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HealthEast Medical Laboratory (HML) is a full-service, locally-owned and operated reference laboratory affiliated with the HealthEast Care System. With over 40 years of serving clinics, hospitals, college health services, long-term care and assisted living facilities, we have a reputation built on Dedication to Quality, Commitment and Service.

### Our Responsibility

<table>
<thead>
<tr>
<th>Quality</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accredited by the College of American Pathologists, Joint Commission on Accreditation of Healthcare Organizations, and the American Association of Blood Banks</td>
<td>• HML is positioned to provide a wide range of clinical and pathology laboratory services 24 hours a day, 7 days a week</td>
</tr>
<tr>
<td>• Full compliance with CLIA regulations</td>
<td>• Laboratory testing performed in St. Paul, Minnesota.</td>
</tr>
<tr>
<td>• Eight board-certified Pathologists and two Hematopathologist</td>
<td>• Partnership with Mayo Medical Laboratories</td>
</tr>
<tr>
<td>• Highly defined and monitored quality improvement program to ensure accurate test results</td>
<td>• Phlebotomy services provide qualified, reliable staffing</td>
</tr>
<tr>
<td>• Utilizes lean quality improvement techniques to improve quality and productivity</td>
<td>• Customer service center provides test results, specimen collection procedures, test reference ranges, etc.</td>
</tr>
<tr>
<td>• Quality Assurance and Management program to ensure testing accuracy and investigation of discrepancies</td>
<td>• Courier and urgent services provided at no additional fee</td>
</tr>
</tbody>
</table>

### Commitment to Your Success

<table>
<thead>
<tr>
<th>Service</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Commitment to excellence</td>
<td>• HML is positioned to provide a wide range of clinical and pathology laboratory services 24 hours a day, 7 days a week</td>
</tr>
<tr>
<td>• Individual commitment to a group effort</td>
<td>• Laboratory testing performed in St. Paul, Minnesota.</td>
</tr>
<tr>
<td>• Highly experienced and dedicated professional staff conduct testing on state-of-the-art instrumentation</td>
<td>• Partnership with Mayo Medical Laboratories</td>
</tr>
<tr>
<td>• We take the extra time and put in the extra effort</td>
<td>• Phlebotomy services provide qualified, reliable staffing</td>
</tr>
<tr>
<td>• Focus on understanding your needs and concerns</td>
<td>• Customer service center provides test results, specimen collection procedures, test reference ranges, etc.</td>
</tr>
<tr>
<td>• Knowledgeable and personable customer support staff committed on responding to your enquiries as promptly and as efficiently as possible. Our commitment is to: Provide customers, where feasible, with an on-the-spot response to any enquiry, and call the customer back within 24 hours. Understanding your needs by asking the next question and the next question</td>
<td>• Turnaround time is available within 24 hours (test specific)</td>
</tr>
<tr>
<td>• Understanding your needs by asking the next question</td>
<td>• Reporting options for patient test results include fax, LabWorks software, or EMR/EHR interfaces</td>
</tr>
<tr>
<td>• Providing customers, where feasible, with an on-the-spot response to any enquiry</td>
<td>• Continuing education seminars provided year round</td>
</tr>
<tr>
<td>• Reaching the customer back within 24 hours. Understanding your needs by asking the next question and the next question</td>
<td>• Local billing office which offers third party payer or client billing</td>
</tr>
<tr>
<td>• Laboratory consulting services to assist clients in meeting regulatory compliance for: CLIA, OSHA, Improving the quality and consistency of laboratory testing, Maximizing performance and effectiveness of your (or client) laboratory</td>
<td>• Laboratory consulting services to assist clients in meeting regulatory compliance for:</td>
</tr>
</tbody>
</table>

HealthEast Medical Laboratory
45W 10th St | St. Paul, MN 55102
Pathology Consultants

The pathologist consultants listed below are readily available to HealthEast Medical Laboratory clients by calling 651-232-3500.

HealthEast Medical Laboratory

Wen-Wei Chung, M.D., Ph.D.
Joseph P. Leverone, M.D.
Carl T. McGary, M.D., Ph.D.
    Annie Meares, M.D.
    Kendall Price, M.D.
Byron Simmons, M.D.
Kristi L. Werdin, M.D.
Drawing Site Locations and Hours

St. John’s Hospital
1575 Beam Avenue, Maplewood, MN 55109
651-232-7136
*From the main entrance, lab is located on the second floor.*
Monday through Friday – 7 am to 5 pm
Saturday – 9 am to 1 pm
Closed Sundays and holidays

St. Joseph’s Hospital
45 West 10th Street, St. Paul, MN 55102
651-232-3500
*Lab is located on the first floor of the de Paul tower.*
Monday through Friday – 7 am to 7 pm
Closed Saturday, Sundays and holidays

Woodwinds Health Campus
1925 Woodwinds Drive, Woodbury, MN 55125
651-232-0136
*Lab is located on the ground level (Woodland Level).*
Monday through Friday – 7 am to 6:30 pm
Closed Saturdays, Sundays and holidays*

* If a clinician requires testing to be done on a weekend, advance arrangements should be made by appointment only.

651-232-3500 | www.healtheast.org/hml
Customer Service

Customer Service Center
One call to our Customer Service Center can provide:

- Patient test results
- Technical test information
- Specimen collection procedures
- Test reference ranges
- Coding and billing information
- Courier requests
- Duplicate copies of patient test results

The Customer Service Center is open weekdays from 6:30 a.m. to 11:30 p.m. and on weekends/holidays during the hours of 7:00 a.m. to 10:00 p.m. In addition, our HealthEast Medical Laboratory (HML) staff is always available to assist you 24 hours a day, 7 days a week. We encourage you to call the Customer Service Center with all questions. They can refer you to the appropriate personnel in the laboratory, if necessary. Our Customer Service Center phone number is 651-232-3500, option 5.

Please have your four-digit client number available when calling for results.
HealthEast Medical Laboratory (HML) offers an array of continuing education opportunities for health care professionals.

In-services and Classes

HML In-services
Instructional discussions on the billing or operational aspect of the laboratory. Topics include:
- Medical necessity
- Medicare appeal process
- Coding
- New client information

HML educational classes
Information on lab procedures and select collection techniques. Classes generally last at least one hour, and when available, contact hours are granted. Topics include:

<table>
<thead>
<tr>
<th>On-site classes</th>
<th>At HealthEast Facilities</th>
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<tbody>
<tr>
<td>INR</td>
<td>UA &amp; wet preps</td>
</tr>
<tr>
<td>UA</td>
<td>Phlebotomy</td>
</tr>
<tr>
<td>Glucose</td>
<td>Wet preps</td>
</tr>
<tr>
<td>Electrolytes</td>
<td>Basic lab values</td>
</tr>
<tr>
<td></td>
<td>Other Specialty</td>
</tr>
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In addition to utilizing our technical staff and pathologists, we retain speakers from a number of organizations including the Mayo Clinic, the Hennepin County Sheriff’s Department and surrounding experts from Twin Cities Colleges. We can also tailor our seminars to meet your needs.

A calendar of continuing education opportunities is updated quarterly on our web page [www.healtheast.org/hml](http://www.healreatest.org/hml). Brochures for each session are mailed one month before each seminar.

HealthEast is proud to offer CEU credits for the following organizations:
- Sessions for Medical Assistants are approved through the American Association of Medical Assistants (AAMA).
- Sessions for Medical Technologists and Medical Laboratory Technicians are approved through the American Society for Clinical Laboratory Science (ASCLS) P.A.C.E. program.
- We comply with the Minnesota State Board of Nursing requirements and documentation is provided on all applicable seminars.

Online education through COLA Lab University
HealthEast Medical Laboratory offers continuing laboratory education on-line through COLA Lab University [http://www.cola.org](http://www.cola.org) A variety of medical laboratory courses are offered individually.

COLA is a clinical laboratory education, consultation and accreditation organization. Their services enable clinical laboratories and staff to meet CLIA and other regulatory requirements, act in accordance with quality systems, and provide the best possible patient care.

For more information:
651-232-3464
healtheast.org | hmledu@healtheast.org
Helping our clients reach maximum performance

HealthEast® Medical Laboratory, (HML) has a contracted laboratory consulting program available for physician offices. Consulting services are made available to help strengthen a cooperative, personal relationship between HML and our many valued customers and their staff.

Our goals are to:

- Advise clients on CLIA regulations
- Improve the quality and consistency of laboratory testing by helping you comply with the regulations
- Maximize performance, effectiveness and skills of client laboratory employees.

The HML consulting program uses a team approach. Members of our consulting team are clinical laboratory scientists with varying degrees of expertise and practical experience in clinical laboratories needed to assist you in establishing or maintaining your laboratory practice.

