Patient Registration in **BEAKER**

Submitters

and

Providers

Say a patient or a sample comes in with this....



You need to enter lab orders into Beaker through Requisition Entry (Req Entry)

		ENT - EHS PRD - SAM	ANTHA C.					- 5	a x
Epic V Specimen quiry Requis	ition Entry	isition Inquiry Rev	venue/Usage Repor	t 🐵 Charge Router Reports 🗸 🕼 Create Lab Encounter 🏠 Patient Station	Record Viewer		S A GPriv	nt - 🧟 Lo	og Out 🗸
Lab Supervisor/Manager								? Re	size 🗘
Lab Supervisor/Manager 📮									
Participation Summary 5			• ≣ -]	🗐 My Reports - RW 5 🔹 📼	🕈 Test Census Reports 5		Alcrobiology Reports 5	▼≣ -	
Section Sime Special Chemistry	Total 55	Overdue 20	Near Due 9	🕈 Cancel, Redraw, Add-On Reports 5 🔹 👻	My Lab Tests Verified (My Lab) - Past 24 Hours		Microbiology Tests Verified (All Labs) - Past 30 Days Blood Culture Contamination Report (Last 3 Months)		C
Sjinc Chemistry Sjinc Chemistry Sjinc Chagulation	178 694	20 20 31 0	8 42 0	Canceled Tests (All Labs) - Today Canceled Tests (All Labs) - Past 7 Days Canceled Tests (All Labs) - Past Month	All Labs Tests Verified (All Labs) - Past 24 Hours Tests Verified (All Labs) - Past 30 Days		Organism Results (All Labs) - Past 7 Days Susceptibility Results (All Labs) - Past 7 Days Micro Exception - Strep Pneu, MRSA, VRE, CRE, ESBL - P	ast 24	Ŷ
Sjine Googlaaden Sjine Googlaaden Sjine Frocessing Sjine Heinglynie	1,668 11 26	181 11 1	22	Redrawn Tests (All Labs) - Today Redrawn Tests (All Labs) - Past 7 Days Redrawn Tests (All Labs) - Past Month	Critical Results Reports 5		Hours Micro Exception - Aspergillus, Bacillus, Haemophilus, or L Genus - Past 24 Hours Micro Exception - AEB - Past 24 Hours	isteria	
Sjinc Unitarysta Sjinc Immunology Sjinc Point Of Care Data collected on: Fri 10/7 04:32 PM	574 0	435 0	42 0	Completed Add-On Tests (All Labs) - Past 7 Days Completed Add-On Tests (All Labs) - Past 7 Days	My Lab Critical Verified Results (My Lab) - Past 24 Hours Critical Verified Results (My Lab) - Past 7 Days Critical Verified Results (My Lab) - Past Month		Micro Exception - Stool e Coli - Past 24 Hours Micro Exception - Stool Salmonella, Shigella, Campylobac Yersinia, Vibrio genus - Past 24 Hours Micro Exception - CSF Cultures - Past 24 Hours	cter,	
Refresh Canceled Tests Summary - This Mor	nth		- ≣	Orders with Add-On Priority - Today Orders with Add-On Priority - Past 7 Days Orders with Add-On Priority - Past Month	All Labs Critical Verified Results (All Labs) - Past 24 Hours Critical Verified Results (All Labs) - Past 7 Days Critical Verified Results (All Labs) - Past 7 Days		Micro Exception - Stool Positive Shiga Toxin - Past 24 Hou Positive PCR Results (All Labs) - Past 24 Hours Positive PCR Results (All Labs) - Past 30 Days Influence Dearth (All Labs)	IS	
No instance of this report is ready to view					Child Vehilled Results (All Labs) - Last month	_			
Report: FHS LAB Canceled Specimens (DAS	3HBOARD USE)		/	♂ Turnaround Time Reports 5	Specimen Tracking Reports 5		C Reports 5	▼≣ -	
Refresh as of 03:54:41 PM			Run Report	My Lab	Ordered but Not Collected Orders Not Collected - Older than 1 Day		My Signed QC Reports - Past 2 Weeks QC Outliers - Past 7 Days		
🖽 Redrawn Tests Summary - This Mon	ith			STAT Turnaround Times (my Lab) - Today STAT Turnaround Times (My Lab) - Past 7 Days	Orders Not Collected (Rita's Oncology Report) Collected		Miscellaneous Reports 5		
No instance of this report is ready to view				ED Turnaround Times (All Labs) - Today	Specimens Collected Per Hour (All Labs) - Today Specimens Collected Per Day (All Labs) - Past 7 Day	/s	Corrected Results		
Report: FHS LAB Redrawn Specimens (DASI	HBOARD USE)			STAT Turnaround Times (All Labs) - Tast / Days	Unreceived Specimens Not Received (All Labs) - Past 24 Hours		Corrected Reports (All Labs) - Past 24 Hours Corrected Reports (All Labs) - Past 7 Days		
Refresh as of 03:54:41 PM			Run Report	STALL turnaround Times (Air Laos) - Pascin Days	Specimens Not Received (All Labs) - Past 7 Days Received		Corrected Reports (All Labs) - Past Month Null Reported Component Values - Past 7 Days		
E Corrected Tests Summary - Past 30	Days		VE -	Client Services and Sendouts Reports 5	Specimens Received Per Hour (All Labs) - Today Specimens Received Per Day (All Labs) - Past 7 Day	/S	Printed Documents Miscellaneous Test		
No instance of this report is ready to view			/	Client Services Reportable Tests with Abnormal Results (All Labs) - Past 24 Hours	Specimens Received Per Day (All Labs) - Past Month	·	Miscellaneous Tests (All Labs) - Past 30 Days Charges		
Report: FHS LAB Corrected Reports (All Labs	s) - Past Month			Client Billing - Past 24 Hours			Tests Without Charges - Past 7 Days Requisitions Without Charges - Past 7 Days		
Refresh as of 03:54:41 PM			Run Report	Pending Sendout Tests (All Labs) - Past 7 Days Requisitions			Bundleable Charges - Past 7 Days	/	
🖽 Requisitions Entered per Day (Past 7	/ Days)			Requisitions Entered (All Labs) - Past 24 Hours Requisitions Entered (All Labs) - Past 7 Days					
No instance of this report is ready to view				Requisitions Entered (All Labs) - Past Month Reference Lab Charges - Past 60 Days					
Report: FHS LAB Requisitions Entered (All Lr	abs) - Past 7 Days								
Refresh			Run Report						
PAMI Test Directory Website (click	to expand)								

In Req Entry you see this:



THIS IS WHERE YOU INPUT THE SUBMITTER





THE SEARCH DROP-DOWN WILL SHOW YOU: "Center for Min Invasive Surgery" – our **SUBMITTER**!

