

Clinical Blood Labwork Implementation



(1)

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CAP: 8855089 CLIA: 26D0953866



Blood Laboratory Test Requisition Form

CLINIC INFORMATION (2) HERE
DOE JANE MM/DD/YY
LAST NAME FIRST NAME D.O.B.
1 Patient St. 12345 (314) 200-3040
STREET ADDRESS ZIP CODE PHONE NUMBER
WHITE NON-HISPANIC M F X
RACE ETHNICITY SEX

Requesting Provider (3) DR. TEST
Collection Date (4) MM/DD/YY
Collection Time (5) 12:30
Centrifugation* (6) Y X N

(7) ICD-10 Diagnosis Codes
Include codes that are medically appropriate for patient's condition and consistent with medical record.
D51.9 Vitamin B12 deficiency anemia, unspecified
D64.9 Anemia, unspecified
E06.3 Autoimmune thyroiditis
E28.8 Other ovarian dysfunction
E29.1 Testicular hypofunction
E35 Disorders of endocrine glands in diseases classified elsewhere
F52.8 Other sexual dysfunction not due to a substance or known physiological condition
I10 Essential primary hypertension
N52.8 Other male erectile dysfunction
N52.9 Male erectile dysfunction, unspecified
N91.2 Amenorrhea, unspecified
N95.9 Unspecified menopausal and perimenopausal disorder
Z00.00 Encounter for general adult medical examination without abnormal findings
Z00.01 Encounter for general adult medical examination with abnormal findings
Z01.812 Encounter for preprocedural laboratory examination
Z01.89 Encounter for other specified special examinations
Z13.6 Encounter for screening for cardiovascular disorders
Z20.5 Contact with and (suspected) exposure to viral hepatitis
Z51.81 Encounter for therapeutic drug level monitoring
Other:
Billing Information (8)
INSURANCE X
SELF PAY
CLIENT BILL

(9) Key for preferred tube types
Collect specimen in appropriate tube as specified for desired testing

SERUM W/SEPARATOR [SST] YELLOW TOP
[K2 EDTA] PURPLE TOP
SODIUM FLOURIDE [NaF] GRAY TOP

(10) TEN Clinical Blood Labwork
Select either comprehensive Assay Panels or Individual Assays

Grid of assay panels: Anemia Panel, Comprehensive Metabolic Panel, Men's Health Panel, Thyroid Panel, Infectious Diseases, Basic Metabolic Panel, Women's Health Panel, General Chemistry, Specific Protein, Cardiac Panel, Renal Panel, Hepatic Panel, Complete Blood Count.

PATIENT AUTHORIZATION:
I authorize TEN Healthcare to release the results of this testing to the treating physician or facility. I hereby authorize that payment of authorized benefits be made on my behalf to TEN Healthcare. I acknowledge that TEN Healthcare may be an out-of-network provider with my insurer. If my current policy prohibits direct payment to TEN Healthcare, I agree to receive the funds and relinquish them to TEN Healthcare as payment towards charges for services rendered within 30 days of receipt. I authorize TEN Healthcare and its agents, and/or third party payers any information needed to determine these benefits payable for related services.

Patient Signature: Jane Doe (11) Date: MM/DD/YY

Physician Signature: Dr. Test (12) Date: MM/DD/YY

*Centrifugation criteria: The following assays need to be centrifuged according to the time frames listed below if using the serum separator tube (SST)
-Glucose-30 minutes from collection
-Iron (Fe)-1 hour from collection
-Anti-HBC & Anti-HBC IGM-2 hours from collection
**Samples for Digoxin testing should be drawn immediately before the next dose or after 12 hours from previous dose.
***Sodium Fluoride tube to be used for Glucose if not centrifuged.

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INSTRUCTION NOTES:

- (1) Fill out Stickers and Place On Sample Tubes
- (2) Patient DEMO Information (Name, DOB, Address, Phone, Race, Ethnicity, Sex)
- (3) Requesting Provider (e.g., “Dr. Test”)
- (4) Date of Collection
- (5) Time of Collection
- (6) Indicate if Sample has been Centrifuged
- (7) Select Applicable Diagnosis Codes
- (8) Select Billing Method (Insurance, self pay, or client bill)
- (9) Key to Determine Appropriate Sample Tube
- (10) Select Desired Testing for Sample (Individual Assays or Comprehensive Panels)
- (11) Patient Signature and Date
- (12) Physician Signature and Date

PLEASE ATTACH

- (A) Patient’s Facesheet / Demographics**
- (B) Patient Insurance Card (if available)**