Laboratory consulting services available include:

Regulatory Compliance Advice
- CLIA regulations
- Preparation for accreditation (CLIA, COLA, JCAHO, etc.)

Operations
- Forms design
- Method/Equipment evaluation
- Problem solving techniques
- Procedure manual review/revisions
- Record-keeping requirements

Employee Management
- Continuing education articles
- Job description advice
- Orientation checklists
- Staff competency and skills validation
- Annual review checklists

Quality Management
- Instrument maintenance schedules
- Proficiency testing program selection and review
- Quality control review

Quality Assurance Program
- Program design
- Program facilitation

For more information:
651-232-3500
healtheast.org | hmledu@healtheast.org
Cytology Laboratory Services Program—Designed to Meet Your Needs

HealthEast® Medical Laboratory (HML) provides a full range of cytology services including:

- SurePath™ Pap Test
- Reflex HPV Testing
- Non-gynecological Cases
- Fine Needle Aspirations
- Examinations of Body Fluids, Washes and Brushes

**SurePath™ Pap Test**
Cervical cancer is almost 100% curable if detected early. HML offers SurePath™ Pap Test, the latest in pap smear technology with FDA approval as a superior test in the detection of cellular abnormalities.

Cells are collected in the traditional manner, but instead of being smeared onto a slide or rinsed into a preservative fluid, the heads of the collection devices themselves are snapped off into the SurePath™ preservative fluid, capturing 100% of the collected cervical cells. The SurePath™ preservative fluid provides immediate wet fixation, which eliminates mechanical distortions (clumping) and air drying artifact. At our laboratory, the vial is processed using the BD SurePath™ Cell Enrichment process, removing obscuring materials such as blood, inflammatory cells, and mucus, to produce a slide with a uniform thin-layer of diagnostic cells clearly presented for the cytologist and pathologist. The BD SurePath™ patented Cell Enrichment process demonstrates a statistically significant improvement in specimen quality resulting in fewer unsatisfactory results. Additional tests may be performed using the same SurePath™ sample such as testing for Human Papilloma Virus (HPV) without requiring another office visit. The physician has the option at the time of collection to request Reflex HPV testing if the pap smear is diagnosed either as Atypical Squamous Cells of Undetermined Significance (ASCUS), if abnormal, or regardless of the result.

The SurePath™ Pap Test provides numerous benefits to both physician and patient. Ask us how you can begin using this improved methodology in pap smear testing.

**Non-gynecological cases**
As a full service reference laboratory, HML provides a number of non-gynecological tests, including the screening of body fluids, washes and brushes, as well as offering hospital-based fine needle aspiration biopsies. A fine needle aspiration is a very safe, fast and relatively noninvasive diagnostic procedure. It is performed on superficial, palpable masses, usually greater than 0.5 cm by a board certified Pathologist with expertise in Cytopathology. These pathologists are able to immediately check for cellular adequacy, helping to reduce the possibility of requiring another patient visit due to an inadequate sample. Common sites tested include masses found in the head and neck, thyroid, breast, soft tissue and lymph nodes. Test results are usually available to the physician the next day after 4pm.

**A name you can trust**
HealthEast Medical Laboratory has been serving the Twin Cities, greater Minnesota and Western Wisconsin for more than 25 years. The College of American Pathologist and the Joint Commission on Accreditation of Health Care Organizations accredit us. We have built a reputation around quality, service and commitment, due in large part, to our highly qualified, expert staff.

**Your key to satisfaction**
Our sales representatives and technical consultants will keep you informed of improved methodologies, new test offerings and enhanced services available through HealthEast Medical Laboratory. Our goal is to ensure your complete satisfaction with our service.

healtheast.org/hml | 651-232-3500
**Billing**

**Billing Instructions**

Refer all billing questions to your account representative or our Billing Office.

- **Client** billing - call 651-232-1122  
  Monday - Friday, 7:00am - 3:30pm

- **Patient/insurance** billing - call 651-232-1100 or 1-866-770-6411.  
  Monday – Friday, 8am – 4:30pm

**Financial Arrangements** - HealthEast Medical Laboratory (HML) operates on a monthly billing cycle. Federal regulations require that we bill directly for Medicare and Medicaid and accept assignment of benefits for all part B covered services (unless you are a hospital-based facility). The following are not eligible for a discount: referred tests, specimen collection fees, and supplies.

Please provide correct and complete patient billing information as requested on our test requisition or electronic order entry system. If the information is incomplete, we will bill your account for the laboratory services as a penalty fee.

**Client/Office Account** - Each month you will receive an itemized statement which indicates the:

- Actual test charge  
- CPT code  
- Date of service  
- Patient’s name  
- Test name

**Extra Services** - HML bills your account for extra services:

- Pipette calibration  
- Consulting services  
- Courier special transport charges  
- Custom media and other unique laboratory supplies  
- Venipuncture and/or travel charges when services are provided by HML staff  
- Other service charges

Please note that the following charges are billed to you on a separate statement through **University Park Pathology**:

- Tissue analysis (surgical pathology)  
- Peripheral blood smears/morphology  
- Fine needle aspirates (FNAs)  
- Non-gynecology cytology  
- Other tests requiring pathologist interpretation
**Payment Submission** - Payments are due thirty (30) calendar days after receipt of your billing statement. In the event of a billing error, please use the “HML Bill Reconciliation Form” found on page A15 to reconcile your statement. To clarify which account should be credited for the enclosed payment(s) and to expedite our bookkeeping process, please:

1. Return the top portion of the first page of your monthly statement along with your payment.
   **AND**

2. Write the appropriate account and invoice numbers on the check.

**Client Billing** - If HML is going to be billing your office account, the following patient information is required on the test requisition:
- Patient’s legal first and last name (no nicknames)
- Date of birth
- Race (required for heavy metal and lead testing)
- Sex (male or female)
- Ordering physician’s first and last name.
- Social Security number (optional).
- Date and time of specimen collection.

**Medicare Billing** - If your patient has Medicare B coverage, please include the following patient information on the test requisition:
- Patient’s complete name (as it appears on their Medicare card).
- Medicare number (including letter to indicate type of coverage)
- Current address
- Date of birth
- Sex (male or female)
- Patient’s telephone number
- Patient’s Social Security number (optional)
- Referring physician’s first and last name
- Diagnosis code - mandatory

If the patient has other, supplementary coverage, it should also be indicated on the requisition along with the provider number.

**Medicaid Billing** - If the patient has Medicaid (Medical Assistance) coverage, please include the following patient information on the test requisition:
- Patient’s complete name (as it appears on their insurance card)
- Medicaid (Medical Assistance) number
- Current address
- Date of birth
- Sex (male or female)
- Patient’s telephone number
- Patient’s Social Security number (optional)
- Referring physician’s first and last name
- Diagnosis code - mandatory.

If we find that the patient is not covered at the time of service, we will bill the client account.

**Direct Patient Billing** - If you elect to have HML bill your patient directly, please include the following necessary billing information on the test requisition.
- Patient’s complete name (no nicknames)
- Responsible party
- Current address
• Date of birth
• Sex (male or female)
• Patient's telephone number
• Patient's Social Security number (optional)
• Referring physician's first and last name
• Diagnosis code - mandatory.

Please advise your patients that they will be receiving a bill from HML. Providing complete information will avoid additional telephone calls at a later date. It is the patient’s responsibility for payment whether or not an insurance company has been billed. Patient bills are due upon receipt.

**Third-Party Billing** - If you elect to have HML bill the patient’s insurance (third-party payer), the following information must be on the test requisition:
• Patient’s complete name (as it appears on their insurance card)
• **Current** address
• Date of birth
• Sex (male or female)
• Patient's telephone number
• Patient's Social Security number (optional)
• Referring physician’s first and last name
• Name of insurance company, address, provider identification number, and group number depending on insurance company being billed; see listing below.
• Diagnosis code - mandatory.