Requisition Entry						
🌭 Clear 🦗 Accept & <u>N</u> ew → 🛛 🕫 Set Defa	aults 🛛 🖮 Labels & D <u>o</u> cs 👕 Reg 💁 <u>S</u> can 🗸 🌗 Charge En	try 🔏 Non- <u>h</u> uman				
Submitter: CENTER	FOR	P Requisition number:	RQ82129	/	Patient:	
Patient alias:		Address:			State:	
SSN:	P Record Sele			□	County:	
DOB:	Search: CENTER FOR MIN			<i>,</i> 2	Country:	
Requisition #:	% ID Submitter 3976 Center for Min Invasive Surg 3629 CENTER FOR WEIGHT LOSS SURGERY 4208 Family Center for Behavioral Health 3776 NW CENTER FOR ENVIRO MED 3777 NW Center for Integrative Medicine 3778 NW Center for Plastic & Reconstructurg 4092 THE CENTER FOR WOMENS HEALT	Street address 1802 So Yakima #202, Tacoma W 34509 9TH AVE S STE 103, FEDE 4799 Point Fosdick Dr NW #302, 0 8195 166TH AVE NE STE 101, RE 2702 South 42nd St.#310, Tacoma 16259 Sylvester Rd SW, Burien W 16122 8TH AVE SW STE E1, SE/	Type A 98405 Submitter - Regular Delivery (R LA ERAL WAY WA 98003 Submitter - Regular Delivery (R LA Gig Harbor WA 98335 Submitter - Delivery All Final (R LA EDMOND WA 98052-3960 Submitter - Delivery All Final (R LA a WA 98409 Submitter - Regular Delivery (R LA /A 98166 Submitter - Delivery All Final (R LA ATTLE WA 98166 Submitter - Delivery All Final (R LA Submitter - Delivery All Final (R LA Submitter - Delivery All Final (R LA Submitter - Delivery All Final (R LA Submitter - Delivery All Final (R LA	C 8) C 8) AC 3) AC 3) C 8) AC 3) C 8) C 8)	nt Bill Status S	Specimen Type
Specimen		Coll Date	e [7] Coll Time Collector External ID Draw Type A	C La	b Reg Comm Reg Com	nments
1						intento

WHEN YOU FIND YOUR SUBMITTER, CLICK "Accept"

There may be more than one... Make sure you have the right address...

A Beaker Req # is automatically assigned...

				(?) Actions 👻 Resize 🗘 Close
Reg 월Scan → ♥Charge	Entry Non- <u>n</u> uman			
Center for Min Invasive Surg	Requisition number:	RQ96687	Patient:	. · · · · · · · · · · · · · · · · · · ·
	Address:		State:	ZIP:
Sex:			County:	
TOB:	City (or ZIP):		Country:	

- Write that Req # on the original lab orders
- Enter the patient name, info, and diagnoses codes in Req Entry from the requisition
- Always Verify the date of birth

Note 1:

If the patient has been registered before, their information will fill in automatically on the screen. Verify the date of birth and patient name before proceeding

Note 2:

If registering a patient for the 1st time in EPIC enter the name exactly as noted on the lab orders/req including the dob and gender.

A Note on Registering Pt Names...

<u>Note:</u> It may be a **best practice** to search for the patient name using the first three initials of the last name, then the first three initials of the first name. (last 3, first 3) and the gender. **Then** select the patient by matching the date of birth to the full name.

Here's Why:

When a patient has been seen before, we want to choose the Epic record previously created to prevent multiple entries of the same patient. Sometimes the handwritten orders/req doesn't agree with the Epic record.

When registering a patient for the first time, enter the name exactly as noted on the orders/req

Make sure you SCAN the original Req/lab orders

				2 Actions ▼ Resize ♦ Close
🗠 Set Defaults 🛛 🖶 Lab <mark>els 🛛 Docs 懂 Reg 🗟 S</mark> can 🗸 🍓 Charge B	™ 🐒 Non- <u>h</u> uman			
Center for Min Invasive Surg	P Requisition number:	RQ96687	Patient:	i
	Address:		State:	ZIP:
Sex:			County:	
TOB:	City (or ZIP):		Country:	

Scanning the requisition makes it immediately available in the patient's records for reference

Title the scan: "Lab Requisition" or "Lab Req"

Scan any other pertinent paperwork the patient brings in with the orders. If the patient signs a request to release their records for pickup, scan that too and title it "Consent for Release"

Place the scanned original documents in the appropriate folder/location for transport or archiving

See the Beaker guide for detailed instructions on scanning

Authorizing Providers

- Are those responsible for authorizing the lab work
- Are needed for proper billing
- Are who the results will be sent to either by fax or mail
- Give Client Services an address on the results reports for mailing purposes
- Are usually non-FHS providers if entered using REQ Entry





AFTER ENTERING PATIENT-SPECIFIC INFO, ENTER THE **AUTHORIZING PROVIDER's** NAME IN THE AUTHORIZING PROVIDER BOX:

