

# Patient Registration in BEAKER

Submitters

and

Providers

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

member of  
**PACLAB**  
NETWORK LABORATORIES

CHI Franciscan Health  
St. Joseph Medical Center  
1717 South J St. (253) 426-6682  
Tacoma, WA 98405 FAX (253) 426-6642

CLINICAL REQUISITION  
PATIENT SERVICE CENTER LOCATIONS: REVERSE SIDE  
PH: 253-972-7121  
FX: 253-572-1071

29731 CENTER FOR MIN INVASIVE SURGERY  
JAMES RIFENBERG, MD  
1802 S. Yakima Ste #202  
Tacoma, WA 98405

Provider Signature: *[Signature]*

DATE/TIME OF COLLECTION (required) 10/1/16 Time 8:02 AM  
ROUTINE STATUS:  ROUTINE  ASAP  STAT

Patient (Last, First, MI) **GOHL, DONNA U.**  
Sex **F** Age **52** Date of Birth (required) **1-20-64** Patient Phone # **253-555-0499**  
Patient Notification Signature: *[Signature]* Patient SS# or I.D. **5351-69005**

Guarantor (Last, First, MI) **[Blank]** Required if insurance or patient billing. PLEASE PRINT

Address: **[Blank]** City: **[Blank]** State: **[Blank]** Zip: **[Blank]**

LAB USE:  PATHOLOGY/CYTOLOGY

RESOURCE REQUIRED FOR MICROBIOLOGY & VIROLOGY

COLLECTION CODE: B=BLACK BL=BLUE C=SST FS=FROZEN SERUM GN=GREEN GY=GRAY L=LAVENDER P=PLASMA RB=ROYAL BLUE S=SERUM (RED) U=URINE  
S  FS  C  R  L  UP  BL  RB  GY  GN  F  SLD  APT  GEN  OCC  SWAB  M4  UR  U24  ST  PAP/OTHER

ADDITIONAL TESTS / LIST ICD codes  
MAY require a signed ABN

*Send Copy Results to:  
(Fax) Luke N. Groot, PAC*

X	EPIC	CHEMISTRY	C	X	EPIC	ALPHABETICAL LIST	C	ICD Codes/Diagnosis
	LAB15	Basic Metabolic PNL	C		LAB23	Digoxin	C	
<input checked="" type="checkbox"/>	LAB17	Comp Metabolic PNL	C		LAB23	Estradiol	C	I10
	LAB16	Electrolytes PNL	C		LAB68	Ferritin	C	ES3.8
	LAB20	Hepatic Function PNL	C		LAB69	Folate	C	
	LAB18	Lipid PNL	C		LAB66	FSH	C	
	LAB19	Renal Function PNL	C		LAB81	Glucose Fasting	C/GY	
	LAB5521	Chem R (TSH Reflex)	C		LAB82	Glucose Random	C/GY	
	LAB551	Hep PNL Acute	C		LAB87D	GLU 1hr post 50g	C/GY	
	LAB3101	Hep PNL Chronic	C		LAB143	HCG Quant	C	
		HEMATOLOGY			LAB90	Hemoglobin A1C	C	
<input checked="" type="checkbox"/>	LAB203	CBC & Diff	L		LAB472	Hep B Surface Ag	C	
	LAB294	CBC - NO Diff	L		LAB471	Hep B Surface Ag C	C	
	LAB209	Hematocrit	L		LAB696	Hep C Antibody	C	
	LAB291	Hemoglobin	L		LAB473	HIV-1/2 Reflex W/B	C	
	LAB296	Reticulocyte Count	L		LAB3112	Immunoelect. Serum	C	
	LAB3549	Sed Rate	L		LAB3113	Immunoelect. Urine	C	
		ALPHABETICAL LIST			LAB894	Iron Total	C	
	LAB132	ALT (SGPT)	C		LAB829	Iron Total + TIBC	C	
	LAB48	Amylase	C		LAB67	LH	S	
	LAB278	Antibody Screen	L,S		LAB69	Lisase	C	
	LAB147	ANA Screen, Reflexive	C		LAB29	Lithium	S	
	LAB131	AST (SGOT)	C		LAB100	Magnesium	C	
	LAB50	Bilirubin Total	C		LAB688	Microalb / Creat Ratio	U	
	LAB52	Bilirubin Direct	S		LAB3008	Occult Bld (EIA)	D	
	LAB155	CA 125	C		LAB114	Potassium	C	
	LAB776	CA 15-3	C		LAB531	Protein	C	
	LAB152	C3 Complement	S		LAB119	Protein Elect Ser	C	
	LAB151	C4 Complement	S		LAB3153	Protein Elect Ur	U	
	LAB53	Calcium	C		LAB440	Protein Total Ur	U	
	LAB57	CEA	C		LAB578	PSA	C/F/S	
<input checked="" type="checkbox"/>	LAB60	Cholesterol	S		LAB171	PSA Free	C/F/S	
	LAB3298	Cortisol AM	S		LAB391	PT	BL	
	LAB61	Cortisol PM	S		LAB326	PTT	BL	
	LAB62	CPK Total	S		LAB206	Rheumatoid Factor	C	
	LAB66	Creatinine	C		LAB126	T4 Free	C	
	LAB18	Creatinine Clear Ur	C,U					
	Height	Weight	Tot Vol					

ICD Codes/Diagnosis: I10, ES3.8

TWO PATIENT IDENTIFIERS ARE REQUIRED ON ALL SPECIMENS, ONE MUST BE THE PATIENTS FULL NAME. SPECIMENS NOT LABELED PROPERLY WILL BE REJECTED.

FORM #0712313177 (02/15)

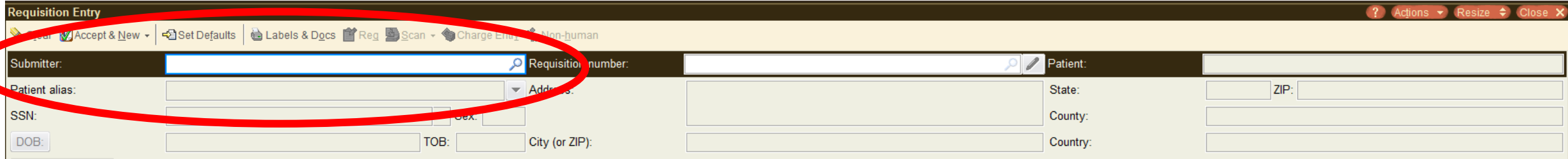
# You need to enter lab orders into Beaker through Requisition Entry (Req Entry)

The screenshot shows the Epic Lab Supervisor/Manager interface. The 'Requisition Entry' menu item is circled in red. The interface displays various report sections:

- Outstanding Summary**: A table showing the status of lab orders across different sections.
- My Reports - RW**: A section for various reports including Canceled, Redraw, Add-On, and Turnaround Time reports.
- Test Census Reports**: Reports on test verification and critical results.
- Microbiology Reports**: Reports on microbiology tests, exceptions, and PCR results.
- Canceled Tests Summary - This Month**: Summary of canceled tests.
- Redrawn Tests Summary - This Month**: Summary of redrawn tests.
- Corrected Tests Summary - Past 30 Days**: Summary of corrected tests.
- Requisitions Entered per Day (Past 7 Days)**: Summary of requisitions entered.
- PAML Test Directory Website (click to expand)**: A link to the PAML test directory website.