The following **provider identification numbers are required** and **diagnosis code is mandatory** for third-party payers billed by HML:
• Blue Cross/Blue Shield - I.D. number, group number, and state of residence
• Blue Plus (HMO) Minnesota - I.D. number and group number
• Cigna-I.D. number and group number
• HealthPartners - I.D. number and group number
• Humana – I.D. number and group number
• Medica- 9-digit ID and 5-digit group
• Medica IFB – I.D. Number, Group IFB
• Medicaid (Welfare; Medical Assistance; MN Care) - Medicaid/Medical Assistance 8-digit number
• Medicare - Medicare number including letter (A, B, etc.)
• Preferred One - ID and group number
• Select Care - ID and group number
• U Care - 11-digit number
• United Healthcare – I.D. number and group number
• Miscellaneous insurance companies - Policy number

**Advance Beneficiary Notice (ABN)** - The Federal government’s list of laboratory tests which are considered screening, experimental, investigational, or ordered too frequently continues to expand. The law requires that Medicare-eligible patients be notified before this testing is done. The vehicle used to provide the notification to Medicare is called the Advance Beneficiary Notice (ABN) found on page A17. See page A16 for more information.
National Coverage Determinations

Local Coverage Determinations (LCD’s) are set at the discretion of the Local Medicare Contractor. For Minnesota and Wisconsin, LCD’s are established by National Government Services (NGS). Specific policy information can be found at the following links:
NCD and LCD: www.healtheast.org/laboratory/he-med-lab/hml-billing-resources.html (HML Website)
NCD: www.cms.gov/Medicare/coverage/coverageGenInfo/LabNCDs.html
LCD: www.ngsmedicare.com/ngs/portal/ngsmedicare

National Coverage Determinations (NCD’s), were put into effect on November 25th 2002. All Medicare Contractors implemented software to edit laboratory claims effective January 1, 2003.

There are several impacts of these rules all providers should be aware of:

1. Medicare does not normally pay for laboratory tests ordered for screening purposes. An ABN should be reviewed with the patient and/or their legal representative for tests that fall in this category.

2. Specific screening tests are allowed on a limited frequency basis. Pap smears, PSA, and cholesterol are a few examples.

3. Medicare does not pay for tests that are considered “experimental”. An ABN should be reviewed with the patient and/or their legal representative for tests that fall in this category. (See pages A16 and A17.)

4. Many times a laboratory test may be ordered that is secondary to the primary diagnosis of the patient, but is important for the care of the patient. Therefore, it is important to submit a diagnosis code(s) that indicates the reason the laboratory test was ordered.

5. Multiple diagnosis codes may be submitted.

6. All medical necessity documentation must be maintained in the patient’s chart, and available to Medicare for review on their demand.
<table>
<thead>
<tr>
<th>Billing Requirements</th>
<th>Patient Complete Name</th>
<th>Insurance Info</th>
<th>Current Address</th>
<th>Date of Birth</th>
<th>Sex (M or F)</th>
<th>Patient Phone Number</th>
<th>Referring Physician (complete name)</th>
<th>ICD Code</th>
<th>Race (required for heavy metal and lead testing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Billing</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Medicare Billing</td>
<td>X</td>
<td>* See below</td>
<td>X X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X X X</td>
<td></td>
</tr>
<tr>
<td>Medicaid Billing</td>
<td>X</td>
<td>* See below</td>
<td>X X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>Direct Patient Billing</td>
<td>X</td>
<td>* See below</td>
<td>X X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>Third Party Billing</td>
<td>X</td>
<td>* See below</td>
<td>X X X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X X</td>
<td></td>
</tr>
</tbody>
</table>

1/1/17

* Name of insurance company, address, provider identification number and group number, depending on insurance company being billed.
- **DO NOT** assume that the Medicare number is the same as the Social Security Number.
- **DO NOT** use a parent’s or spouse’s Social Security Number.

**Billing**

Fax: Face Sheets/Resident Validation
651-232-3990
Email: Face Sheets/Resident Validation
hmlsnf@healtheast.org

Client Billing: Adura Lansiquot
Phone: 651-232-1122
Email: alansiquot@healtheast.org
MyChart Invoicing

Do you want to receive your invoice electronically and also have the option to pay it on-line?

In 2016, HML launched MyChart Invoicing where clients can look at their invoice, print all of it or only the sections you want. Then you have the option of paying for your invoice by credit card.

If you have questions regarding this service, please contact Linda Wagener at 651-232-6925.
<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Account No.</th>
<th>Patient Information</th>
<th>Insurance Information</th>
<th>Completed By</th>
<th>Statement Date</th>
<th>Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Name</td>
<td>SSN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date of Birth</td>
<td>Address &amp; Place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MRN No.</td>
<td>Policy #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diagnosis Code</td>
<td>Company Name</td>
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</table>
The “Advance Beneficiary Notice (ABN)”

Purpose

The purpose of this form is to document that a patient has received proper advance written notice that Medicare will not likely pay for a service/test that the physician feels is important for the patient. The patient, after being informed of the circumstances and available options, decides whether or not to receive the service and agrees to pay for the service personally by signing the form.

This must be done before the service is provided.

The patient’s agreement to pay is an integral part of this advance notice and is required before the physician or laboratory performing the service can bill the patient for the service.

Giving a copy of the signed advance notice to the patient will help to avoid any misunderstandings and disputes. An important preventive measure by which you can avoid some denials of claims as “not reasonable and necessary” is to fully document the medical necessity on the laboratory requisition when ordering the service.

Important Points When Filling Out the Form (see example of form on page A17).

- Clearly print patient’s legal name and account number or chart number at the top of the form.
- Write in the test(s) likely to be denied payment.
- Fill out the section for the reason(s) that service might be denied payment.
- Fill in the estimated charge for the test.
- Review the form with the patient, explaining carefully the above information.
- The patient must choose between Option 1, Option 2, or Option 3.
- Obtain the patient’s or legal representative’s signature and date.

Where written advance notice was given an agreement to pay obtained, the liability for the charges will rest with the patient. Notification must be done before the service is provided.

The advance notice cannot be used as a blanket waiver given out on a routine basis. Such routine notices do not really provide enough information to permit the patient to make an informed decision.

This is a three-part form:

- The top (white) copy goes in the patient’s chart.
- The second (yellow) copy is attached to the HML requisition.
- The third (pink) copy goes to the patient.

In the event the ABN form submitted to HML has not been properly documented and Medicare denies the charges, a penalty fee will be charged to your client account.
**HealthEast Medical Laboratory**
45 West 10th Street
St. Paul, MN 55102
651-232-3500

---

**Patient Name:**  
**Identification Number:**

---

**ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)**

*NOTE:* If Medicare doesn’t pay for the test(s) below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the test(s) below.

<table>
<thead>
<tr>
<th>Laboratory Test(s)</th>
<th>Reason Medicare may not pay:</th>
<th>Estimated cost:</th>
</tr>
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<tbody>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

What you need to do now:
- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the test(s) listed above.

*NOTE:* If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

---

**Options:** Check only one box. We cannot choose a box for you.

- **Option 1.** I want the test(s) listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn’t pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

- **Option 2.** I want the test(s) listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

- **Option 3.** I don’t want the test(s) listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

---

**Additional information:**

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

**Signature:**  
**Date:**

---

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1856.

Form CMS-R-131 (03/11)  
Form Approved OMB No. 0938-0566
ASR Policies

Analyte-Specific Reagents (ASR) - HealthEast Medical Laboratory
This test was developed and its performance characteristics determined by HealthEast Medical Laboratory. It has not been cleared or approved by the U. S. Food and Drug Administration. The Food and Drug Administration has determined that clearance or approval is not necessary, because this test is used for clinical purposes. This test should not be regarded as investigational or for research. HealthEast Medical Laboratory (HML) is certified for the performance of high-complexity clinical testing under the Clinical Laboratory Improvement Amendment of 1988 (CLIA); and in keeping with the certification requirements, HealthEast Medical Laboratory has verified this test's accuracy and precision, or validity of the method. Additional information is available upon request.

Analyte-Specific Reagents (ASR) - Mayo Medical Laboratories

The ordering of tests which utilize ASRs is limited to physicians and other persons authorized by applicable state law to order such tests. As required by the Food and Drug Administration, HHS, the following comment will appear on the test report when ASRs are utilized to perform the test: “This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic Rochester. It has not been cleared or approved by the U. S. Food and Drug Administration.”

Supplies for Submitting Specimens to HML

Blood collection tubes, culture transport media, cytology slide fixative, metal-free tubes, Pap smear collection kits, pathology specimen bottles, requisitions, serum transport tubes, single frosted-end microscope slides, slide holders, specimen transport bags, and urine collection containers are supplied by HML at no charge. Please note: Supplies provided to clients are for the collection of specimens being submitted to HML.
Unacceptable Specimens

Some specimens cannot be analyzed because of improper collection or degradation in transit. Other specimens may have prolonged turnaround times because of lack of necessary additional specimens or patient information. You will be notified of rejected or problem specimens upon receipt. To avoid specimen rejection, please use the following checklist.

Are the following conditions correct?
Please check the test catalog.