Requisition Entry					? Actions 👻 Resize 🗢 Close 🗙
≫ Clear Maccept & New →	🖏 Set Defaults 🛛 🖶 Labels & D <u>o</u> cs 🟥 Reg 💁 <u>S</u> can 👻 🌍 Charge E	ntry 🐒 Non- <u>h</u> uman			
Submitter:	Center for Min Invasive Surg	Requisition number:	RQ78481	Patient:	
Patient alias:		▼ Address:	PO	▲ State:	WA 🔎 ZIP: 98338
SSN:	xxx-xx-	2		✓ County:	٩
DOB:	ТОВ:	City (or ZIP):	GRAHAM	Country:	United States of America
Requisition #:					
Orders [1] Billing	g Info [2]				
Diagnoses: Code	Description		Authorizing provider:	RIFENBERY, JAMES	<u>م</u> ا
1 K80.00	Calculus of gallbladder with acute cholecystitis without obstruct	tion [ICD-10-CM]	Ordering provider		<u> </u>
			Bill to:	Patient Bill	<u>م</u>

Be Careful	EvergreenHealth Heart & \ 12333 NE 130th Lane # 320, K (425) 899-0555 Fax: (425) 899	/ascular rkland, WA 98034 -9458		10/28/2016 10:29 AM Page 1 of 2 Test Form
		Test	Form	C182
On this Req, the Authorizing Provider is easy to spot	Authorizing Provider: Christoph Signing Provider: Christoph Phone: (425) 899 Fax: (425) 899	er Price er Price -0555	Service Provider: Phone:	E105 PacLab PACLAB- E1015 (425) 899-3900
And in Beaker Req Entry,	Patient Name: 425) 699	-94.58	DOB:	(425) 899-3897
in the Provider look-up, you see that name	Work Phone: Cell Phone: Resp. Provider: Christopher Pr Primary Ins: DSHS - Un	ice ited Healthcare Highline	Sex: M	
Authorizing provider:				
Search: PRICE, C % ID Provider Verified? Title Provider Type Specialty Street Address 49569 PRICE, CALLIE No SN Nursing Student 1717 S J ST TACOMA WA 98405	Phone 360-744-5707) er: 1 1 8067-1	Diagnoses HYPERCHOLEST	EROLEMIA(ICD-E78.0)
31384 PRICE, CHRISTOPHER E No MD Physician Anesthesiology 1414 North 13th Street NORFOLK 403897 PRICE, JOANNE C Yes RN Registered Nurse 11315 Bridgeport Way SW Lake to 33707 PRICE, MARY C No Physician PO BOX 50150 BELLEVUE WA 98 46110 PRICE, TYLER C No MD Physician Emergency Medicine 900 E BROADWAY Bismarck ND 9	NE 68701 402-316-4027 od WA 98499 8015-0150 425-228-5228 58501 701-530-7001	1 10/28/2016 Normal y signed by: Christopher Pr 10/28/2016 9:	ce 18:51AM	2 801d
	T) er: 118067-2	Diagnoses HYPERCHOLESTI	EROLEMIA(ICD-E78.0)
5 records total, all records loaded.		1		and the second second
Comment:	Accept <u>C</u> ancel	v signed by: Christopher Pri 10/28/2016 9:4	ce 8:51AM	
BUT this doc is from NEBR	Code Description LIPID Lipid Panel		Diagnoses HYPERCHOLESTE	EROLEMIA(ICD-E78.0)
That's unusual. We're in Washington.		love u		
So check the original <u>ORDERS</u> and ask the patient or the clinic where the doc is located and how they'd like the results delivered.	Report run by Mindy Sanders RN	BL Jos	you buy	/

Long Term Care Requisitions-

The submitter code for Stafford Health Care in requisition entry is SHC3 or 397

The submitter code for Wesley Homes Cascade Garden is WHCG or 394.



Almost always, everything you need to choose the right submitter is on the Paclab requisition!

Just an example of how Long Term Care Codes and Submitter Names work

All of this information appears on the Paclab Requisition and choosing the right submitter gets the results To the facility

CBVN 🦿	Cascade Behavioral Addiction Recovery
CBVR	cascade Behavioral Hospital - 2 North
	Cascade Behavioral Hospital - 2 West
	Cascade Behavioral Hospital - 3 North
CBV2	Cascade Behavioral Hospital - 3 W Acute Adult
CBV3	Cascade Behavioral Hospital - 4 W Geropsych
CBV4	Cascade Behavioral Hospital - Stabilization/Rehab

BEAKER SUBMITTTER CODE

REQUISITION DISPLAY

4317

Infections Limited

4210 **NW Medical Specialties** Federal Way

3780 **NW Medical Specialties Gig Harbor**

3779 **NW Medical Specialties** Lakewood

3775 **NW Medical Specialties** Tacoma

3828

Rainier Hematology Oncology (RPPC)

ORCHARD EREO

nfections Limited		
624 South I Street Suit	e 305	
acoma, WA 98405		
253) 627-4123		
ccount Name:	Count #	133456700

NWMS - Federal Way 34509 9th Ave. S #107 Federal Way, WA 98003 Phone: 253-952-8349 FAx: 253-927-3049

NWMS - Gig Harbor 11511 Canterwood Blvd, Suite 45 Gig Harbor, WA 98332 Phone: 253-858-4725 Fax: 253-858-4452

NWMS - Lakewood 11311 Bridgeport Way SW #304 Lakewood, WA 98499 Phone: 253-983-1377 Fax: 253-983-1376

Northwest Medical Specialties Lab 1624 South I Street, Suite 307 Tacoma, WA 98405

Fx: 253-841-2435

Northwest Medical Specialties Rainier Physicians 2920 So Meridian Suite 100 Puyallup, Washington PUYALLUP, WA 98373 RPPC/3828 V RAINIER HEM/ONCOLOGY 210 - FE Ph: 253-841-4296

37666 BLAU, SIBEL 03336 JOUFLAS, SUSAN 84465 MARTIN, KATHERINE 28658 MCCROSKEY, ROBERT 03214 WAGES, SHERI

Oncology and Infectious Disease providers merged their business These sites are all associated and have multiple requisition styles and submitters to manage their Reporting needs.