Section	Total	Overdue	Near Due
Sjmc Special Chemistry	55	20	9
Sjmc Hematology	178	20	8
Sjmc Chemistry	694	31	42
Sjmc Coagulation	6	0	0
Sjmc Microbiology	1,668	181	22
Sjmc Processing	11	11	0
Sjmc Urinalysis	26	1	0
Sjmc Immunology	574	435	42
Sjmc Point Of Care	0	0	0

# In Req Entry you see this:



Requisition Entry

Submitter:  Requisition number:  Patient:

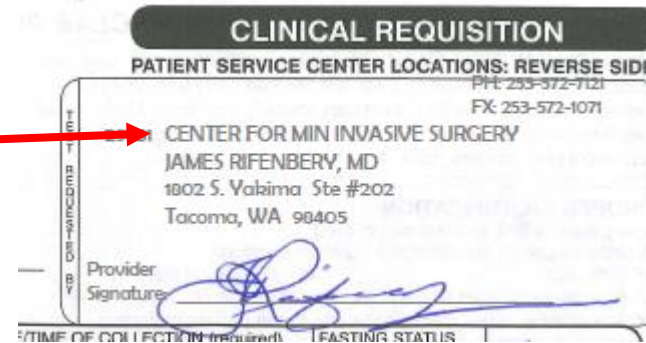
Patient alias:  Address:  State:  ZIP:

SSN:  Sex:  County:

DOB:  TOB:  City (or ZIP):  Country:

THIS IS WHERE YOU INPUT **THE SUBMITTER**

ON THIS PACLAB REQ, **THE SUBMITTER** is the Clinic Name and SHOWN HERE:

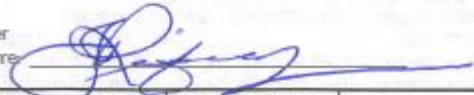


**CLINICAL REQUISITION**

PATIENT SERVICE CENTER LOCATIONS: REVERSE SIDE

PH: 253-572-7121  
FX: 253-572-1071

CENTER FOR MIN INVASIVE SURGERY  
JAMES RIFENBERG, MD  
1802 S. Yakima Ste #202  
Tacoma, WA 98405

Provider Signature: 

TIME OF COLLECTION required | FASTING STATUS

Enter the clinic name **in the Submitter box** and **click** the Search icon:

A screenshot of a software interface titled "Requisition Entry". The interface has a dark header bar with the title. Below the header is a toolbar with several icons and labels: "Clear", "Accept & New", "Set Defaults", "Labels & Docs", "Reg", "Scan", "Charge Entry", and "Nor". Below the toolbar is a form with a "Submitter:" label and a text input field containing "CENTER FOR MINIMALLY INVASIVE SURGERY". To the right of the input field is a search icon (magnifying glass) and the word "Requis". Below the "Submitter:" field is a "Patient alias:" label and a text input field. A red arrow points from the magnifying glass icon in the screenshot to the magnifying glass icon in the image above.

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

Requisition Entry

Submitter: CENTER FOR Requisition number: RQ82129

Search: CENTER FOR MIN

%	ID	Submitter	Street address	Type
3976		Center for Min Invasive Surg	1802 So Yakima #202, Tacoma WA 98405	Submitter - Regular Delivery (R LAC 8)
3629		CENTER FOR WEIGHT LOSS SURGERY	34509 9TH AVE S STE 103, FEDERAL WAY WA 98003	Submitter - Regular Delivery (R LAC 8)
4208		Family Center for Behavioral Health	4799 Point Fosdick Dr NW #302, Gig Harbor WA 98335	Submitter - Delivery All Final (R LAC 3)
3776		NW CENTER FOR ENVIR0 MED	8195 166TH AVE NE STE 101, REDMOND WA 98052-3960	Submitter - Delivery All Final (R LAC 3)
3777		NW Center for Integrative Medicine	2702 South 42nd St.#310, Tacoma WA 98409	Submitter - Regular Delivery (R LAC 8)
3778		NW Center for Plastic & Reconstruct Surg	16259 Sylvester Rd SW, Burien WA 98166	Submitter - Delivery All Final (R LAC 3)
4092		THE CENTER FOR WOMENS HEALTH	16122 8TH AVE SW STE E1, SEATTLE WA 98166	Submitter - Regular Delivery (R LAC 8)

7 records total, all records loaded.

Accept Cancel

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...

The screenshot shows a software interface for requisition entry. The 'Requisition number' field is highlighted with a red circle and contains the value 'RQ96687'. Other fields include 'Center for Min Invasive Surg', 'Patient:', 'Address:', 'Sex:', 'TOB:', 'City (or ZIP):', 'State:', 'County:', and 'ZIP:'.

- **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 1<sup>st</sup> 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...

**Note:** 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.

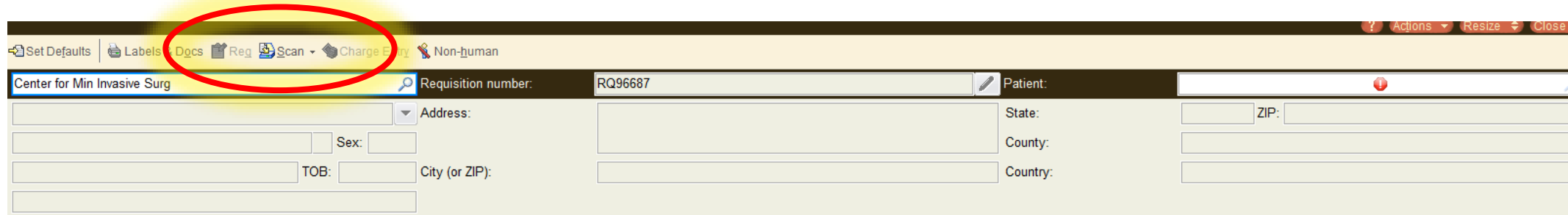
## ***Here's Why:***

***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



*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*

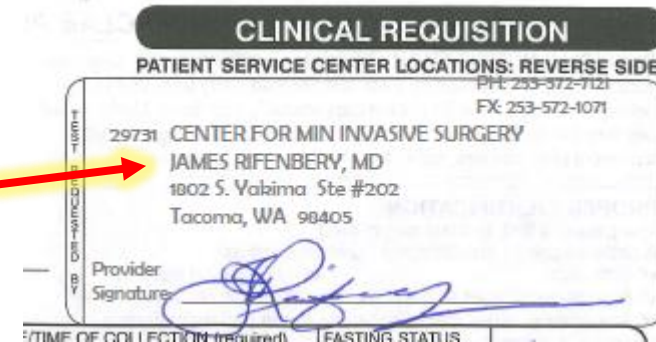
# Authorizing Providers

- 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



# Authorizing Provider...

ON OUR PACLAB REQ,  
THE **AUTHORIZING PROVIDER** IS HERE:



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

Requisition Entry

Submitter: Center for Min Invasive Surg Requisition number: RQ78481 Patient: [Empty]

Patient alias: [Empty] Address: PO State: WA ZIP: 98338

SSN: xxx-xx- [Empty] Sex: F

DOB: [Empty] TOB: [Empty] City (or ZIP): GRAHAM Country: United States of America

Requisition #: [Empty]

Orders [1] Billing Info [2]

Diagnoses:	Code	Description
1	K80.00	Calculus of gallbladder with acute cholecystitis without obstruction [ICD-10-CM]

Authorizing provider: RIFENBERY, JAMES

Ordering provider: [Empty]