- Patient/specimen properly identified
- Sample identification matches patient request.
- Full 24 hours for timed urine collection (with preservative, if applicable)
- Lack of hemolysis
- Patient information requested
- pH of urine
- Specimen container (metal-free, separation gel, sterile, etc.)
- Specimen type (plasma, serum, whole blood, etc.)
- Specimen volume
- Temperature [room (ambient), frozen, refrigerated]
- Transport medium

Unsatisfactory Analytic Results
If HML is unable to obtain a satisfactory analytic result, there is no charge.

Unlabeled/Mislabeled Specimen Policy

HealthEast Medical Laboratories will not assume responsibility for laboratory test results on any unlabeled or mislabeled specimens that have been submitted to us for testing. ALL samples and requisitions submitted to HML must have two patient identifiers.

Mislabeled specimens include any specimens without two identifiers (for example: first and last name plus birthdate). Mislabeled specimens also include situations where the information on the patient specimen does not match the paperwork (name or number mismatches).

Your office will be notified any time a specimen is received that is either unlabeled or appears to be mislabeled. For specimens where it is not possible to recollect (tissue biopsy, CSF fluid, body fluid aspirate, etc.), we will ask your office to document the patient identification on our “Unlabeled / Mislabeled Specimen Identification” form (page A19) for our records. **For all other specimens, you must recollect and re-submit.**

A specimen is considered mislabeled if the computer-generated label does not match the patient information which is handwritten on the specimen. If the handwritten information is accurate and complete, this information is considered “traceable” and the specimen will be accepted in some cases. This traceable identification is not acceptable for mislabeled pap smears, Transfusion Medicine, or HIV testing specimens.
If your office determines that a specimen was submitted under the wrong patient name, we will not be able to send you a corrected report unless the original specimen is still available and has the correct information on the original labeling. We will credit any third-party patient charges and update the incorrect patient’s report to remove the results. Your account will be billed for tests performed prior to the error notification.
# UNLABELED/MISLABELED SPECIMEN DOCUMENTATION FORM

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th>Referring Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Birthdate (or other second identifier)</td>
<td>Date and Time Received:</td>
</tr>
<tr>
<td>Collection Date and Time:</td>
<td>Specimen Type:</td>
</tr>
</tbody>
</table>

This is to inform Doctor ________________________ that the above specimen on his/her patient was received at HealthEast Medical Laboratory:

- Unlabeled
- No second ID
- Mislabeled

Specimen Labeled as: _________________________________________

Requisition Labeled as: ________________________________________

Before we will release the final written results, the person taking responsibility must sign this document.

I understand and have been informed that the specimen listed above was improperly labeled when it arrived in the clinical laboratory. I understand that the laboratory results reported may not in fact be on my/our patient.

I, _________________________________ verify that the specimen / requisition (circle one) labeled

(Name / Title) - please print

_____________________________ should properly be labeled _____________________________

(Submitted name and ID)       (Correct patient name and ID)

and I have notified the physician/CNP ______________________________, of the discrepancy.

(name)

Person taking responsibility for collection and identification of specimen / requisition (circle one):

__________________________________________________________________________ on date: ____________________

Signature / Title

Fax form to HealthEast Medical Laboratory, 651-232-3370.

NOTE: This form will be on file at HealthEast Medical Laboratory.

_________________________           _________________         _______________     ___________

HML contact                                      Title          Phone #         Date

This information is confidential. It is prepared for the laboratories of HealthEast Care System’s Peer Review and Quality Management functions. This is protected by Minnesota State Statute 145.60.
### Chemistry Profiles

<table>
<thead>
<tr>
<th>Electrolyte</th>
<th>Basic Metabolic</th>
<th>Renal Function</th>
<th>Comprehensive Metabolic</th>
<th>Hepatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Na</td>
<td>Na</td>
<td>Na</td>
<td>Na</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>K</td>
<td>K</td>
<td>K</td>
<td></td>
</tr>
<tr>
<td>Cl</td>
<td>Cl</td>
<td>Cl</td>
<td>Cl</td>
<td></td>
</tr>
<tr>
<td>CO2</td>
<td>CO2</td>
<td>CO2</td>
<td>CO2</td>
<td></td>
</tr>
<tr>
<td>BUN</td>
<td>BUN</td>
<td>BUN</td>
<td>BUN</td>
<td></td>
</tr>
<tr>
<td>Cre</td>
<td>Cre</td>
<td>Cre</td>
<td>Cre</td>
<td></td>
</tr>
<tr>
<td>Gluc</td>
<td>Gluc</td>
<td>Gluc</td>
<td>Gluc</td>
<td></td>
</tr>
<tr>
<td>Ca</td>
<td>Ca</td>
<td>Ca</td>
<td>Ca</td>
<td></td>
</tr>
<tr>
<td>TP</td>
<td>TP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alb</td>
<td>Alb</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AST</td>
<td>AST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALT</td>
<td>ALT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALK</td>
<td>ALK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TBili</td>
<td>TBili</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DBili</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phos</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| LT4 | BMP | RFP | CMP | LFT |

### Hematology Profiles

<table>
<thead>
<tr>
<th>Hemogram 1</th>
<th>Hemogram 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC</td>
<td>WBC</td>
</tr>
<tr>
<td>RBC</td>
<td>RBC</td>
</tr>
<tr>
<td>Hgb</td>
<td>Hgb</td>
</tr>
<tr>
<td>Hct</td>
<td>Hct</td>
</tr>
<tr>
<td>MCV</td>
<td>MCV</td>
</tr>
<tr>
<td>MCHC</td>
<td>MCHC</td>
</tr>
<tr>
<td>RDW</td>
<td>RDW</td>
</tr>
<tr>
<td>Platelet</td>
<td>Platelet</td>
</tr>
<tr>
<td>Diff</td>
<td></td>
</tr>
</tbody>
</table>

| HM1 | HM2 |

1/1/17
Test Substitution Policy

APPROVED SUBSTITUTION LIST

The following laboratory substitutions have been approved by the HealthEast Medical Staff effective: August 22, 2011.

<table>
<thead>
<tr>
<th>Laboratory Test Ordered:</th>
<th>Substitution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chem 4 – SMA 4</td>
<td>Electrolyte Profile</td>
</tr>
<tr>
<td>Chem 6 – SMA 6</td>
<td>Basic Metabolic Profile</td>
</tr>
<tr>
<td>Chem 7 – SMA 7</td>
<td>Basic Metabolic Profile</td>
</tr>
<tr>
<td>Chem 8 – SMA 8</td>
<td>Basic Metabolic Profile</td>
</tr>
<tr>
<td>Chem 10 – SMA 10</td>
<td>Renal Function Profile</td>
</tr>
<tr>
<td>Chem 11 – SMA 11</td>
<td>Renal Function Profile</td>
</tr>
<tr>
<td>Chem 12 – SMA 12</td>
<td>Renal Function Profile</td>
</tr>
<tr>
<td>Chem 13 – SMA 13</td>
<td>Comprehensive Metabolic Profile</td>
</tr>
<tr>
<td>Chem 14 – SMA 14</td>
<td>Comprehensive Metabolic Profile</td>
</tr>
<tr>
<td>Chem 15 – SMA 15</td>
<td>Comprehensive Metabolic Profile</td>
</tr>
<tr>
<td>Chem 16 – SMA 16</td>
<td>Comprehensive Metabolic Profile</td>
</tr>
<tr>
<td>Renal Lytes</td>
<td>Renal Function Profile</td>
</tr>
<tr>
<td>Liver Function Tests</td>
<td>Hepatic Profile</td>
</tr>
<tr>
<td>Chemistry Profile</td>
<td>No Substitution – Ordering Physician must be contacted</td>
</tr>
<tr>
<td>CBC</td>
<td>Hemogram 2</td>
</tr>
<tr>
<td>CBC with Diff</td>
<td>Hemogram 1</td>
</tr>
<tr>
<td>Hemogram 3</td>
<td>Hemogram 1</td>
</tr>
<tr>
<td>Hemogram 4</td>
<td>Hemogram 2</td>
</tr>
<tr>
<td>Blood Smear</td>
<td>Morphology</td>
</tr>
<tr>
<td>FDP (Fibrin Split Products)</td>
<td>D-Dimer</td>
</tr>
<tr>
<td>Iron Binding Capacity</td>
<td>Transferrin Saturation</td>
</tr>
<tr>
<td>Bleeding Time</td>
<td>Platelet Function Assay</td>
</tr>
<tr>
<td>T-7 Panel</td>
<td>Thyroid Cascade</td>
</tr>
<tr>
<td>Thyroid Profile</td>
<td>Thyroid Cascade new 8/22/11</td>
</tr>
<tr>
<td>Cholesterol Profile</td>
<td>Lipid Profile new 8/22/11</td>
</tr>
</tbody>
</table>

STAT Draw Requests: Complete information listed on HML Requisition

STAT/Special Instructions: STAT – Check (√) if test is ordered in a medical emergency. All results will be reported STAT via normal reporting processes (faxed results). Special Instructions – Check (√) if results need to be faxed or called in addition to being reported stat via normal reporting processes.