Northwest Medical Specialties,

4 locations plus an additional research submitter if the reg instructs "bill to research" submitter 3781

Infections Limited &

Site uses the e-reg from their office system called Orchard

Rainier Hematology Oncology

- 2 regs used- One is a Paclab requisition • with location RPPC and the other is Northwest Medical Specialties Rainier Physician. Both use submitter 3828
- Bill to Research- may also be handwritten on reg. Submitter #

NWMS and Infections Limited Submitters

BEAKER SUBMITTER CODE	REQUISITION DISPLAY			
4317 Infections Limited	Infectious Limited 1624 South I Street Suite #305 Tacoma, WA 98405 (253) 627-4123			
4210 NW Medical Specialties Federal Way	NWMS- Federal Way 34509 9 th Ave S #107 Federal Way, WA 98003 PH: (253) 952-8349 Fx: (253) 927-3049			
3780 NW Medical Specialties Gig Harbor	NWMS- Gig Harbor 11511 Canterwood BLVD Suite 45 Gig Harbor, WA 98332 Ph:(253) 858-4725 Fx: (253) 858-4452			
3779 NW Medical Specialties Lakewood	NWMS- Lakewood 11311 Bridgeport Way SW #304 Lakewood, WA 98499 Ph: (253) 983-1377 Fx: (253) 983-1376			
3775 NW Medical Specialties Tacoma	Northwest Medical Specialties Lab 1624 S. I Street Suite 307 Tacoma, WA 98405 NOTE- for samples received at St Francis always use the 4210 submitter			
3828 Rainier Hematology Oncology (RPPC)	Northwest Medical Specialties Rainier Physicians 2920 S. Meridian Suite 100 Puyallup, WA 98373 Jouflas, Susan Blau, Sibel Martin, Katherine Rose, Andrea Mccroskey, Robert Wages, Sheri			
3781 Bill to Research	Bill to Research (either handwritten or in the e-requisition notes)16			

Once we have entered the correct **Submitter** – completed lab reports will automatically be sent out as requested by the Provider's office

and

Once we have an Authorizing Provider – the provider's address and contact info will print on the results reports and appear on the claim for lab billing.

yay!

What if there's no CLINIC NAME on the Req that comes in with a patient?

No PROBLEM!

Check our Frequent Fliers List...