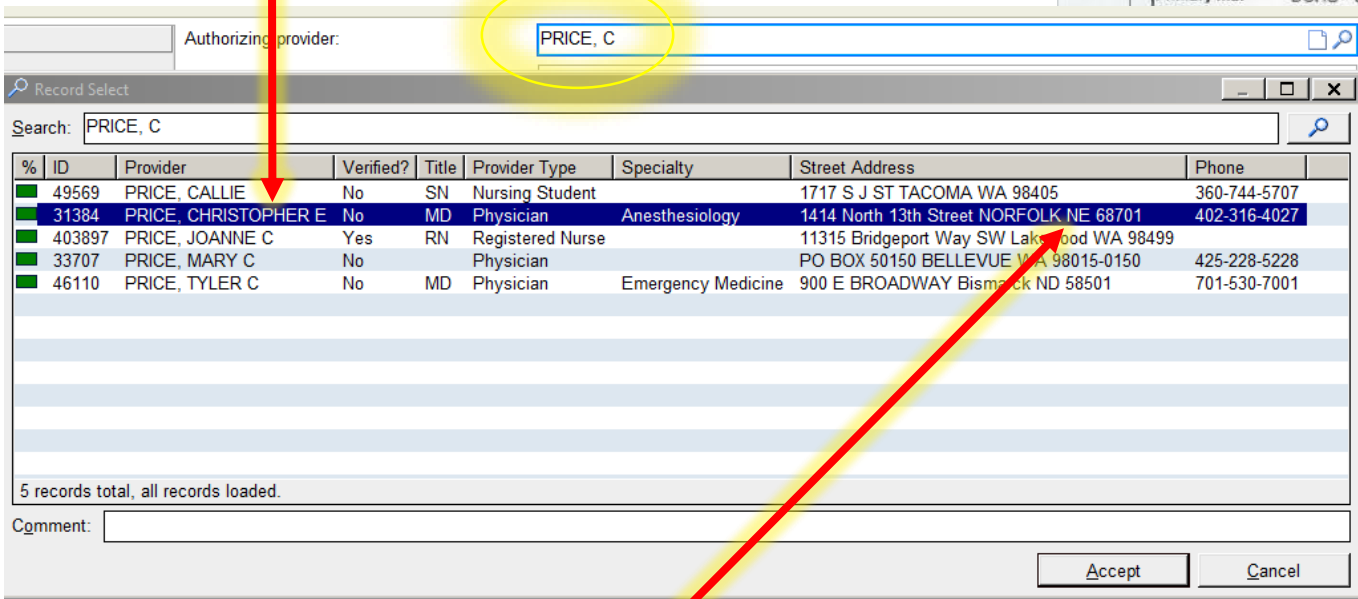
Bill to: Patient Bill

# Be Careful...

On this Req, the **Authorizing Provider** is easy to spot... 

**CHRISTOPHER PRICE**

And in Beaker Req Entry,  
in the Provider look-up,  
you see that name



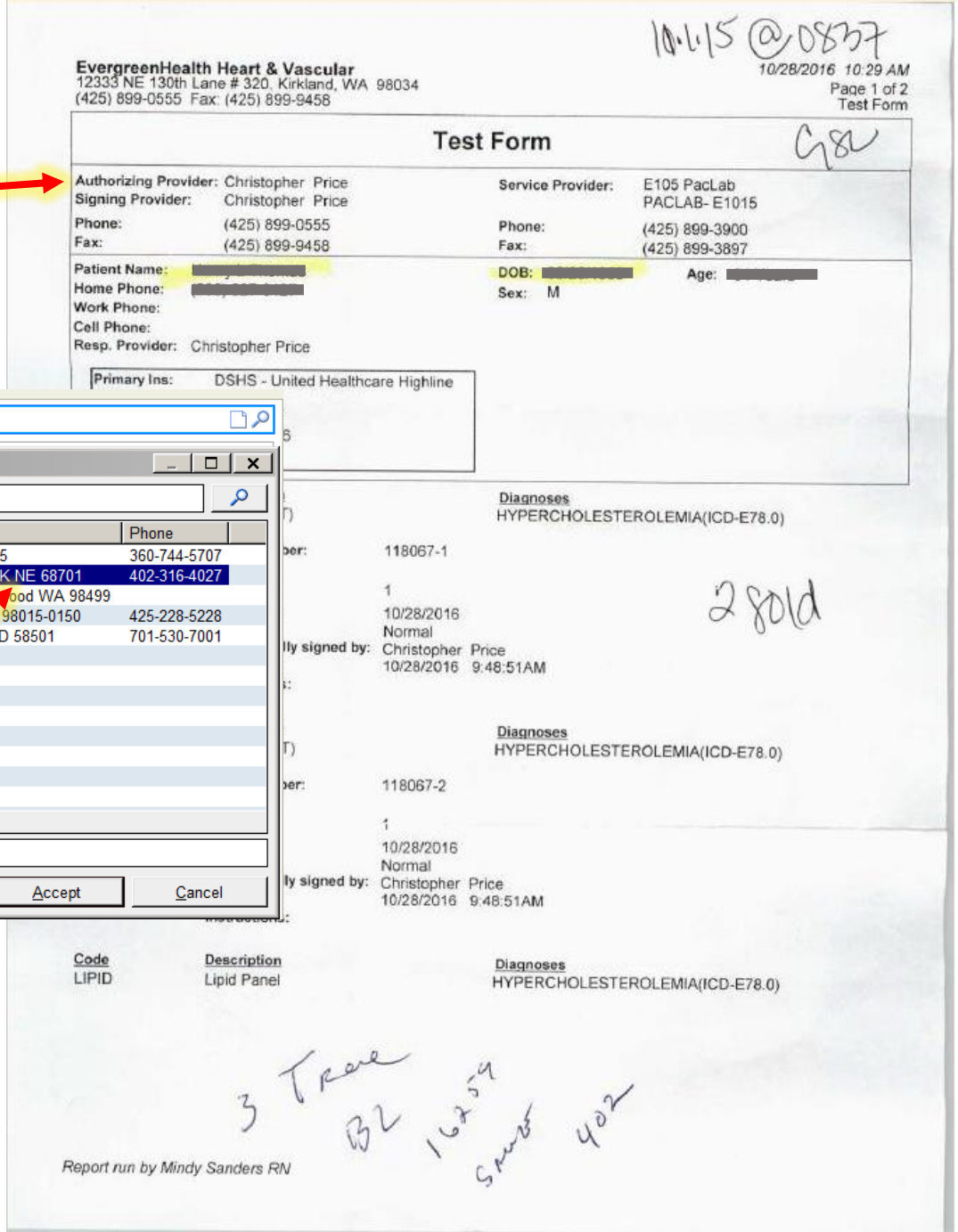
%	ID	Provider	Verified?	Title	Provider Type	Specialty	Street Address	Phone
49569	PRICE, CALLIE	No	SN	Nursing Student			1717 S J ST TACOMA WA 98405	360-744-5707
31384	PRICE, CHRISTOPHER E	No	MD	Physician	Anesthesiology		1414 North 13th Street NORFOLK NE 68701	402-316-4027
403897	PRICE, JOANNE C	Yes	RN	Registered Nurse			11315 Bridgeport Way SW Lakewood WA 98499	
33707	PRICE, MARY C	No		Physician			PO BOX 50150 BELLEVUE WA 98015-0150	425-228-5228
46110	PRICE, TYLER C	No	MD	Physician	Emergency Medicine		900 E BROADWAY Bismarck ND 58501	701-530-7001

**BUT** this doc is from 

That's unusual. We're in Washington.

So check the original ORDERS and ask the patient or the clinic where the doc is located and how they'd like the results delivered.

FAX?