All STAT specimens drawn by an HML phlebotomist will be couriered into the Laboratory immediately after performing the draw, from the facility in which it was drawn, unless the phlebotomist will be coming directly back to the Laboratory.
CPT Coding

It is your responsibility to determine the correct CPT codes to use for billing. While this manual lists CPT codes in an effort to provide some guidance, the CPT codes listed only reflect our interpretation of CPT coding requirements and are not necessarily correct. Particularly in the case of a test involving several component tests, this manual attempts to provide a comprehensive list of the CPT codes for all of the possible components of the test. Only a subset of the component tests may be performed on your specimen. You should verify the accuracy of the codes listed; and where multiple codes are listed, you should select the codes for the tests actually performed on your specimen.

Microbiology CPT Coding

CPT codes are assigned to positive cultures in addition to the basic codes that are listed for each culture type. The additional codes are determined by the organism isolated and the type of susceptibility testing method used. The following codes are used most often.

- 87077 Each aerobic bacteria reported
- 87076 Each anaerobic bacteria reported
- 87106 Each yeast reported
- 87107 Each mold or fungus reported
- 87186 Each MIC susceptibility reported

HEALTHEAST MEDICAL LABORATORY (HML) ASSUMES NO RESPONSIBILITY FOR BILLING ERRORS DUE TO RELIANCE ON THE CPT CODES LISTED IN THIS MANUAL. For further reference, please consult the CPT Coding Manual published by the American Medical Association; and if you have any questions regarding the use of a code, please contact your local Medicare carrier. If you need assistance, call 651-232-3528.

Repeat Determinations and Add-On Testing

Results that appear inconsistent with the physician’s assessment of the clinical findings may be repeated at no charge. Specimens are held for several days to permit repeat or additional testing.

Please contact our Customer Service Department (651-232-3500, option 5) to request add-on testing. Customer Service personnel will make a preliminary determination as to whether the tests can be added, based on the type of the original specimen, i.e., plasma, serum, etc. and the original specimen storage, i.e., frozen, refrigerated or room [ambient] temperature. Final determination of the ability to add on the test will be made by the testing department. Every effort will be made to add on tests without compromising test accuracy and precision. If the testing department determines that the test cannot be added on, the added test will be canceled and credited and the facility will be notified. Written verification of add-on test orders must be received within 48 hours. Use the “Authorization to Perform Laboratory Tests” form found on page A38.

The online “Add On” form can be found at www.healtheast.org/hml, Forms, “Add to an Existing Test Order Form”.

HEALTHEAST MEDICAL LABORATORY (HML) ASSUMES NO RESPONSIBILITY FOR BILLING ERRORS DUE TO RELIANCE ON THE CPT CODES LISTED IN THIS MANUAL. For further reference, please consult the CPT Coding Manual published by the American Medical Association; and if you have any questions regarding the use of a code, please contact your local Medicare carrier. If you need assistance, call 651-232-3528.
Publications

Publications
HealthEast Medical Laboratory (HML) provides:

- **HML Update** provides current information relating to regulatory issues, test changes, new test offerings, pricing or coding changes, and a variety of other issues.
- **Client Memos** and **New Test Introductions** are published and distributed throughout the year on an as-needed basis.
- **CoLABoration** provides information relating to Long Term Care and Assisted Living Facilities.

Reportable Diseases

HML complies with reporting requirements for the Minnesota Department of Health regarding reportable diseases. If you need further information, please do not hesitate to contact HML at 651-232-3500 or the Minnesota Department of Health at 1-877-676-5414.

Result Reporting

Routine laboratory test results are usually available within 24 hours. Results for tests not normally completed within 24 hours will be delivered as soon as they are available. A variety of reporting options are available to our clients based on their needs:

- Routine delivery of reports via courier, Monday through Friday.
- All critical levels are called immediately upon completion of the test 24 hours a day, 7 days a week. See pages A26 – A30 for critical values listing.
- Order Entry PCs are available for clients with sufficient test volumes.
- Confidential reports will not be transmitted electronically, but are sent separately in an envelope marked “Personal and Confidential.”

Web LabWorks

HealthEast Medical Laboratory offers an option for Web-based computer order entry and result retrieval. This will allow any client that has Internet capability (with minimum requirements) to place orders and retrieve reports through the ease of the Internet.

This capability can be done from any computer in the facility and will also enable physicians to look up patient results from their home computer. Results can be printed in a partial or completed mode and are available as soon as completed at HealthEast Medical Laboratory. Demographic and billing information is easily entered and stored until the facility changes the information.

Contact Eric Razskazoff at 651-326-3558.
Critical Value Call-back List
Medical Staff Approval Effective: 3/1/17
Latest updates (3/1/17)

The following guidelines are followed for calling critical values within 20 minutes to a licensed caregiver. When results are called and verbally given, laboratory employees are required to have the results repeated back and to record the date, time, and person accepting the results. When results are sent by printer to a patient care unit the laboratory will call the caregiver and indicate the results are on the printer. The caregiver will retrieve results from the printer and indicate they have the results in hand and confirm the identification of the patient using two identifiers from the printout. Results do not have to be repeated back in this instance. Laboratory will again record to whom the result was given.

BLOOD GASES

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Units</th>
<th>LOW (Less Than) Value</th>
<th>HIGH (Greater Than) Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH (arterial and venous)</td>
<td></td>
<td>7.25</td>
<td>7.55</td>
</tr>
<tr>
<td>pO2 (arterial)</td>
<td>mmHg</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>% O2 Saturation and Oxyhemoglobin</td>
<td>mmHg</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>pCO2</td>
<td>mmHg</td>
<td>20</td>
<td>70</td>
</tr>
</tbody>
</table>

CHEMISTRY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Units</th>
<th>LOW (Less Than) Value</th>
<th>HIGH (Greater Than) Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilirubin, Total (&lt; 24 hours old)</td>
<td>mg/dL</td>
<td></td>
<td>12.0</td>
</tr>
<tr>
<td>Bilirubin, Total (&gt; 24 hours and ≤ 48 hours old)</td>
<td>mg/dL</td>
<td></td>
<td>15.0</td>
</tr>
<tr>
<td>Bilirubin, Total (&gt; 48 hours old)</td>
<td>mg/dL</td>
<td></td>
<td>18.0</td>
</tr>
<tr>
<td>Calcium</td>
<td>mg/dL</td>
<td>6.0</td>
<td>12.0</td>
</tr>
<tr>
<td>Calcium, Ionzed Serum @ pH = 7.4</td>
<td>mmol/L</td>
<td>0.82</td>
<td>1.55</td>
</tr>
<tr>
<td>Carbon Dioxide</td>
<td>mmol/L</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>Carboxyhemoglobin (Carbon Monoxide, CO)</td>
<td></td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>CK (CPK)</td>
<td>IU/L</td>
<td></td>
<td>500</td>
</tr>
<tr>
<td>CK MB</td>
<td>ng/mL</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Creatinine</td>
<td>mg/dL</td>
<td></td>
<td>6.0</td>
</tr>
<tr>
<td>Glucose, &lt; 24 hours old</td>
<td>mg/dL</td>
<td>40</td>
<td>400</td>
</tr>
<tr>
<td>Glucose, 24 hours – 15 years old</td>
<td>mg/dL</td>
<td>50</td>
<td>400</td>
</tr>
<tr>
<td>Glucose, &gt; 15 years old</td>
<td>mg/dL</td>
<td>60</td>
<td>400</td>
</tr>
<tr>
<td>Glucose, Spinal Fluid</td>
<td>mg/dL</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Lactic Acid, plasma</td>
<td>mmol/L</td>
<td></td>
<td>3.4</td>
</tr>
<tr>
<td>Lead</td>
<td>ug/dL</td>
<td></td>
<td>40.0</td>
</tr>
<tr>
<td>Magnesium</td>
<td>mg/dL</td>
<td>1.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Potassium</td>
<td>mmol/L</td>
<td>2.9</td>
<td>6.0</td>
</tr>
<tr>
<td>Sodium</td>
<td>mmol/L</td>
<td>120</td>
<td>150</td>
</tr>
<tr>
<td>Troponin I ADV</td>
<td>ng/mL</td>
<td></td>
<td>0.29</td>
</tr>
<tr>
<td>Troponin I by i-STAT</td>
<td>ng/mL</td>
<td></td>
<td>0.08</td>
</tr>
</tbody>
</table>
HEMATOLOGY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Units</th>
<th>LOW (Less Than) Value</th>
<th>HIGH (Greater Than) Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blasts (previously undiagnosed patient)</td>
<td></td>
<td>Presence of any blasts</td>
<td></td>
</tr>
<tr>
<td>Fibrinogen</td>
<td>mg/dl</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>g/dL</td>
<td>7.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Heparin Level (Anti Xa assay)</td>
<td>u/mL</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>HIT (Heparin-associated Immune Thrombocytopenia)</td>
<td>Optical Density</td>
<td>OD &gt; 1,000</td>
<td></td>
</tr>
<tr>
<td>INR (International Normalized Ratio)</td>
<td></td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>Platelet Count</td>
<td>K/uL</td>
<td>50</td>
<td>1,000</td>
</tr>
<tr>
<td>White Blood Cell Count (WBC)</td>
<td>K/uL</td>
<td>2.0</td>
<td>30.0</td>
</tr>
</tbody>
</table>