FREQUENT FLIER DOCS w/ SUBMITTER CLINICS

				SUBMITTER/						
Last Na	me	irst Name	Ttitle	CLINIC NAME - Enter THIS as the Submitter	CODE	D	EXPECTED ACTION:	FAX NO.	IF MAIL MAIL TO	PHONE NO.
ADATIA		ALNASIR	DO	ALNASIR ADATIA, DO			MANUAL FAX TO	(253) 946-1362		
		RAZAN	MD	RAZAN AL-KUDSI, MD			aper report to Hist	(,		
AZIZ		SULEMAN	MD	SULEMAN AZIZ, MD			electronic read			(253) 838-2792
BOYDE	N	NANCY	ARNP	NANCY BOYDEN, ARNP			auto-fax	(253) 432-4050	790 Skansie Ave. Suite #105. GH 98335	(253) 858-2408
воско	v	BARRY	MD	BARRY BOCKOW, MD			MANUAL FAX TO	(206) 243-1528	, , ,	
BUTTIT	T	JAMES	MD	HIGHLINE INTERNAL MEDICINE			auto-fax	(206) 257-1181		(206) 957-603
CHIN		EDWIN S.	MD	SOUTH SEATTLE NEPHROLOGY			auto-fax	(206) 938-7621		
CLABOT	r	THERESA	MD	M THERESA CLABOTS, MD			auto-fax	(253) 588-2688		(253) 588-6574
DANG		KIEU N	PA-C	Cascade Eve & Skin - Auburn			auto-fax	(253) 845-8750		(,
DAVIES		MATTHEW	MD	Lili Sacks MD			auto-fax	(206) 386-9605		(206) 386-950
DEMOR	LOS	PETER A	MD	SWEDISH HEART & VASCULAR CTR			auto-fax	(206) 215-4550		(206) 320-464
DUFFY		SUSAN C	MD	CASCADE EYE & SKIN			auto-fax	(253) 845-8750		(253) 848-300
FU		EVELVNX	MD	CASCADE EVE & SKIN			auto-fax	(253) 845-8750		(253) 848-300
GE		ZHENG	MD	PACIFIC NEPHROLOGY			auto-fax	(253) 627-8214		(255) 010 500
GE		ZHENG	MD				auto-fax	(253) 512-0196		
GOTTU	-	DANIEL	MD	DANIEL GOTTLIER MD / HIGHLINE MED CTR	HGOT	3648	namer report to Highline printer	LABH05-211.2		-
		VAILAN IIIN	MD	PACIFIC NEPHPOLOGY	ngor	3040	paper report to highline printer	(252) 627 9214		
HIROTA		THOMAS	00	Carcado Evo & Skin			auto-lax	(253) 027-0214	11216 Suprise Rhyl 5 #2 102 December 09274	(252) 949 2000
HORSI		ANNE	END	Wellbers Made Early				(253) 043-0750	1925 SW 152nd St. Busine 09166	(206) 939 770
HOROD		ANNE	MD	ADVANCED HEALTHCARE NW			auto fav	(255) 212-0362	1855 SW 152nd St, Burlen 56106	(200) 858-770
HOWAR		KDISTEN	ADND	Contra for Weight Loss Surgery				(360) 802-0806		(360) 802-080
HOWAR		KRISTEN	AKINP	Center for weight Loss Surgery				(253) 815-7708	4000 Condension Mile NE Consult 0010E D	(253) 815-7774
HURSLE		SIMONP	MD	SEATTLE CHILDRENS HUSPITAL			paper report to MAIL OUT	(000) 040 0000	4800 Sandpoint wy NE, Seattle 98105-3	300
ISAACS		JEANNE	MD	JEANNE ISAACSON, MD			auto-rax	(206) 243-6996		(206) 246-8000
JOHNSC		NICOLE	MD	Community Health Care			auto-fax	(253) /22-2162		(253) /22-156
JONES		SUSAN	ND	One Earth Natural Medicine Clinic		3783	paper report to MAIL OUT	(253) 627-7385	1835 SW 152nd St, Burien 98166	(
KATHER	•	NATALIE	MD	Advanced Family Wellness		25.40	paper report to MAIL OUT	(360) 570-8009	1115 West Bay Dr NW, Olympia 98502	(360) 570-8010
KHAN		LUBNA	MD	Adult and Geriatric Medicine		3548	auto-fax	(206) 257-1181		(206) 957-603
KODAN		BRENDA F	MD	CASCADE EYE & SKIN			auto-fax	(253) 845-8750		(253) 848-3000
LECA		NICOLAE	MD	NICOLAE LECA, MD			auto-fax	(206) 598-2105		(206) 543-3792
LEE		HO WON	MD	PACIFIC NEPHROLOGY ASSOCIATES			auto-fax	(253) 627-8214		(206) 543-379
LEE		MAX	MD	MAX LEE, MD	2MLE	3752				
MCALE	ANDER	JAMES	DPM	GIG HARBOR FOOT AND ANKLE			auto-fax	(253) 858-6017		
MCENIE		DAVID	MD	NW MEDICAL SPECIALTIES - TACOMA			auto-fax	(253) 426-4570		(253) 428-8700
MERS		ROBIN	MD	SEAHURST PEDIATRICS	HSEP	3840	prints at Highline			
MILLER		MARCIA	ARNP	LARRY STONESIFER, MD			auto-fax	(253) 944-4202		
NEWM/	AN	JEFFREY	MD	Puyallup Dermatology			auto-fax	(253) 840-5519		(253) 841-245
NICKEL		ADAM	DO	Nickel Clinic			auto-fax	(877) 795-9868		(253) 572-4664
O'BRIEN		CAROLYN L	PA-C	CASCADE EVE & SKIN			auto-fax	(253) 845-8750		(253) 848-300
RAMAC	ANDRAN	MITHILI	MD	WITHILI RAMACHANDRAN, MD			electronic read			
RIFENB	ERY	JAMES	M	Center for Min Invasive Surg			auto-fax	(253) 572-1071		(253) 572-712
SACKS		LILI	MD	Lili Sacks, MD		_	auto-rax	(206) 386-9605		(206) 386-9509
SHIELDS	S	JERRY	MD	CASCADE ETE & SMA			auto-fax	(253) 845-8750		(253) 848-3000
SLADEK	[MARJORIE		LARRY STONESIFER, MD			auto-fax	(253) 944-4202		
STONES	SIFER	LARRY	MD	LARRY STONESIFER, MD			auto-fax	(253) 944-4202		
TACHO	POULO	OLYMPIA A	MD	NW MEDICAL SPECIALTIES - TACOMA			auto-fax	(253) 426-4570		(253) 627-412
TINDAL		CHRISTINE	CM	In Tandem Midwifery	ITMW	3715	paper report to SJ		4522 44th Ave SW, Seattle 98116	(425) 243-7848
VELIOV	ICH	DANIEL	MD	PACIFIC GYNECOLOGY SPECIALISTS SEATTLE		4219	auto-fax	(206) 965-1735		(206) 965-1700
WEISSN	AN	ALLAN	MD	ALLAN WEISSMAN, MD			auto-fax	(360) 876-9220		(360) 876-9158
WITTKO	OWSKY	ANNE	MD	ANNE WITTKOWSKY, MD			auto-fax	(206) 598-6217		(206) 598-5626

Look for the Provider's name on this list If listed, enter the related SUBMITTER CLINIC NAME as the Submitter

If the submitter is set up as "auto-fax" the results will automatically fax to the number on the right.

If the **EXPECTED ACTION** says "MANUAL FAX", the report will print and must be manually faxed to the fax number listed.

Not there?

Try the <u>Doc's NAME</u> as the Submitter.

It might <u>not</u> be "built" as a Submitter...



...but then again it just might.

SUBMITTER -

Here are some examples of different Lab "Reqs" you might see...