EvergreenHealth Heart & Vascular  
12333 NE 130th Lane # 320, Kirkland, WA 98034  
(425) 899-0555 Fax: (425) 899-9458

10.1.15 @ 0837  
10/28/2016 10:29 AM  
Page 1 of 2  
Test Form

**Test Form**

Authorizing Provider: Christopher Price  
Signing Provider: Christopher Price  
Phone: (425) 899-0555  
Fax: (425) 899-9458

Service Provider: E105 PacLab  
PACLAB- E1015  
Phone: (425) 899-3900  
Fax: (425) 899-3897

Patient Name: [REDACTED]  
Home Phone: [REDACTED]  
Work Phone: [REDACTED]  
Cell Phone: [REDACTED]  
Resp. Provider: Christopher Price

DOB: [REDACTED] Age: [REDACTED]  
Sex: M

Primary Ins: DSHS - United Healthcare Highline

Diagnoses  
HYPERCHOLESTEROLEMIA(ICD-E78.0)

118067-1  
1  
10/28/2016  
Normal  
Signed by: Christopher Price  
10/28/2016 9:48:51AM

Diagnoses  
HYPERCHOLESTEROLEMIA(ICD-E78.0)

118067-2  
1  
10/28/2016  
Normal  
Signed by: Christopher Price  
10/28/2016 9:48:51AM

Code  
LIPID  
Description  
Lipid Panel  
Diagnoses  
HYPERCHOLESTEROLEMIA(ICD-E78.0)

3 Tree B2 16259 smwt 402

Report run by Mindy Sanders RN

# Long Term Care Requisitions-

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

Paclab Network Laboratories logo and Franciscan Health System St. Joseph Medical Center contact information (1717 South J St., Tacoma, WA 98405; Phone: (253) 426-6682; Fax: (253) 426-6642; Website: www.paclab.com) are at the top. The form is titled "LONG TERM CARE REQUISITION". A handwritten number "12132016" is in the top left. A red circle highlights the submitter code "SHC3.4101" in the top left. Another red circle highlights the submitter code "SHC3/397" in the top right. A handwritten number "146509" and a circled "4" are in the middle right. The physician's name "Groves" is written in the "PHYSICIAN:" field, with "Stafford Healthcare Floor 3" below it. A table in the center contains submitter codes: SHC3.4101, SHC3.4101, SHC3.4101, and SHC3.4101. The text "PLEASE PRINT LEGIBLY" is at the bottom left.

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

Paclab Network Laboratories logo and Franciscan Health System St. Joseph Medical Center contact information (1717 South J St., Tacoma, WA 98405; Phone: (253) 426-6682; Fax: (253) 426-6642; Website: www.paclab.com) are at the top. The form is titled "LONG TERM CARE REQUISITION". A handwritten number "3302016" is in the top left. A red circle highlights the submitter code "WHCG.4011" in the top left. Another red circle highlights the submitter code "WHCG/394" in the top right. A handwritten number "146509" and a circled "14" are in the middle right. The physician's name "Dr. Butthits" is written in the "PHYSICIAN:" field, with "Wesley Homes Cascade Garden" below it. A table in the center contains submitter codes: WHCG.4011, WHCG.4011, WHCG.4011, and WHCG.4011. The text "PLEASE PRINT LEGIBLY" is at the bottom left.

**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
CBVW	Cascade Behavioral Hospital - 2 West
CBV2	Cascade Behavioral Hospital - 3 North
CBV3	Cascade Behavioral Hospital - 3 W Acute Adult
CBV3	Cascade Behavioral Hospital - 4 W Geropsych
CBV4	Cascade Behavioral Hospital - Stabilization/Rehab

BEAKER SUBMITTER CODE	REQUISITION DISPLAY
<p><b>4317</b> Infections Limited</p>	<p><b>ORCHARD EREQ</b> Infections Limited 1624 South I Street Suite 305 Tacoma, WA 98405 (253) 627-4123 Account Name: Account #: 12245300</p>
<p><b>4210</b> NW Medical Specialties Federal Way</p>	<p><b>NWMS - Federal Way</b> 34509 9th Ave. S #107 Federal Way, WA 98003 Phone: 253-952-8349 FAX: 253-927-3049</p>
<p><b>3780</b> NW Medical Specialties Gig Harbor</p>	<p><b>NWMS - Gig Harbor</b> 11511 Canterwood Blvd, Suite 45 Gig Harbor, WA 98332 Phone: 253-858-4725 Fax: 253-858-4452</p>
<p><b>3779</b> NW Medical Specialties Lakewood</p>	<p><b>NWMS - Lakewood</b> 11311 Bridgeport Way SW #304 Lakewood, WA 98499 Phone: 253-983-1377 Fax: 253-983-1376</p>
<p><b>3775</b> NW Medical Specialties Tacoma</p>	<p><b>Northwest Medical Specialties Lab</b> 1624 South I Street, Suite 307 Tacoma, WA 98405</p>
<p><b>3828</b> Rainier Hematology Oncology (RPPC)</p>	<p>Northwest Medical Specialties Rainier Physicians 2920 So Meridian Suite 100 Puyallup, Washington PUYALLUP, WA 98373</p> <p><b>RAINIER HEM/ONCOLOGY</b>      <b>RPPC/3828</b> ✓ <i>Feb 2014</i>      Ph: 253-841-4296 Fx: 253-841-2435</p> <p>03336 JOUFLAS, SUSAN      37656 BLAU, SIBEL ✓ 84465 MARTIN, KATHERINE      36234 ROSE ANDREA 28658 MCCROSKEY, ROBERT      03214 WAGES, SHERI</p>

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 req instructs "bill to research" submitter **3781**

**Infections Limited &**

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

**Rainier Hematology Oncology**

- 2 reqs 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 req. 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 <sup>th</sup> 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 Joufflas, 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)