URINALYSIS

- Ketosis and/or sugar in newborn
- RBC Casts
- Unidentified cells, especially those resembling tumor cells
- Urine Glucose of 1,000 mg/dL plus a positive ketone

**Significant Values**

Significant values are important laboratory results that need to be brought to the attention of a licensed care giver and may require intervention. The laboratory will follow the same documentation protocol as for Critical Values.

**DELTA CHANGE - Significant Change in Value from a Previous Value Called to Patient Care Location Within 4 Hours**

<table>
<thead>
<tr>
<th>Max Days</th>
<th>Procedure</th>
<th>Decrease of Value</th>
<th>Increase of Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days</td>
<td>Hemoglobin (Surgical or OB patient only)</td>
<td>3 g/dL</td>
<td></td>
</tr>
<tr>
<td>7 days</td>
<td>Hemoglobin (All other)</td>
<td>2.0 g/dL</td>
<td></td>
</tr>
<tr>
<td>14 days</td>
<td>Platelet Count</td>
<td>30% (if result is outside of normal range)</td>
<td></td>
</tr>
<tr>
<td>7 days</td>
<td>BUN (Inpatients only)</td>
<td></td>
<td>100% (if result is outside of normal range)</td>
</tr>
<tr>
<td>7 days</td>
<td>Creatinine (Inpatients only)</td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>2 days</td>
<td>Thyroid Stimulating Hormone (TSH) (Inpatients only)</td>
<td></td>
<td>50%</td>
</tr>
</tbody>
</table>

**TRANSFUSION MEDICINE – Called within 20 minutes**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Significant Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Antiglobulin Test (DAT) on Neonates</td>
<td>Positive</td>
</tr>
<tr>
<td>Delays in having blood available for transfusion</td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>Units</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Amiodarone</td>
<td>mcg/mL</td>
</tr>
<tr>
<td>Amikacin Peak</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Amikacin Trough</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Amitriptyline and Nortriptyline combined</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Caffeine</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Carbamazepine (Tegretol)</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Epoxide</td>
<td></td>
</tr>
<tr>
<td>Clonazepam</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Desipramine</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Digoxin (Lanoxin)</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Disopyramide</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Doxepin and Nordoxepin combined</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Ethosuximide</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Gentamicin</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Imipramine and Desipramine combined</td>
<td>ng/mL</td>
</tr>
<tr>
<td><strong>Lead</strong></td>
<td>ug/dL</td>
</tr>
<tr>
<td>Lidocaine</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Lithium</td>
<td>mmol/L</td>
</tr>
<tr>
<td>Meprobamate</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>umol/L</td>
</tr>
<tr>
<td>Mexilefine (Trough Level)</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Nortriptyline</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Phenobarbital</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Phenytoin (Dilantin)</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Phenytoin, Free</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Primidone</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Procainamide</td>
<td>ug/mL</td>
</tr>
<tr>
<td>NAPA</td>
<td></td>
</tr>
<tr>
<td>Quinidine</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Salicylate</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Theophylline</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Thiocyanate</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Tobramycin</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Valproic Acid (Depakene)</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Valproic Acid, Free</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Vancomycin (1)</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Vitamin D, 25-OH (2)</td>
<td>ng/mL</td>
</tr>
</tbody>
</table>
INFECTIOUS DISEASE – Called same day as test completed

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Significant Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>Positive</td>
</tr>
<tr>
<td>Chlamydia trachomatis, Amplified Detection</td>
<td>Positive</td>
</tr>
<tr>
<td>GC, Amplified Detection</td>
<td>Positive</td>
</tr>
</tbody>
</table>

MICROBIOLOGY – Called within 1 hour

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Significant Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFB - Acid-Fast Culture / Smear</td>
<td>All positive</td>
</tr>
<tr>
<td>Bacterial Antigen Detection (CSF)</td>
<td>All positive</td>
</tr>
<tr>
<td>Blood Culture</td>
<td>Initial Positive Detection; Org. ID &amp; Sensitivity</td>
</tr>
<tr>
<td>Blood Parasites</td>
<td>Positive</td>
</tr>
<tr>
<td>Body Fluid – Gram Stain / Culture</td>
<td>Initial Positive Detection from Sterile Sites</td>
</tr>
<tr>
<td>C. Difficile Toxin (Inpatients / LTC only)</td>
<td>Positive</td>
</tr>
<tr>
<td>CSF Gram Stain / Culture</td>
<td>Positive</td>
</tr>
<tr>
<td>Cryptococcal Antigen (CSF)</td>
<td>Positive</td>
</tr>
<tr>
<td>Cryptosporidium</td>
<td>Positive</td>
</tr>
<tr>
<td>Giardia Antigen</td>
<td>Positive</td>
</tr>
<tr>
<td>Group B Strep (Newborn)</td>
<td>Positive</td>
</tr>
<tr>
<td>Herpes Simplex (Newborn)</td>
<td>Positive</td>
</tr>
<tr>
<td>Legionella</td>
<td>Positive</td>
</tr>
<tr>
<td>Malaria</td>
<td>Positive</td>
</tr>
<tr>
<td>Nocardia or Actinomycetes</td>
<td>Positive</td>
</tr>
<tr>
<td>Ova and Parasites</td>
<td>Pathogens</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Positive</td>
</tr>
</tbody>
</table>

PATHOLOGY – Called within 12 hours of Diagnosis Determination

<table>
<thead>
<tr>
<th>Procedure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Any unexpected malignancy</td>
<td></td>
</tr>
<tr>
<td>Unsuspected viral infection</td>
<td></td>
</tr>
<tr>
<td>Any communicable disease which requires MDH notification</td>
<td>(Also fax a copy of results to HE Infection Control)</td>
</tr>
<tr>
<td>All newly-diagnosed hematology malignancies</td>
<td></td>
</tr>
<tr>
<td>Positive AFB or fungal stains (exception: skin and toenail fungus)</td>
<td></td>
</tr>
<tr>
<td>POC suction curettage specimens without villi</td>
<td></td>
</tr>
<tr>
<td>Vasculitis</td>
<td></td>
</tr>
<tr>
<td>Adipose tissue in endometrial curettage</td>
<td></td>
</tr>
<tr>
<td>Other unusual findings noted by pathologist</td>
<td></td>
</tr>
</tbody>
</table>

Update History:
1. Toxicology List updated through the HealthEast P&T Committee, effective 9/2/08
2. Medical Staff review and approval of Critical Value list 12/18/08
3. Vitamin D added as Significant Value 4/15/09 (new testing in HealthEast)
4. BUN, Creatinine, TSH excluded for HML Clients effective 10/30/09
5. Malaria, C. Difficile Toxin added as Significant Values effective 12/15/09.
6. Troponin by i-STAT added effective 12/15/09
7. Medical Staff review and approval of Critical Value list 2/15/10.
8. Cryptosporidium, Giardia Antigen, Ova & Parasites, and Pertussis added to Microbiology Call List 1/14/11.
9. Glucose low critical cut-off changed from <50 mg/dL to <60 mg/dL 9/15/11
10 Glucose low critical cut-off for Newborns changed from 44 mg/dL to 40 mg/dL 4/16/12
11 Hemoglobin low critical cut-off changed from 8.0 g/dL to 7.0 g/dL 4/16/12
12 Heparin Level (Anti-Xa) critical cut-off changed from 1.3 u/mL to 1.2 u/mL 4/16/12
13 HIT change from “positive” to optical density > 1.000 4/16/12
14 Add pCo2 upper limit of > 70 mmHg and lower limit of < 20 mmHg to Blood Gas Critical Values 7/1/13
15 Glucose high critical cut-off changed from >500 mg/dL to >400 mg/dL. Other Significant Value changes in Toxicology as highlighted. 4/15/15.
16 Mayo revision of Significant values for Amikacin (peak and trough), Ethosuximide, and Procainamide 6/26/15
17 Updated Pathology Section of Significant Values 10/15/15
18 Removed Thrombin Time since no longer performed. Amiodarone units and value change. 12/31/15
19 Updated Carbamazepine (Tegretol) – Epoxide High value 5/1/16
20 Updated critical level for Lead, Added significant value for Lead 3/1/17
### CHEMISTRY