AUTHORIZING PROVIDER

Lubna Khan, MD

SUBMITTER = Pacific Nephrology

AUTHORIZING PROVIDER = Lee, Ho Won

		•	Page lot 2
· · ·	<i></i>		48
Order for	[1823760]		100
Order #: ·	260059731	Procedure:	O MICROALBUMIN UR
−γ⊂>γ- Order Debo	5/23/2014 B	Desa Colosada	RANDOM
Phorthe	Boutine	PIDE CEIEBOIY;	Onne
Stanéina	Standing 09/00 Evolution 5/30/00/7	Ciass. Recipies	Sunqueat
Status:	organiting small contrast provide th	orams	
Ordering User:	LEE. HO WON, MD [15496]	Department	Pacific Neobrology Tecome
Auth Provider:	LEE, HO WON	Enc Provider:	Ho Woo Lee MD
Diagnoe is:	Chronic kidney disease, stage ili		
•	(moderate)		
Sched Instruct:	NIS	63	
Visit Types:	LAB [600]		
Comment			DAR 07-2. 14
Order for	[1823760]		N. N. N. N. N. CO. 40
Order#:	250069732	Procedure:	O RENAL FUNCTION PANEL
Ordor Date:	5/23/2016	Proc Category:	Laboratory
Priority:	Routine	Class:	5unguest
Standing Status:	Standing 99/88 Expires: 5/22/2017	Status:	
Ordering User:	LEE, HO WON, MD [15496]	Department:	Paolific Nephrology Tacoma
Auth Provider:	LEE, HO WON	Enc Provider.	Ho Won Les. MD
Diagnosis;	Chronic kidnoy disease, stage ili (moderate)		
Sched Instruct:	-		
Visit Types:	LAB (600)		
Comment			•
Order for	[1823780]		
Onder#:	250059733	Procedure:	O COC WITH DIFF
Order Date:	6/23/2016	Proc Cetegory:	Laboratory
Priority:	Routine	Class:	Sungueet
Standing Status:	Standing 20/20 Expires: 6/22/2017	Status:	
Ordering User:	LEE, HO WON, MD [15496]	Department:	Pacific Nephrology Tacoma
Auth Providen	LEE, HO WON	Enc Provider	Ho Won Lee, WD
Diagnosis:	Chronic kidney disease, stage ili (moderate)		
Sched Instruct:			
Vielt Types:	LAB [600]		
Comment:			
Order for	[1823760]		
Order #:	250069734	Procedure:	O URINALYSIS (UA) (NO CULTURE)
Order Date:	6/23/2018 VC	Proc Catagory:	Urine
Pr)orky:	Routine	Class	Sunquest
Standing Status:	Standing 99/00 Expires: 5/22/2017	Status:	
Oldering User:	LEE, HO WON, MD [15496]	Department	Pacific Nephrology Tacoma

AUTHORIZING PROVIDER

This is a common req.

SUBMITTER

Cascade Eye & Skin 🛩

AUTHORIZING PROVIDER Malini Fowler, MD

SIDE NOTE:

LabsNW returns a few reports a week to us where we chose them as the submitter - in error (which bills the LabsNW client account instead of the patient, and the MD doesn't get the report)

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Quantileron (QFTB)		LED CAP FEE	R FFT ESR TSHET		Y Jr.
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f smale Ponet WCC, ALT, AD	istar in Epic Sunquest or	by using OCC			1 0
Needestry Panel Employee 6	NDSE)Nee	distick Panel 50	arce (HD55)		
	-	LAB C	01-1		-
					and the second sec

Another commonly seen req:

SUBMITTER

Allergy & Asthma **Specialty Services**

AUTHORIZING PROVIDER

Jennifer Cole, DO

W. Pierre Andrade, M. P. James S. Brown, M.D. T. Ted Song, D.O. Jennifer W. Cole D.O. Kristi K. McKinney M.D. Gill Magpantay, MD

Additional Laboratory Request

Pati	nt Last Name: _		First ?	ame:	B.D.:
Orde	r by Doctory 📿	メモ (print Na	ame) Doctor Si	gnature:	20
Office	Location Lafe	ewood		\mathcal{O}	
Send	Report to 1120.	3 Bridgeport Way S.	W., Lakewood	, WA 98499	
Pleas	o do the followin	g laboratory tests on t	he marked item	is. Contact us at	253-589-1380, or Fax 253-589-1786
Dete	Order : 14241	<u>رو</u> ICD 10: <u>۲۵.</u>	1	_Medical Insu	rance:
	Food Allergy Prof	file (LabCorp - 602989;	Quest - 10715;	NW Lab/Multic	are – FAL3)
	Milk, egg, soy, y	wheat, peanut, walnut, shri	mp, scallop, codfi	sh. sesame, corn	
	Peanut Component	(LabCorp - 603916;	Quest - 91681;	NW Lab – n/a)	
	Egg Component	(LabCorp - 603940;	Quest - 91372;	NW Lab – n/a)	-
	Milk Component	(LabCorp - 602927;	Quest - 91403;	NW Lab – n/a)	

Please perform IgF. Rast Test for Food (Elisa or Immonocap) as marked.

~									
Order	Food IgE	Order	Food	IgE Ord	er Food lgE	Order	Food IgE	Order	Food IgE
1	MilksCow		Mussel		Cantaloupe		Mango		Sweet Polato
-74	Egg white	ŀ	Savid		Carrot		Melon		Tomato
-6	Sov bean		Codfish		Celery		Mushroom		Turkey
- 7 m	Wheat	<u>i</u>	Tuna		Cheese, Cheddar		Mustard		Watermelon
169	Peanuo		Salmon		Cherry		Oats		Yeast, Baker's
	Tree Nuts		Swordlish	·	Chicken		Onion		
<u> </u>	Almond		Ττουι		Chili Peoper		Orange		Misc
	Wainut		Halibut		Cinnamon		Peach		Latex
	Pecan		Tilapia		Coconut		Pcar		
	Cashew		Ott	юг.	Coffee		Pineapple		
	Hazel cut		Apple		Com		Plum		
	Macadamia Nut		Apricot		Cucumber		Pork		
	Pistachio		Avocado		Clarlic		Potato		
	Pine Nut		Banana		Grape		Pumpkin		
	Seafood		Barley		Green Bean		Raspberry		Bee IgE
	Shrimo	· · · ·	Bean (white)	· • •	Green Pea		Rice		Honeybee
	Crab		Bean (red kie	iney)	Green Peppers		Ryc		Wasp, paper
	Lohster		Beef		Kiwi Fruit		Sesame Seed		Yellow Jacket
	Clam	<u>⊢−</u>	Blueberry		Lemon		Spinach		White-faced hornet
	Ovster		Broceoli		Letruce		Strawberry		Yellow homet
	Scallop		Cabbage		Lime		Sunflower Seed		Tryptase (serum)
A	eroallergens			Aeroaller	zens		Aeroallergens		
Grass	205		v	Veeds	•	Envi	ronmental		
1	Kentucky blue (Meador	W Prass	, t	I. Cocklebur		1	. Dust Mite (Dermatophy)	goides (xemo)	ssions and foringe)
- 1	Transferry onde (140000		·		1 1 37-11 1 1-		Casherath American		