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

Last Name	First Name	Ttitle	SUBMITTER/ CLINIC NAME - Enter THIS as the Submitter	CODE	ID	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			paper report to Highline printer			
AZIZ	SULEMAN	MD	SULEMAN AZIZ, MD			electronic read			(253) 838-2792
BOYDEN	NANCY	ARNP	NANCY BOYDEN, ARNP			auto-fax	(253) 432-4050	790 Skansie Ave, Suite #105, GH 98335	(253) 858-2408
BOCKOW	BARRY	MD	BARRY BOCKOW, MD			MANUAL FAX TO	(206) 243-1528		
BUTTITT	JAMES	MD	HIGHLINE INTERNAL MEDICINE			auto-fax	(206) 257-1181		(206) 957-6036
CHIN	EDWIN S.	MD	SOUTH SEATTLE NEPHROLOGY			auto-fax	(206) 938-7621		
CLABOTS	THERESA	MD	M THERESA CLABOTS, MD			auto-fax	(253) 588-2688		(253) 588-6574
DANG	KIEU N	PA-C	Cascade Eye & Skin - Auburn			auto-fax	(253) 845-8750		
DAVIES	MATTHEW	MD	Lili Sacks, MD			auto-fax	(206) 386-9605		(206) 386-9505
DEMOPLOS	PETER A	MD	SWEDISH HEART & VASCULAR CTR			auto-fax	(206) 215-4550		(206) 320-4642
DUFFY	SUSAN C.	MD	CASCADE EYE & SKIN			auto-fax	(253) 845-8750		(253) 848-3000
FU	EVELYN X.	MD	CASCADE EYE & SKIN			auto-fax	(253) 845-8750		(253) 848-3000
GE	ZHENG	MD	PACIFIC NEPHROLOGY			auto-fax	(253) 627-8214		
GE	ZHENG	MD	LAKEWOOD DIALYSIS			auto-fax	(253) 512-0196		
GOTTLIEB	DANIEL	MD	DANIEL GOTTLIEB, MD / HIGHLINE MED CTR	HGOT	3648	paper report to Highline printer	LABH05-211 2		
HE	YAJUAN JUNG	MD	PACIFIC NEPHROLOGY			auto-fax	(253) 627-8214		
HIROTA	THOMAS	DO	Cascade Eye & Skin			auto-fax	(253) 845-8750	11216 Sunrise Blvd E.#3-102, Puyallup 98374	(253) 848-3000
HORSLEY	ANNE	FNP	Wellness Made Easy			MANUAL FAX TO	(253) 212-0962	1835 SW 152nd St, Burien 98166	(206) 838-7704
HOSODA	EMITIS	MD	ADVANCED HEALTHCARE NW			auto-fax	(360) 802-0806		(360) 802-0803
HOWARD	KRISTEN	ARNP	Center for Weight Loss Surgery			FAX TO	(253) 815-7708		(253) 815-7774
HORSLEY	SIMON P	MD	SEATTLE CHILDRENS HOSPITAL			paper report to MAIL OUT		4800 Sandpoint Wy NE, Seattle 98105-3900	
ISAACSON	JEANNE	MD	JEANNE ISAACSON, MD			auto-fax	(206) 243-6996		(206) 246-8000
JOHNSON	NICOLE	MD	Community Health Care			auto-fax	(253) 722-2162		(253) 722-1561
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			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) 957-6036
KODAM	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) 543-3792
LEE	MAX	MD	MAX LEE, MD	2MLE	3752				
MCALEXANDER	JAMES	DPM	GIG HARBOR FOOT AND ANKLE			auto-fax	(253) 858-6017		
MCENIR	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		
NEWMAN	JEFFREY	MD	Puyallup Dermatology			auto-fax	(253) 840-5519		(253) 841-2453
NICKEL	ADAM	DO	Nickel Clinic			auto-fax	(877) 795-9868		(253) 572-4664
O'BRIEN	CAROLYN L	PA-C	CASCADE EYE & SKIN			auto-fax	(253) 845-8750		(253) 848-3000
RAMACHANDRAN	MITHILI	MD	MITHILI RAMACHANDRAN, MD			electronic read			
RIFENBERY	JAMES	MD	Center for Min Invasive Surg			auto-fax	(253) 572-1071		(253) 572-7120
SACKS	LILI	MD	Lili Sacks, MD			auto-fax	(206) 386-9605		(206) 386-9505
SHIELDS	JERRY	MD	CASCADE EYE & SKIN			auto-fax	(253) 845-8750		(253) 848-3000
SLADEK	MARJORIE	MD	LARRY STONESIFER, MD			auto-fax	(253) 944-4202		
STONESIFER	LARRY	MD	LARRY STONESIFER, MD			auto-fax	(253) 944-4202		
TACHOPOULO	OLYMPIA A	MD	NW MEDICAL SPECIALTIES - TACOMA			auto-fax	(253) 426-4570		(253) 627-4123
TINDAL	CHRISTINE	CM	In Tandem Midwifery	ITMW	3715	paper report to SJ		4522 44th Ave SW, Seattle 98116	(425) 243-7848
VELJOVICH	DANIEL	MD	PACIFIC GYNECOLOGY SPECIALISTS SEATTLE		4219	auto-fax	(206) 965-1735		(206) 965-1700
WEISSMAN	ALLAN	MD	ALLAN WEISSMAN, MD			auto-fax	(360) 876-9220		(360) 876-9158
WITTKOWSKY	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 Doc's NAME as the Submitter.

It might not be “built” as a Submitter...

...but then again it just might.



**SUBMITTER**

ADULT & GERIATRIC MEDICINE

**AUTHORIZING PROVIDER**

Lubna Khan, MD

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

(206) 957-6036

LUBNA KHAN, M.D.  
ADULT & GERIATRIC MEDICINE  
801 S.W. 150TH STREET, SUITE 230  
BURIEN, WA 98166  
DEA # BK 5926209  
NPI # 1770529489

NAME \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE 5/16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

CDC  
CMP  
ESR  
CRP  
ANA  
CPK  
Rheumatoid factor  
Hepatitis acute + chronic

1-24  
 25-49  
 50-74  
 75-100  
 101-150  
 151 and over  
Units

Refill NR 1 2 3 4

SUBSTITUTION PERMITTED 000169 DISPENSE AS WRITTEN 6AIM0366116

Hep acute & chronic  
per md

**SUBMITTER =**  
Pacific Nephrology

**AUTHORIZING PROVIDER =**  
Lee, Ho Won

9-9-16

468

**SUBMITTER**

**AUTHORIZING PROVIDER**

**Order for [1823760]**  
Order #: 250069731 Procedure: O MICROALBUMIN UR  
Order Date: 6/23/2016 Proc Category: RANDOM  
Priority: Routine Class: Urine  
Standing: Standing 98/99 Expires: 5/23/2017 Status: Sunquest  
Ordering User: LEE, HO WON, MD [15496] Department: Pacific Nephrology Tacoma  
Auth Provider: LEE, HO WON Enc Provider: Ho Won Lee, MD  
Diagnosis: Chronic kidney disease, stage III (moderate)  
Sched Instruct: M18.3  
Visit Types: LAB [600]  
Comment:

**Order for [1823760]**  
Order #: 250069732 Procedure: O RENAL FUNCTION PANEL  
Order Date: 6/23/2016 Proc Category: Laboratory  
Priority: Routine Class: Sunquest  
Standing: Standing 98/99 Expires: 5/22/2017 Status:  
Ordering User: LEE, HO WON, MD [15496] Department: Pacific Nephrology Tacoma  
Auth Provider: LEE, HO WON Enc Provider: Ho Won Lee, MD  
Diagnosis: Chronic kidney disease, stage III (moderate)  
Sched Instruct:  
Visit Types: LAB [600]  
Comment:

**Order for [1823760]**  
Order #: 250069733 Procedure: O CBC WITH DIFF  
Order Date: 6/23/2016 Proc Category: Laboratory  
Priority: Routine Class: Sunquest  
Standing: Standing 20/20 Expires: 6/22/2017 Status:  
Ordering User: LEE, HO WON, MD [15496] Department: Pacific Nephrology Tacoma  
Auth Provider: LEE, HO WON Enc Provider: Ho Won Lee, MD  
Diagnosis: Chronic kidney disease, stage III (moderate)  
Sched Instruct:  
Visit Types: LAB [600]  
Comment:

**Order for [1823760]**  
Order #: 250069734 Procedure: O URINALYSIS (UA) (NO CULTURE)  
Order Date: 6/23/2016 Proc Category: Urine  
Priority: Routine Class: Sunquest  
Standing: Standing 98/99 Expires: 5/22/2017 Status:  
Ordering User: LEE, HO WON, MD [15496] Department: Pacific Nephrology Tacoma  
Auth Provider: LEE, HO WON Enc Provider: Ho Won Lee, MD

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)

**LABORATORIES**  
 Client Services (253) 471-187 • 800-784-5854  
 P.O. Box 5299 Tacoma, WA 98415 • FAX (253) 403-4339

DATE: 7/6/16 TIME: 1:38 AM PHLEBOTOMIST: [initials]

PATIENT NAME (LAST) FIRST: [redacted]

BIRTHDATE (MM/DD) SEX: F SOCIAL SECURITY NO: [redacted]

STAT  FASTING  CALL RESULTS  FAX RESULTS

2nd REPORT TO ANOTHER PHYSICIAN: [redacted]

REFERRED BY / SIGNATURE: [redacted]

