fax machine. This system is set up for timely delivery of test results.

Outreach

Regional Health Laboratories offers Atlas LabWorks. The LabWorks application is designed to allow laboratories to process orders from outside our health care organization in a streamlined process. LabWorks also enables the electronic transfer of orders and results information, eliminates the need for duplicate entry, reduces transcription errors, and creates an efficient and trouble-free exchange of information. Regional Health Laboratories labels print with LabWorks, and all specimens need to be marked using these labels. Please refer to the specimen requirements portion of each test for specifics on sending specimens.

Request Forms for Non-Electronic Ordering

Laboratory outpatient request forms are available for all testing from Regional Health Laboratories. The entirety of the top portion of the form must be filled out. Then the testing requested either marked by placing a check mark next to the test printed on the form, or writing in any special testing not listed. Please be specific in describing special testing.

Please label tubes with patient's name, date of birth, and test requested on each tube. Again, refer to the specimen requirements portion of each test for specifics on sending specimens.



RAPID CITY REGIONAL HOSPITAL
 Laboratory Department, PO Box E000, 353 Fairmont Blvd
 Rapid City, SO 57709-6000 Phone: (605) 755-8080 Fax: (605) 719-2205

Laboratory Outpatient ReQuest

This form is to be used for all laboratory tests for which reimbursement will be sought. Medi-Cal only for tests that meet the Medi-Cal QOVRQA criteria.

were 01 on blind necessary. (If care is not necessary, do not check this box.)
 Patient Name: Last: _____ First: _____ Middle: _____
 Date of Birth: _____ Age: _____ Sex: M F Height: _____ Weight: _____
 Respon to: Party or Insured Name: _____
 Address: _____ Commercial Insurance: _____ Subscriber or Brp No: _____
 City: _____ State: _____ Zip: _____ Requesting Physician Signature: _____

Please provide ICD-9 code for each order. However, if the total is marked as subject to the International Classification of Diseases, 9th Edition, Revision 4, use the appropriate ICD-9 code.

SMP - ;a, I.A.I. I.L. rea, Glue, K.Na.BUN			
CMP - Alb, Alb, P, ALT, AST, T, G11, Ca, CL, ;C 2, rea, Glue, K, Na, T, Prot, BUN			
Upld - ;no . rrJg, HDL, LDL			
Hepatic - Alb, Dir au, ot ****, AIK b, Prot, A.I.T. AST			
Auto Hepatitis Panel- HAV Ab, HB0 IgM, HBS AQ, HI; V Ab			
ytes - Chol, Trig, HUT, L.U.L.			
OABORH	O Helicobacter Pylori AB Total		O UA If (culture) Indicated
OJ Albumin**	O Hemoglobin*		O Urine Acid
O Alkaline Phosphatase**	O HIV-1**		O Urinalysis (UA)**
O ALT (SG **	O Iron Binding Cap. (IBC)**		
O Amylase	O Iron**		O Acetaminophen
O Antibody Screen/Identification	OL.DH		O Cyclosporine
O AST (SGO)**	O LutalrinQ Hormone		UDigo.xin
O 6121Folate	O Magnesium		O Dilantin** Dilantin Free
O Bilirubin, Direq**	OMB		O Drug Screen Urine COfirm + Y N
O Bilirubin, Total**	OMMR		O Gentamicin, Peak/Through
O BNP	OMONO		O Lithium
O BUN	O Mycoplasma mycoides		OPMnobarbital
O DCA 125**	O Myoglobin		O Sal9flate
O Calcium**	O Occult Blood Hemocult**		O Tegretol (Carbamazepine)
O LJCBC**	O Phosphorus**		O Theophylline**
O OCEA**	O Potassium**		O Tobramycin, Fec: W/Trough
O Cholesterol**	O Prolactin		O Valproic Acid (Dapakene)
O Clostridium Difficile Toxin (C-diff)	O Protein Electrophoresis, Serum		O FK506 / Tacrolimus
O Cortisol, Random / AM / PM	O Protein Electrophoresis, Urine		O Vancomycin, Peak/Trough
O Creatinine	O Protein, Total**		
O Creatinine Clearance	O PSA Diag/Scr Serum Only		O Specify Site:
O CRP/hsCRP	OPT/INA**		O Body Fluid Culture Sensitivity**
O Orvotopridium	OPTH		O Blood Culture / Sens
O OAT (direct Coombs)	OPTH Stat 10 Minute mIn.		O Wound Culture / Sensitivity**
OD-Dimer	O JPTT**		O Lesion Culture / Sensitivity**
OFANA	ORA**		O Genital Culture / Sensitivity**
O Fecal Fat	ORotavirus		O Group B Culture**
O Farttin	ORPR**		O Fecal Culture / Sensitivity**
O Fatal Fibronectin	ORubellatg		O Urine Culture / Sensitivity**
O FibrinogGn	O Sed Rate ESR **		O Respiratory C1.1ture / Sensitivity**
OFSH, Serum	OSodium**		OTI/Troat/ Nasal C1.1ture*
O Gestational Diabetes (GOM-1)**	O Strep A (Rapid)*		O Fungal Culture / Sensitivity**
O Giardia	OT, Protein 24 hr (PAO-Q)		O AFB Culture / Sensitivity**
O Glucose Toler, Hours:	OT3 Resin Uptake		O Ear/Sinus Culture / Sensitivity**
O GlucoseSOli, Fasting / Random**	CIT4 Fnoe**		O Chlamydia / GC Culture
O Glycosylate HGB CAIC)*	OT4 Iotal		
O HAVAb, IQM	OT6Gold		O S. Recify Site:
O HBS AB** / HBS Ag**	O Triglyceride**		OAESDFA
D Hemogram (Blood Count)**	U Triple Marker / Quad		O Viral Culture
O1-tCVAb	U Tironin I**		OVZV DFA
O HCG Qual (Pos-Neg serum / urine)	UTSH**		URapidCMV
O HCG Quant (Numerical)	O Type & Screen/ID		
O HDL	O Urea Nitrogen**		
O Hematocrit*	O We, t Nile Ig / IaM		

RA Positive RA
 U A---- Po s I lve d2lip:st ic k-m r b lo o d.NI-t=te .p-ora r v., LLeu k o c e e s t e r a s e . o r c l o u d y-----M i c r n s c o p l c U "ArI r----- a 1 0 15 -----4
 UAIF Positive dipstick, see above and Co-olitive microscopic for WBC or bacteria
 STREP A Negative

41St tl'