JTASSES	weeds	Environnieman	-1
 Kentucky blue (Meadow grass) 	I. Cocklebur	 Dust Mite (Dermatophygoides jxenosyssiuus and farinae) 	_
2. Meadow Fescue	Sheep sorrel and Yellow dock	2. Cockroach, American	_
Perennial Rye	3. Lambs Quarters	Mold	_
4. Orchard (Cooksfoot)	4. Pigweed (Common)	 Cladosproium herbarium 	
5. Redtop (Bentgrass)	5, English Plantain	2. Alternaria tenium	
6. Sweet Vernal	6, Ragweed (Common and Giant)	3. Phoma belae	_
7. Timothy	7. Mugwort (Sage)	Stemphylium herbarum (S. botryosum)	_
8. Bermuda	8. Nettle	5. Aspergillus fumigatus	
9. Alfalfa	9. Russian Thistle (Saltwort)	 Penicillium chysogenium (P. notatum) 	_
frees	Animals	7. Candida albicans	_
I. Birch (Common Silver)	1. Cat dander	8. Fusarium proliferatum	_
2. Alder (Grey)	2. Dog dander	9. Chaetomium globosum	_ 24
3. Maple (Box-elder)	 Chicken feather 	10. Epicoccum purpurascens	
4 Oat	4. Goose feather	 Rhizopus nigricans 	1



3/8

11/22/16

This requisition is trickier...

SUBMITTER

There is more than one **Swedish** submitter in the look-up.

This one is... Swedish Neuroscience

AUTHORIZING PROVIDER is... Kelly Moloney, ARNP

AND LOOK... – FAX instructions

woo hoo!



26

DR. STONESIFER reqs...

The *Provider* is the Submitter Clinic name....

LARRY STONESIFER, MD

NOTE: There are 2 *other Docs* in that practice. One is circled as the Authorizing Provider :

MARJORIE SLADEK, ARNP



DR. STONESIFER continued... This is on a custom PacLab req. It has a Submitter <u>code and ID</u> at the top.



You can enter STON or 3737 in the Submitter field and the correct Submitter will come up automatically. Easy Peasy.

In Req Entry this would look like:

Requisition Entr	у								? Actions 👻 Resize 🗢 Close 🗙
	ept &	New -	월 Set Defaults 🗎 Labels & Docs 🖆 Reg 🔮 Scan 👻 🧐 Unarge Fold	💃 Non- <u>h</u> uman					
Submitter:			LARRY STONESIFER MD	Re uisition number:	RQ60461		Patient:		
Patient dire:				Address:			A State:	WA 🔎 ZIP: 98022	
SSN:			xxx-xx 📃 🔎 Sex: F 🔎				County:	KING	٩
DOB:		[. тов: о	City (or ZIP):	ENUMCLAW		Country:	United States of America	٩
Requisition #:		[]					
Orders [<u>1</u>]		Billing	Info [2]						
Diagnoses:		Code	Description			Authorizing provider:	SLADEK, MARJORIEJ J		<u>م</u> 1
	1	R53.83	Other fatigue [ICD-10-CM]			Ordering provision	SLADEK MADIODIE		د. ۹.۲
	2	E06.3	Autoimmune thyroiditis [ICD-10-CM]						
	3	E03.8	Other specified hypothyroidism [ICD-10-CM]			Bill to:	Patient Bill		Q

Here's another example...

- No CLINIC name on these lab orders
- A Provider is listed at the top, but what about a Submitter?
- Try the Provider name as the Submitter.
- In this case Sara Weelborg, ARNP is the name of the clinic AND is a 'built' Submitter

Sara Weelborg, ARNP 6625 Wagner Way NW Suite 350 Gig Harbor, WA 98335 (360)516-0068 (phone) (888)959-9016 (fax) NPI: 1124008743 Name Address DOB Diagnosis: Z79.899 Order: 1) CMP 2) CBC ithium level 4) TSH Date written: December 13, 2016 Note: Please fax results to 888-959-9016. Please call 360-516-0068 with any questions. Thank you 30

SOME Lab orders have a Submitter and Provider...BUT they are not "built" Providers, so cannot be found in the Req Entry lookup.

Lab Requis	Ition - Seattle Child	rens's Hospital: Onco	logy Clinic	C94	
	Bill to Patier	nt's Insurance			
Patient Name		Fax Results To: (206) 985-3215		
T					
Sender:Date of Birth:		Clinic Phone: (206) 987	-2106		
1305542		Provider Name: KOW	mBrundige		
ARN			0 00-2-22		
Diagnosis/ICD-9: 2-84.1		Call Critical Results To	: <u>206 70 7 210</u>	96	
Standing Orders good until: 121311	2016	*	12 Jan 1997 Tana 1997	1-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
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1 Ebdowen	C Gabapentin (Neuron	fin)			
Tures Antropoliant Sciaph	Gentamicin	2017.	Π		
D Platelet Function Screen	🗆 Lemotrigine (Lamicia	al)			
D Protein C Activity	🗆 Levetiracetam (Kepp	жа)			
Protein & Activity	🗖 Litteum				
Prothrombin Time + INR	Methotrezale		17		
O PTT (Partial Thromboplastin Time)	Mycophenolic Acid I	Panel (CellCept)			
C Thrombin Time	Cacarbamazepine (1)	Trieplal	0		~
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VWF Antigen (Factor & Related Ag)	Phenyloin (Dilantin)		0		FC
CHEMISTRY	Stobmus				00
∃ Albumin	Tacromus (PROUD)		0		NO
Alkaline Phosphalase	Ti Topicampia (Topam)	evi			1.2
D ALT (SGPT)	T Valoroic Acid (Deca	akote)	0		
∃ Amylase	Vancomvcin				
AST (SGOT)	Zonisamide (Zonegr	ran)	D		
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T Calcium, Ionized	E Pregnancy Test, Ur	fine	0		
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Carbon Dioxide (C02)	🗁 Urinalysis, Culture I	il indicated	D		
C Chloride	STOOL TESTS	ANA STATE (1997)			
Cholesterol, Total	🗅 C, difficile Ioxin		D		
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D Electrolidad (Na K CL CO2)	Gram Stain, Stool				
E Familin	D Occult Blood, Stool				
Gammadulamy Transferese (GGT)	Rotavirus	and the second second second			
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AUTHORIZING PROVIDER

SUBMITTER

SUBMITTER - (out-of-state)

Not "built"

Here are some more examples...