LOCATION: CET  
 CASCADE EYE & SKIN: UP  
 Bracy (13528) Fowler (16173) O'Brien (29146)  
 Chang (15424) Fu (11174) Park (3048)  
 Cook (10355) Harris (1315) Pham (4301)  
 Cunniff (25109) Hinda (3241) Rausch (5544)  
 Dang (21872) Janis (4903) Richardson (21942)  
 Dahlfrauser (6506) Kim-Gold (11718) Schaffner (9885)  
 Drouillard (1197) Kodama (1435) Shields (4293)  
 DUBOIS, M. Larson (224152) Sprouse (29145)  
 Findlay (1227) Mooney (2721) Sullivan (11008)  
 Nelson (2634) Townsend (14771)  
 Ph: (253) 272-9309 Fax: (253) 572-9029 Wenner (15725)

ICD9 CODES TO 4TH & 5TH DIGITS, LIST PRIMARY CODES FIRST:  
 706.1 L70.0

INDIVIDUAL TESTS		INDIVIDUAL TESTS		PROFILES		PAP SMEAR / HPV	
<input type="checkbox"/> AMYLASE	<input type="checkbox"/> LIPASE	<input type="checkbox"/> MONO TEST	<input type="checkbox"/> PHENOBARBITAL - Last Dose	<input type="checkbox"/> ELECTROLYTES	<input type="checkbox"/> LO	<input type="checkbox"/> HI	<input type="checkbox"/> DX
<input type="checkbox"/> ANA	<input type="checkbox"/> ANA REFLEX *	<input type="checkbox"/> PLATELET COUNT	<input type="checkbox"/> POTASSIUM	<input type="checkbox"/> BASIC METABOLIC	ICD9s: [redacted]		
<input type="checkbox"/> BILIRUBIN TOTAL	<input type="checkbox"/> TOTAL & DIRECT	<input type="checkbox"/> PREGNANCY QUAL	<input type="checkbox"/> QUANT *	<input type="checkbox"/> COMPREHENSIVE METABOLIC	ABN Required? [redacted]		
<input type="checkbox"/> BNP	<input type="checkbox"/> BUN	<input type="checkbox"/> PROTEIN TOTAL	<input type="checkbox"/> ALBUMIN	<input type="checkbox"/> HEPATIC reflex to HEPATITIS PANEL *	LMP: [redacted]		
<input type="checkbox"/> CALCIUM	<input type="checkbox"/> PO4	<input type="checkbox"/> PROTEIN ELECTROPHORESIS	<input type="checkbox"/> PTT *	<input type="checkbox"/> RENAL	Pt History [redacted]		
<input type="checkbox"/> CBC C DIFF	<input type="checkbox"/> BLOOD COUNT	<input type="checkbox"/> PSA *	<input type="checkbox"/> PSA reflex *	<input type="checkbox"/> LIPID PANEL	<input type="checkbox"/> THINPREP PAP SMEAR		
<input type="checkbox"/> CHOLESTEROL	<input type="checkbox"/> Screening?	<input type="checkbox"/> RA SCREEN	<input type="checkbox"/> ANTI-CCP	<input type="checkbox"/> Non-fasting LIPID PANEL	<input type="checkbox"/> THINPREP + HPV SCREEN		
<input type="checkbox"/> CREATININE	<input type="checkbox"/> GREAT CLEARANCE	<input type="checkbox"/> RETICULOCYTE COUNT	<input type="checkbox"/> SED RATE	<input type="checkbox"/> LDL - Direct CHOLESTEROL	<input type="checkbox"/> HPV ONLY		
Height	Weight	<input type="checkbox"/> SGPT (ALT)	<input type="checkbox"/> SGPT (ALT)	<input type="checkbox"/> CHOLESTEN 15	<input type="checkbox"/> HPV & PAP ASCUS *		
<input type="checkbox"/> CRP	<input type="checkbox"/> CRP-HS (cardiac)	<input type="checkbox"/> SYRUS Ab reflex (RPR) *	<input type="checkbox"/> T4	<input type="checkbox"/> CHRONIC	<input type="checkbox"/> HPV & PAP ABNORMAL *		
<input type="checkbox"/> DEHPKINE (Naloxone 500) Last Dose	<input type="checkbox"/> DILANTIN Last Dose	<input type="checkbox"/> T3 UPTAKE	<input type="checkbox"/> T4	<input type="checkbox"/> FSH	<input type="checkbox"/> HPV TYPING if HPV POSITIVE		
<input type="checkbox"/> FERRITIN	<input type="checkbox"/> FERRITIN	<input type="checkbox"/> TRIGLYCERIDES	<input type="checkbox"/> URIC ACID	<input type="checkbox"/> LH	<input type="checkbox"/> GC - Chlamydia PCR		
<input type="checkbox"/> GGT	<input type="checkbox"/> GGT	<input type="checkbox"/> UREA NITROGEN	<input type="checkbox"/> UREA NITROGEN	<input type="checkbox"/> PRLACTIN	<input type="checkbox"/> TISSUE / CYTOLOGY		
<input type="checkbox"/> GLUCOSE	<input type="checkbox"/> 1 hour OG	<input type="checkbox"/> VITAMIN B12	<input type="checkbox"/> VITAMIN B12	<input type="checkbox"/> DRUG SCREEN PANEL *	SOURCE: [redacted]		
<input type="checkbox"/> GLUCOSE TOLERANCE	<input type="checkbox"/> HRS	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> MICROBIOLOGY	Pt Hx: [redacted]		
<input type="checkbox"/> HEMOGLOBIN A1C	<input type="checkbox"/> HGB + HCT	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CULTURE & SENSITIVITY	[redacted]		
<input type="checkbox"/> HEPATITIS B SURF ANTIGEN *	<input type="checkbox"/> HEPATITIS B SURF ANTIBODY	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> RAPID STREP SCREEN Group A throat *	[redacted]		
<input type="checkbox"/> HEPATITIS C Ab	<input type="checkbox"/> Reflex to RNA Quant *	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> B-STREP GROUP B (Wag)	[redacted]		
<input type="checkbox"/> H. PYLORI ANTIGEN	<input type="checkbox"/> H. PYLORI ANTIGEN	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> THROAT Culture	[redacted]		
<input type="checkbox"/> IRON	<input type="checkbox"/> IRON + TIBC	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> URINE CULTURE	[redacted]		
<input type="checkbox"/> LDH	<input type="checkbox"/> LDH	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA + GC PCR	[redacted]		
<input type="checkbox"/> MAGNESIUM	<input type="checkbox"/> MAGNESIUM	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA by PCR	[redacted]		
<input type="checkbox"/> MICROCALBUMIN	<input type="checkbox"/> MICROCALBUMIN	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		
<input type="checkbox"/> QUANTITATION (QFT2)	<input type="checkbox"/> QUANTITATION (QFT2)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		
<input type="checkbox"/> ANA w/ Reflex, CBC, Ferritin, Iron + TIBC, Sed Rate, TSH w/ Reflex (ANA RP, CBC, FERR, FET, ESR, TSHFT)	<input type="checkbox"/> ANA w/ Reflex, CBC, Ferritin, Iron + TIBC, Sed Rate, TSH w/ Reflex (ANA RP, CBC, FERR, FET, ESR, TSHFT)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		
<input type="checkbox"/> Biologic Panel: CBC, Comprehensive Metabolic Panel, Hep B Surface Antigen and Ab, Hep B Core Ab (total), Hep C Ab (CCP, CMPL, HEAT)	<input type="checkbox"/> Biologic Panel: CBC, Comprehensive Metabolic Panel, Hep B Surface Antigen and Ab, Hep B Core Ab (total), Hep C Ab (CCP, CMPL, HEAT)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		
<input type="checkbox"/> Isotratinoin Panel 1: Standing orders below draw monthly for 6 months	<input type="checkbox"/> Isotratinoin Panel 1: Standing orders below draw monthly for 6 months	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		
<input type="checkbox"/> Male Panel: CBC, Comprehensive Metabolic Panel, Thyroglobulin (TGB), TSH, TRIG, CHOL	<input type="checkbox"/> Male Panel: CBC, Comprehensive Metabolic Panel, Thyroglobulin (TGB), TSH, TRIG, CHOL	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		
<input type="checkbox"/> Female Panel: CBC, Comprehensive Metabolic Panel, Thyroglobulin (TGB), TSH, TRIG, CHOL, HCG	<input type="checkbox"/> Female Panel: CBC, Comprehensive Metabolic Panel, Thyroglobulin (TGB), TSH, TRIG, CHOL, HCG	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		
<input type="checkbox"/> Isotratinoin Panel 2: Standing orders below draw monthly for 6 months	<input type="checkbox"/> Isotratinoin Panel 2: Standing orders below draw monthly for 6 months	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		
<input type="checkbox"/> Male Panel: WBC, ALT, AST, Thyroglobulin (TGB), SGPT, SGOT, TRIG, CHOLE, HCG	<input type="checkbox"/> Male Panel: WBC, ALT, AST, Thyroglobulin (TGB), SGPT, SGOT, TRIG, CHOLE, HCG	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		
<input type="checkbox"/> Female Panel: WBC, ALT, AST, Thyroglobulin (TGB), SGPT, SGOT, TRIG, CHOLE, HCG	<input type="checkbox"/> Female Panel: WBC, ALT, AST, Thyroglobulin (TGB), SGPT, SGOT, TRIG, CHOLE, HCG	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		
<input type="checkbox"/> Neutestix Panel: LAB: Do not register in Epic-Sunquest only using GCC	<input type="checkbox"/> Neutestix Panel: LAB: Do not register in Epic-Sunquest only using GCC	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		
<input type="checkbox"/> Neutestix Panel Employee (NDSE)	<input type="checkbox"/> Neutestix Panel Employee (NDSE)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> VITAMIN D3 (25-OH)	<input type="checkbox"/> CHLAMYDIA CULT	[redacted]		