| TEST               | RESULT   | ADULT REFERENCE RANGE | HEMATOLOGY
|--------------------|----------|------------------------|-------------
| Glucose           | 70-125 mg/dL | WBC 4.0 - 11.0 K/uL   | PMNs 50 - 70%
| BUN               | 8 - 28 mg/dL  | RBC M 4.4 - 6.2 ml     | Bands 0 - 8%
| Creatinine        | M 0.7-1.30 mg/dL | F 3.8 - 5.4 ml        | Lymphs 20 - 40%
| Cholesterol       | 0 - 200 mg/dL | Hemoglobin M 14 - 18 g/dL | Monos 2 - 10%
| Triglycerides     | 0 - 150 mg/dL | M 40 - 54%             | Basos 0 - 2%
| HDL Chol          | >40 mg/dL   | MCV 80 - 100 fl        | Metamyelos 0 - 0.1%
| Calc: LDL Chol    | 0 - 130 mg/dL | MCH 27 - 34 pg         | Myelocytes 0 - 0.1%
| T. Bilirubin      | 0 - 1.0 mg/dL | MCHC 32 - 36 g/dL      | Nucl. RBC per 100
| Potassium         | 3.5 - 5.0 mmol/L | RDW 11.0 - 14.5 %     |
| CO 2              | 22 - 31 mmol/L | Platelets 140 - 440 K/uL |
| Chloride          | 98 - 107 mmol/L | Retic Count 0.010 - 0.110/uL |
| CK                | 30 - 190 IU/L | Sed Rate M 0 - 15 mm/hr | PTT 24 - 37 sec |
| LDH               | 125-220 IU/L | ESR (ESR) F 0 - 20 mm/hr |
| AST               | 0 - 40 IU/L  | (Indicate test result by circling appropriate result.) |
| ALAT              | 0 - 45 IU/L  |
| Gamma GT          | 0 - 50 ug/dL |
| Uric Acid         | M 3.0 - 8.0 mg/dL | F 2.0 - 7.5 mg/dL     |
| Calcium           | 8.5 - 10.5 mg/dL | Glucose Neg Trace 250 500 >1000 |
| Phosphorus        | 2.5 - 4.5 mg/dL | Bile Pigments: Neg Sm Mod Large |
| T. Protein        | 6 - 8 g/dL    | Ketone Neg Trace 15 40 > 80 |
| Albumin           | 3.5 - 5.0 g/dL | Specific Gravity 1.0 Squamous Epith. /hpf |
| Iron              | 42 - 175 ug/dL | Hgb: Neg Trace Small Mod Lrg Bacteria |
| pH                |
| Protein           | Neg Trace 30 100 >300 Other |

### URINALYSIS

- Color
- Urobilinogen 0.2 1 2 4 > 8
- Nitrite Neg Pos
- Leukaeose: Neg Trace
- Squamous Epith. /hpf
- Amorph. Matrix

### MICROBIOLOGY

<table>
<thead>
<tr>
<th>ORGANISM</th>
<th>QUANTITY</th>
<th>ORGANISM</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enterococcus</td>
<td>I</td>
<td>Group B Strep</td>
<td>J</td>
</tr>
<tr>
<td>Klebsiella pneumoniae</td>
<td>K</td>
<td>Proteus mirabilis</td>
<td>M</td>
</tr>
<tr>
<td>Pseudomonas aeruginosa</td>
<td>N</td>
<td>Stenotrophomonas maltophilia</td>
<td>O</td>
</tr>
<tr>
<td>E. coli</td>
<td>G</td>
<td>Candida glabrata</td>
<td>P</td>
</tr>
</tbody>
</table>

### THERAPEUTIC DRUGS

<table>
<thead>
<tr>
<th>DRUG</th>
<th>RESULT</th>
<th>THER. RANGE</th>
<th>SENSITIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbamazepine</td>
<td>4 - 12 ug/mL</td>
<td>G - E. coli</td>
<td>Oxacillin</td>
</tr>
<tr>
<td>Digoxin</td>
<td>0.5 - 2.0 ng/mL</td>
<td>H - Enterobacter cloacae</td>
<td></td>
</tr>
<tr>
<td>Diltiazem</td>
<td>10 - 20 ug/mL</td>
<td>Sensitivity</td>
<td></td>
</tr>
<tr>
<td>Lithium</td>
<td>0.6 - 1.2 mmol/L</td>
<td>Organism</td>
<td></td>
</tr>
<tr>
<td>Phenobarbital</td>
<td>20 - 40 ug/mL</td>
<td>Levofloxacin</td>
<td>Aztreonam</td>
</tr>
<tr>
<td>Theophylline</td>
<td>10 - 20 ug/mL</td>
<td>Augmentin</td>
<td>Ceftazidime</td>
</tr>
<tr>
<td>Cefazolin</td>
<td>Oxacillin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceftiraxone</td>
<td>Penicillin G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>Tetracycline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clindamycin</td>
<td>Tobramycin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erythromycin</td>
<td>Trimeth/SMX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gentamicin</td>
<td>Vancomycin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST</th>
<th>RESULT</th>
<th>ADULT REFERENCE RANGE</th>
<th>ORGANISM</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceftriaxone</td>
<td>Penicillin G</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetracycline</td>
<td>Clindamycin</td>
<td>Tobramycin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trimeth/SMX</td>
<td>Erythromycin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vancomycin</td>
<td>Gentamicin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Indicate the organism name by placing the corresponding letter code in the top line of the "Sensitivity" Section. S = Sensitive  R = Resistant  I = Intermediate  > = Greater than  < = Less than
Pipette Verification

CLIA requires that semi-automated pipettes have their calibration verified at least once per year.

HealthEast Medical Laboratory will provide this service for a nominal fee. For the current fee please contact the sales manager at 651-326-3558.

Send your pipette via the courier, attention: “Chemistry Department.” Please include 10-12 pipette tips along with your pipette. Turnaround time can take up to 1 week unless you call ahead and schedule the calibration with the Chemistry department at 651-232-3345.

Please make a copy of this sheet, complete the information below, and remit with your pipette.

Clinic Name: ________________________________

Clinic HML Account Number: ________________________________
(can be found on requisition, also is your LabWorks number)

Clinic Address: _________________________________________
________________________________________________________________

Clinic Contact Person: ________________________________

Clinic Phone Number: ________________________________

Cost: $15.30/pipette

Pipette brand: ________________________________

Pipette volume: ________________________________

(remember to include 10-12 pipette tips)
**Requisition Forms**

### Patient Information

<table>
<thead>
<tr>
<th>Ordering Physician Name</th>
<th>Physician Phone (Required include International and/or Area Code)</th>
<th>Fax*</th>
</tr>
</thead>
</table>

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

### Clinical Information

1. **Serum Collection Date:** [Enter Date]
2. **Birth Date:** [Enter Date]
3. **EDD:** [Enter Date] by [Ultrasound] or [LMP]
   - Note: Dating method impacts risk calculation and screening performance. Ultrasound dating increases overall screening performance and is required for twin gestations.
4. **Weight:** [Enter Weight] lbs or kg

### Clinical History

5. **Medication Dependent Diabetic?** □ Yes □ No
   - Select Yes if patient has a history of medication dependent diabetes mellitus (DM) at the time of conception (oral or insulin).
6. **Race?** □ Black □ Other/Non Black/Mixed
7. **Number of fetuses?** □ 1 □ 2 □ 3 (Note: Risk estimate not available for 3 or more fetuses.)
   - If twins, number of chromes: □ Monochromic □ Dichromic □ Unknown
8. **In Vitro Fertilization (IVF)?** □ Yes □ No
   - The age of the egg affects the risk calculations.
   - If egg donor (other than patient), need donor DDE: [Enter Date] or current age:
9. **If frozen egg or embryo used, how long was egg or embryo stored?** [Enter Date]
10. **Has the patient had a previous pregnancy with Down syndrome (trisomy 21) or other aneuploidy?** □ Yes □ No
11. **Has the patient had a previous pregnancy with Neural Tube Defects (NTDs)?** □ Yes □ No
12. **Does the patient or father of the baby have a Neural Tube Defect?** □ Yes □ No

### General Risk Assessment Information

- Neural tube defect (NTD): risk assessment is available from 15 weeks, 16-18 weeks is preferred.
- Down syndrome and trisomy 18 risk assessment is available from 14 weeks, 16-18 weeks is preferred.