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Diagnostics' 359 NIDDLEFIELD RD PRID RITE, CR 94301-1345	
REFLIET SED-272-7845 SODECAV3 REVERSES	
SEX DOB TIME DATE COLLIGETED PARTIE DI ROURE / RODALOCATION RESPONSIBLE PARTY Provide	
TOTAL VOLARS. COMMENTS. CLINICAL INFORMATION	
M RESTRIC	
AF Fax Results to: (6/0)32-3-2/39 Send Client OR NAME: CERTIFICATE # CER	
Report te: CATVSTATE ZEP MEDI-CALINEDICATE # 110 MEDI-CALINEDICATE STATE	
Patient Signature:	
Concert times tests which are medically necessary for the degreesis and treatment of the patient. (250.9 17.0.9 17.53.83 0)	
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() 311474 EBU PAREL () 3564 EBU NOCLEAR AG AB () () 461 FIBRINDGER ACTIVITY () 26304199 ASUANCED CARDIN () 216399 PCGS 4 INSULIN () 217519 17 UNPRUESSI, LCNSMS () 539 INDUBULASSES () 17519 17 UNPRUESSI, LCNSMS () 539 INDUBULASSES () 17512.CELIAC PAREL W/U EL () 17669 RA DIAG. PAREL () 15447 EDU EARLY AG AD () 36470 TESTOSTEDNE, FRATUT () 8474 EBU IGG AR () 267 THYACELBULIN AG () 8578362 () 8578362	

AUTHORIZING PROVIDER

This is NOT the **SUBMITTER**

AUTHORIZING PROVIDER

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0.10	10	Presentation in the		Employer No.			-		COTHER TELS?	SUBDIVIDUAL PROPER COMPONE
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This is.

Seattle Dermatology Center

But again, you'll see that this "submitter" is not "built", so cannot be found in the Submitter look-up

For these REQS here's what to do in Req Entry :

- 1. Enter **PACLAB-STxxxx** (hospital nearest you) as the **SUBMITTER**
- 2. Enter **Provider Not In System** (or other 'dummy' choice) as the Authorizing Providerif NO Provider is indicated on the orders
- 3. AND type in the authorizing provider's name (LAST, FIRST TITLE) using the "comments" field

Requisition Entry	Di Labaja & Docs Maga Di Scan - @Charga En	try 🔹 Non-human			? Actions → Resize ≑ Close >	3
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2 16SC-283C0187		10/9/2016 12:57 PM	PAREDES, C			
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THEN...

To make sure the results get to the authorizing provider when they aren't built in Epic...

Click on CC Results and enter in the Provider and fax no. as <u>free-text</u>

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		Add PCF		Select All Unselect All						
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		Modifiers: C = Class, P = Pool, X = Exclude user, A = A	d hoc email, S = S	Submitter, R = Provider, F = Provider by fax,						
		- 1166 (67)		✓ Accept X Cancel						

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free-text CC Recipients

Under "CC Recipient" enter an asterisk (then Enter): *

This will allow you to type in the Authorizing Provider's Name <u>and Fax#</u> to send out results

• If you <u>just</u> enter a name, nothing will be faxed

Click Accept

	CC List							X
	Add/Remove <u>R</u> ecipients:		<u>O</u> rde	ers for (CC)				
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Although HARD STOPS are present in each field, IF the Provider requests FAXED results, the ADDRESS fields can be left blank. If no fax# is provided enter the clinic address after the provider's name.

free-text CC Recipients

This is how free-text PROVIDER names should be typed in:

LASTNAME, FIRSTNAME TITLE

-all caps

Example: GOODDOC, IMA MD

Let's Review

SUBMITTER ...

not "Built" and not on the Frequent Fliers cheat sheet...

So enter PACLAB ST.xxx in the Submitter field

AUTHORIZING PROVIDER

Lev, Val A MD enter this name into the Authorizing Provider field

Because there is a NOTE TO FAX on these orders, make sure the PROVIDER NAME AND THIS FAX # go into the CC RESULTS field to auto-fax out.

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This is NOT the **SUBMITTER**

THIS is <u>NOT</u> our CODE (b/c its not our custom req)

This is the AUTHORIZING PROVIDER

Dr. Steve Haney, MD

Remember: If you cannot find the SUBMITTER look up the PROVIDER on the Frequent Fliers list for delivery instructions....

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Follow the instructions on the Frequent Fliers list to deliver your results reports to the Provider.

Dr. Haney

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FREQUENT FLIER DOCS w/ SUBMITTER CLINICS

Things to Remember

- 1. Only **SUBMITTER** and **CC Results** info initiates delivery action for results automatically.
- 2. Try not to enter PACLAB-ST JOSEPH, ST CLARE etc. as a Submitter.
- **3.** Authorizing Provider info is needed for billing, reference and mailing purposes.
- 4. If there is no "built" Submitter to select, and the req says to FAX results, a CC Recipient is needed with fax # in the CC Results field.
- 5. Don't forget to enter diagnosis codes if they are provided on the requisition.

Also Important:

Scan in any lab order paperwork you receive for reference:

- Doc's original Lab orders
- Referral lab documents
- Chain of Custody forms
- Consent-for-release forms
- Patient insurance card(s)



As much as possible... clarify Provider information with the patient! (correct spelling of the provider name, mailing address, phone and fax number)

They may not know,

...but then again, they just might.