LAB COPY

*Malini Fowler*  
 253-3000

Another commonly seen req:

**SUBMITTER**

Allergy & Asthma Specialty Services

**AUTHORIZING PROVIDER**

Jennifer Cole, DO

**Allergy & Asthma Specialty Service, P.S.**

W. Pierre Andrade, M.D. 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**

Patient Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ B.D.: \_\_\_\_\_

Order by Doctor: COLE (print Name) Doctor Signature: [Signature]

Office Location: Lakewood

Send Report to 11203 Bridgeport Way S.W., Lakewood, WA 98499

Please do the following laboratory tests on the marked items. Contact us at 253-589-1380, or Fax 253-589-1786

Date Order: 1/24/16 ICD 10: L50.1 Medical Insurance: VA

Food Allergy Profile (LabCorp - 602989; Quest - 10715; NW Lab/Multicare - FA1.3)
Milk, egg, soy, wheat, peanut, walnut, shrimp, scallop, codfish, 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 IgE, Rast Test for Food (Elisa or Immunocap) as marked.

Order	Food IgE	Order	Food IgE	Order	Food IgE	Order	Food IgE	Order	Food IgE
<input checked="" type="checkbox"/>	Milk		Mussel		Cantaloupe		Mango		Sweet Potato
<input checked="" type="checkbox"/>	Egg white		Squid		Carrot		Melon		Tomato
<input checked="" type="checkbox"/>	Soy bean		Codfish		Celery		Mushroom		Turkey
<input checked="" type="checkbox"/>	Wheat		Tuna		Cheese, Cheddar		Mustard		Watermelon
<input checked="" type="checkbox"/>	Peanut		Salmon		Cherry		Oats		Yeast, Baker's
	<b>Tree Nuts</b>		Swordfish		Chicken		Onion		
	Almond		Trout		Chili Pepper		Orange		Misc
	Walnut		Halibut		Cinnamon		Peach		Latex
	Pecan		Tilapia		Coconut		Pear		
	Cashew		<b>Other</b>		Coffee		Pineapple		
	Hazel nut		Apple		Corn		Plum		
	Macadamia Nut		Apricot		Cucumber		Pork		
	Fistachio		Avocado		Garlic		Potato		
	Pine Nut		Banana		Grape		Pumpkin		
	<b>Seafood</b>		Barley		Green Bean		Raspberry		<b>Bee IgE</b>
	Shrimp		Bean (white)		Green Pea		Rice		Honeybee
	Crab		Bean (red kidney)		Green Peppers		Rye		Wasp, paper
	Lobster		Beef		Kiwi Fruit		Sesame Seed		Yellow Jacket
	Clam		Blueberry		Lemon		Spinach		White-faced hornet
	Oyster		Broccoli		Lettuce		Strawberry		Yellow hornet
	Scallop		Cabbage		Lime		Sunflower Seed		Tryptase (serum)

Aeroallergens	Aeroallergens	Aeroallergens
<b>Grasses</b>	<b>Weeds</b>	<b>Environmental</b>
1. Kentucky blue (Meadow grass)	1. Cocklebur	1. Dust Mite (Dermatophyoides pteronyssinus and farinae)
2. Meadow Fescue	2. Sheep sorrel and Yellow dock	2. Cockroach, American
3. Perennial Rye	3. Lambs Quarters	<b>Mold</b>
4. Orchard (Cocksfoot)	4. Pigweed (Common)	1. Cladosporium herbarium
5. Redtop (Bentgrass)	5. English Plantain	2. Alternaria tenuis
6. Sweet Vernal	6. Ragweed (Common and Giant)	3. Phoma betae
7. Timothy	7. Mugwort (Sage)	4. Stemphylium herbarum (S. botryosum)
8. Bermuda	8. Nettle	5. Aspergillus fumigatus
9. Alfalfa	9. Russian Thistle (Saltwort)	6. Penicillium chrysogenum (P. notatum)
<b>Trees</b>	<b>Animals</b>	7. Candida albicans
1. Birch (Common Silver)	1. Cat dander	8. Fusarium proliferatum
2. Alder (Grey)	2. Dog dander	9. Chaetomium globosum
3. Maple (Box-elder)	3. Chicken feather	10. Epicoccum purpurascens
4. Oak	4. Goose feather	11. Rhizopus nigricans



These often come from Highline or Burien patients

**SUBMITTER**


Virginia Mason Anticoagulation Care

**AUTHORIZING PROVIDER**

Phat Chiem, Pharm D

2015-Sep-03 10:42 VIRGINIA MASON -CARDIOLOGY 2063410951 3/8  
11/22/16  
R2109024

DN 11:06

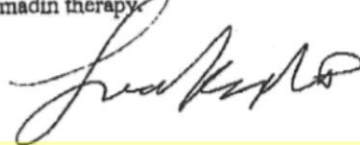
**Standing Order**  
Anticoagulation Care Collaborative 

TO: **Highline Medical Center Lab**  
Fax: 206-241-8135  
Phone: 206-244-9970

FROM: **CHIEM PHARM D, PHAT** Date: 09/03/2015  
Fax: 206-341-0951  
Phone: 206-223-6664

RE: Name:  
MRN:  
DOB:

STAT  
Standing Order: Please draw a PT / INR Q Day or as needed for monitoring Coumadin therapy.

458.61  
1 CO 9 Diagnosis Code(s): Z79.04; 427.31  
1 CO 10 Diagnosis Code(s): Z79.01; I48.91 

Please fax results promptly to 206-341-0951 or phone results to 206-223-6664. If INR is  $\geq 4.5$ , please call the Anticoagulation Care Collaborative immediately at 206-223-6664.

