

## Blanchard Valley Health System Laboratory Services

Blanchard Valley Hospital 1900 South Main Street Findlay, OH 45840  
Bluffton Community Hospital 139 Garau Street, Bluffton, OH 45817  
Armes Family Cancer Care Center 15990 Medical Drive S, Findlay, OH 45840

### Laboratory Requisitions Procedure (LTR27573)

Last Approved By: Hughes, Douglas (2/8/2018 5:35:17 AM)

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**Attention: Printed copies MAY NOT be the most current information. Please consult the Lab QMS for the current version.**

## Laboratory Requisitions

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### PRINCIPLE

Correct patient information such as name, address, date of birth, social security number, as well as relevant clinical information will help to ensure that an accurate diagnostic evaluation is performed on all specimens submitted to the laboratory.

### POLICY

The purpose of this policy is to ensure that accurate patient information such as proper identification, contact information, requested tests, clinical diagnosis, physician information, specimen type, and sample collection information is accurately conveyed from the submitting provider to the laboratory. This information is essential for the correct diagnostic evaluation of all specimen types. Missing information may result in delayed testing.

### PROCEDURE

#### Completion of Laboratory Testing Request Form:

**NOTE:** In order to ensure that accurate information is submitted please print legibly. Illegible printing or writing may cause an unnecessary delay in processing of the requisition and the resulting of test(s).

1. Name: (Print) Last, First and In(itial): Enter patient's proper name (No nicknames or abbreviation)
2. Address: Enter the patient's complete and accurate address.
3. Phone: Enter the patient's phone number including area code.
4. Birth date: Enter the patient's date of birth. Two forms of patient identification are required for patient registration.
5. S.S. # Enter the patient's social security account number. Two forms of patient identification are required for patient registration.
6. Medicare/Medicaid:/ Client: Please check appropriate box.
7. Testing Date: Enter the date testing is to be done.
8. Admission Date: Enter admission date, if applicable.
9. Surgery Date: Enter surgery date, if applicable.
10. Procedure Date: Enter procedure date, if applicable.
11. Fill in the following boxes:  Male, Female, Inpatient, 23 Hr Observation, FSC, Same Day, Surgery, CDS 11 Procedure, Clinical Service, Pre-Operation, other

12. **LABORATORY:** Order appropriate test(s). (Use this in conjunction with the **Attention Patient:** at the top of the form.) It is vitally important that all instructions are followed to ensure accurate test results. Consult the Laboratory Collection Manual and explain any special instructions if indicated. In addition, patients should call (419)-423-5304 (Findlay) or (419)-369-2305 (Bluffton) before tests are performed to be sure the hospital has all necessary registration/insurance information.
13. **Date and Time of Primary Sample Collection (and Source where appropriate):** The laboratory is required to have record on the testing requisition of the specific date and time of sample collection, a description of the specific source of sample collection, and, where appropriate, type of infection and/or organism expected..
14. **Check off the appropriate facility:** Please indicate on the form which office is requesting the testing.
15. **Fax Results To:** Enter the phone number, including area code, where results are to be faxed.
16. **Phone Results To:** Enter phone number, including area code, where results are to be called.
17. **Additional Orders:** Enter additional orders not listed on requisition.
18. **Diagnosis:** Enter patient's diagnosis. Diagnosis must fit requested testing in order to receive proper reimbursement.
19. **Provider's Signature:** Enter the provider's signature. The laboratory is required to have a provider's signature on all test requests.
20. **Provider's Address:** Enter the provider's address on the space provided. The laboratory is regulated to have the provider's address on all testing requisitions.

**NOTE:** It is the responsibility of the ordering physician to request only tests that are medically necessary for the diagnosis or treatment of a patient. Tests ordered for screening purposes are not covered for Medicare patients.

Contact Phone Numbers:

- Patient Testing Blanchard Valley Hospital (Centralized Scheduling) - (419) 423-5323
- BVH Out-Patient Laboratory – (419)-423-5328
- BVH Laboratory- (419)-423-5318
  
- Patient Testing Bluffton Hospital- (419)-358-9010
- Bluffton Hospital Laboratory- (419)-369-2315

Form Copies:

1. Top white copy is scanned into the Meditech by laboratory personnel and then sent to Medical Records.
2. The yellow and pink copies are filled in the laboratory and retained for at least one month before being discarded

Related Documents:

1. Specimen Processing Procedure
2. Registration Short Form
3. Requisition Entry Lab/Micro/Blood Bank
4. MIS Downtime Procedure for the Reporting of Patient Results
5. Cytology Requisitions