*Information required:
- By providing all information listed above, the most accurate patient-specific risk can be calculated.
- An uninterpretable report will be generated when the following are not provided: Serum collection date, Birth Date, EDD, and weight.

---

Please staple this form to the HML request form. All of the data is required for interpretation of results.

This form is to be completed when ordering (QD) Alpha-Fetoprotein (AFP) Four-Marker Maternal Screen, or (AFA) Alpha-Fetoprotein, Amniotic Fluid.
Client ID# XXXX
Facility Name:
Address: 1325 University Avenue
City, State, Zip: Minneapolis, MN 55543
Phone: ____________________________
Results Fax: ________________________

Lab Requests: Fax to 651-326-8043
Customer Service # 651-232-3500 Option # 5
45 West 10th Street • St. Paul, MN 55102
www.healtheast.org/html

<table>
<thead>
<tr>
<th>DRAW REQUEST DATE</th>
<th>Please Print - PATIENT LAST NAME</th>
<th>Please Print - PATIENT FIRST NAME</th>
<th>DOB</th>
<th>Specimen Collection Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOM NUMBER</td>
<td>ICD-10 CODE(S):</td>
<td><strong>☐ Specimen Collection Date and Time</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gender – Circle One**

- **M**
- **F**

**Room Number**

**Please Print - PROVIDER FIRST NAME**

**Please Print - PROVIDER LAST NAME**

**CHEMISTRY / SEROLOGY**

- ALB
- ALB
- ALT
- ALT (SGPT)
- AMY
- AMY
- ANA
- ANA
- AST
- AST
- BNP
- BNP
- BUN
- BUN
- CA
- CA
- CHO
- CHO
- CRP
- CRP
- CREAT
- CREAT
- LT4
- LT4
- FERR
- FERR
- FOL
- FOL
- GLU
- GLU
- A1C
- A1C
- LFT
- LFT
- HBsAg
- HBsAg
- HBsAb
- HBsAb
- HCV
- HCV
- HIV Ag/AB
- HIV Ag/AB
- PSH
- PSH
- TSH
- TSH
- T3
- T3
- T4
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- T4

**CHEMISTRY / SEROLOGY**

- LPS
- LPS
- LIP
- LIP
- LYM
- LYM
- MG
- MG
- PH
- PH
- PHM
- PHM
- PS
- PS
- PB
- PB
- PN
- PN
- PC
- PC
- PT
- PT
- PP
- PP
- PR
- PR
- PS
- PS
- RQ
- RQ
- SR
- SR
- STH
- STH
- TG
- TG
- TM
- TM
- TR
- TR
- URI
- URI
- UR
- UR
- U
- U
- UT
- UT
- VD
- VD
- VT
- VT
- VR
- VR
- WT
- WT
- XX
- XX
- YY
- YY
- ZZ
- ZZ

**THEHERAPEUTIC DRUGS**

- CAR
- CAR
- DIG
- DIG
- DLN
- DLN
- DLT
- DLT
- DPT
- DPT
- ERY
- ERY
- HGB
- HGB
- HEM1
- HEM1
- HEM2
- HEM2
- INR
- INR
- MOR
- MOR
- PTT
- PTT
- WBC
- WBC
- PLT
- PLT
- CD4
- CD4
- BC
- BC
- EAR
- EAR
- MRS
- MRS
- STD
- STD
- TC
- TC
- WD
- WD
- GSA
- GSA
- FAB
- FAB
- OPS
- OPS

**EXTRA**

#XXX

**Phleb Notes:**

- Incomplete Req.
- UNC Form
- Completed
- Notified Staff

**Tube(s) Drawn:**

- B
- L
- R
- G

**Site (check one):**

- LH
- RH
- OTHER

**Time/Phleb ID:**

PLACE SCANNING LABEL HERE

Version 9/15
Clinical Laboratory Request Form Instructions:

*Required Fields* – Patient’s complete name (as it appears on their insurance card) and date of birth are required to process your request. If the complete name and/or date of birth are missing, the specimen will be rejected. All other required fields are essential information needed for billing purposes. If this information is not provided, HML billing staff will call your facility One Time to obtain missing information. If the information is not received from your facility within three business days, charges will be billed back to the facility. If you have any questions or concerns regarding the lab requisition forms or the information required, please feel free to contact our client billing department at 651-232-1122.

1. **Client Account Information:** This section will be prefilled by HML staff. It includes client number, name, address, telephone number, and billing numbers. This will assist our data entry and billing personal.

2. **Physician Name:** Space is provided to write in the ordering provider’s full name. Please note that we must have the provider’s complete first and last name.

3. **Stat/Special Instructions:** STAT – Check (✓) if test is ordered in a medical emergency. All results will be reported stat via normal reporting processes. Special Instructions – Check (✓) if results need to be faxed or called in addition to being reported stat via normal reporting processes.

4. **Patient Information:** Print patient’s complete legal name (as it appears on their insurance card). Please note that the specimen that is submitted with this requisition must be labeled with the exact same patient information.

5. **DOB (Date of Birth):** This is needed for billing purposes, as well as for accurately reporting age-related reference values.

6. **Patient Chart #:** Optional information that, if provided, will print on the test report.

7. **Room/Bed #:** Optional information that, if provided, will print on the test report.

8. **Sex:** Check (✓) male or female; needed for sex-related reference values.

9. **Patient Address:** It is necessary to provide the patient’s address, unless the charges for testing will be billed back to the client.

10. **Patient Diagnosis and/or ICD-10 Codes:** We recommend completing this section on all patients in order to relate abnormal laboratory results to a patient’s clinical condition. **Required for all third-party billing.**

11. **Bill To:** Check (✓) one of the billing options, indicating how billing should be handled. If there is no check, your account will be billed.

12. **Specimen Type/Special Instructions:** Check (✓) the appropriate specimen type. This section is especially important for timed urine specimens and for alerting HML personal that will be performing a draw, to seek assistance.

13. **Collection Date:** Date specimen was collected from the patient.

14. **Collection Time:** Time of specimen collection.

15. **Collected By:** Optional for client staff, Mandatory for specimens collected by HML personal.

16. **Source/Site:** Indicate source or site for all non-blood specimens. Used to document site of draw for all specimens drawn by HML personal.

17. **Standing Order Information:** This area is to be completed by facilities that require lab testing for patients on a regularly scheduled basis. These draws are managed by HML.

18. **Order Information:** Check (✓) all tests ordered by the provider. When Medicare reimbursement is sought, only order tests which are medically necessary.

19. Any test not found on the requisition can be printed in this section.

20. Legend for reference to tube type/collection container.
21. For requests to be drawn by HML staff, fax requisition to 651-326-8043. If less than 12 hours before collection time, please call Customer Service at 651-232-3500 to confirm receipt.

Reorder Options:
- Call Customer Service at 651-232-3500
- Fax a supply request from or the requisition reorder form to 651-232-3370

Please allow 7-10 business days for reorder requests. You must indicate if you want a master PDF file emailed and supply an email address or if you want printed master copy sent via courier to your facility.

HML LABORATORY SUPPLIES - Online Ordering -
Please visit the Online Supply Order Page at: www.healtheast.org/hml
OR https://www.healtheast.org/forms/form-hml-supply-request.html

Complete the requested information and click on “Submit Request”,
You will receive an email receipt confirming your order.
(If you do not receive an email confirmation of your order – your order did not go through, PLEASE RESEND)

Most supply order turnaround times are within 5 -7 business days.
Faxed supply requests are no longer be accepted

Questions? Please call HML Customer Service 651-232-3500 #5
Authorization to Perform Laboratory Tests

Date: _____________________     Client Name: ______________________________

Ordering Physician: ____________________   Client Phone #: _________________

Please call Customer Service at 651-232-3500, option #5, to determine if specimen is available and acceptable for add-on test.

The HML representative I spoke with was ______________________________

To authorize the testing described below, please complete this form and return by fax to:
HealthEast Medical Laboratory
Fax Number: 651-232-3370

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<th>Test Requested</th>
<th>ICD 10 Code(s)</th>
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Patient Name: _____________________________________________________

Date of Birth: _______________ Original Specimen Collection Date: __________

Print Name of Clinician: ______________________________________________

Signature of Clinician/Provider: ________________________________________

When Medicare reimbursement is sought, only order tests which are medically necessary.