Authorizing Clinician: \* GEORGE PHARM D, JENNIFER  
Authorizing Clinician: \* CHIEM PHARM D, PHAT  
Authorizing Clinician: \* SIQUEIRA-BENZOW PHARM D, ALICE

\* By prescriptive authority  
of referring physician: **GOLD MD, ELIZABETH S**

1100 9th Ave, PO Box 900, Seattle, WA 98111  
Phone: 206-223-6664 Fax: 206-341-0951

This facsimile transmission may contain confidential information belonging to Virginia Mason Medical Center. The information is intended only for the use of the individual or entity named. Please handle this facsimile to ensure complete confidentiality and direct delivery to the intended recipient. If you have received this in error, please contact our office at 206-223-6664.

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!

SWEDISH PHYSICIAN DIVISION  
SWEDISH MEDICAL CENTER  
Sns Neuroendo  
550 17th Avenue, Suite 400  
Seattle WA 98122-5789  
206-320-4844

Lab Order: (2975)  
BASIC METABOLIC PANEL (BMP) [LAB000010] (Order #: 236635408) Qty: 1

**Patient Demographics**  
Patient Name Sex DOB Address Phone (Home) (Mobile)  
Female AUBURN WA 98001 206- (Home) 253- (Mobile)

**Patient IDs**  
ID Type ID #  
ENTERPRISE ID NUMBER 4318425  
SMC MRN

**Encounter Information**  
10/10/2016 1:35 PM Provider Kelley J Moloney, ARNP Department Sns Neuroendo Encounter # 292921374 Center

**Order Providers**  
Authorizing Moloney, Kelley J Encounter Moloney, Kelley J  
*Kelley Moloney ARNP*

**Order Details**  
Frequency None Duration None Priority STAT Order Class External

**Order Information**  
Order Date/Time 10/10/16 01:36 PM Release Date/Time None Start Date/Time 10/10/2016 End Date/Time None

**Specimen Information**  
Type: Blood, SST

**Order Dx**  
Pituitary tumor - Primary ICD-10-CM D49.7 ICD-9-CM 239.7

Record actual collection date and time if different than printed on requisition:  
Specimen if not indicated on requisition:

**STAT**

Please fax results to:  
(206) 320-2995

at 10/10/16 1:36 PM Printed Page 1 of 1

# 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

Franciscan Health System  
St. Joseph Medical Center  
1717 South J St. (253) 426-6682  
Tacoma, WA 98405 FAX (253) 426-6642

number of  
**PACLAB**  
NETWORK LABORATORIES

CLINICAL REQUISITION  
PATIENT SERVICE CENTER LOCATIONS: REVERSE SIDE

PHENOCHEM-T-TECH-100

LAB BY

21577 STONESIFER, LARRY Ph: 253-927-4777  
08545 MILLER, MARCIA Fx: 253-927-6580  
56902 SLADEK, MARJORIE  
34509 9<sup>th</sup> Ave S #200  
Federal Way, WA 98003

STON/3737  
Ph: 253-927-4777  
Fx: 253-927-6580

DIAGNOSIS CODES REQUIRED FOR EACH TEST ORDERED  
(See Physician Notification on back)

PLEASE PRINT  
Patient (Last, First, MI)

Sex Age Date of Birth (required) Patient Phone #

Patient Verification Signature Patient SS# or I.D.

Guardian (Last, First, MI) Required if insurance or patient billing PLEASE PRINT

Address

City State Zip

DATE/TIME OF COLLECTION (required) FASTING STATUS  
 YES  NO hrs pp  
 Mail Results To:  Call Results To:  Fax Results To:  ROUTINE  
 ASAP  STAT

PH No.: Fax No.:

BILL TO: (Please Circle) PATIENT DR/HOSP/CLINIC MEDICARE PUBLIC ASSISTANCE OTHER (specify below) GH NW

PATIENT SSN  
Insurance Name  
Insurance Number(s)  
Group Number(s) Employer

20008181

@ MAY require a signed ABN  
ADDITIONAL TESTS / LIST ICD codes

COLLECTION CODE B=BLACK BL=BLUE C=SST FS=FROZEN SERUM GN=GREEN GY=GRAY L=LAVENDER P=PLASMA RB=ROYAL BLUE S=SERUM (RED) U=URINE  
 S  FS  C  R  L  LP  BL  RB  GY  GN  GNP  BF  SLD  APT  GEN  OCC  SWAB  M4  UR  U24  ST  PAPI/OTHER

[ ] LAB350 (17-KETOSTEROIDS, 24HR) [ ] LAB15 (BASIC METABOLIC PANEL) [ ] LAB523 (ESTRADIOL)  
[ ] LAB354 (ALDOSTERONE, 24HR) [ ] LAB17 (COMP METABOLIC PANEL) [ ] LAB87 (LH) [ ] LAB86 (FSH)  
[ ] LAB814 (CALCIUM, 24HR) [ ] LAB101 HDL [ ] LAB60 CHOL [ ] LAB531 (PROLACTIN)  
[ ] LAB3536 (CORTISOL, FREE UR 24 HR) [ ] LAB20 (HEPATIC FUNCTION PANEL) [ ] LAB4009 (TETFR) [ ] LAB1060 (OSTEOCALCIN)  
[ ] LAB385 (CREATININE, 24HR) [ ] LAB18 (LIPID PANEL) [ ] LAB19 (RENAL FUNCTION PANEL) [ ] LAB536 (VITD125) @  
[ ] LAB818 (CREATININE CLEARANCE, 24 HR) [ ] LAB3101 (HEPATITIS PANEL, CHRONIC) [ ] LAB535 (VITD29) @  
[ ] LAB440 (PROTEIN, 24HR) [ ] LAB566 (ALDOLASE) [ ] LAB813 (PTH I)  
[ ] LAB373 (CATECHOLAMINES FRAC, 24HR) [ ] LAB48 (AMYLASE) [ ] LAB90 (ATC) @  
[ ] LAB352 (SHIAA, 24HR) [ ] LAB52 (DIRECT BIL) [ ] LAB521 (C-PEPTIDE)  
[ ] LAB3448 (METANEPHRINES, PLASMA) [ ] LAB62 (CPK) [ ] LAB1013 (FRUCTO)  
[ ] LAB452 (VMA, 24HR) [ ] LAB23 (DIGOXIN) [ ] LAB650 (GLUTAMIC ACID DECARB)  
[ ] LAB3205 (UA, CULTURE IF INDICATED) @ [ ] LAB158 (HELICOBACTER PYLORI AB) [ ] LAB1769 (GTT 5)  
[ ] LAB239 (URINE CULTURE) @ [ ] LAB99 (LIPASE) [ ] LAB517 (ISLET CELL AB)  
[ ] LAB689 (MICROALBUMIN/CREATININE RATIO) [ ] LAB103 (MG) [ ] LAB527 (INSULIN ASSAY)  
[ ] LAB816 (NTX N-TELOPEPTIDE, URINE) [ ] LAB113 (PHOS) [ ] LAB3287 (APOLIPO A) [ ] LAB3288 (APOB) (B)  
[ ] LAB720 (17-ALPHA-HYDROXYPROGESTERONE) [ ] LAB114 (K) [ ] LAB106 (B-TYPE NATRIURETIC PEP)  
[ ] LAB511 (ADRENOCORTICOTROPIC HORM) [ ] LAB119 (SPEP) [ ] LAB3112 (IEP) [ ] LAB150 (CRP HIGH SENSITIVITY)  
[ ] LAB1108 (ARGININE VASOPRESSIN HORM) [ ] LAB578 (PSA) [ ] LAB825 (HOMOCYSTEINE)  
[ ] LAB5298 (21 HYDROXYLASE AB) [ ] LAB320 (PT) @ [ ] LAB325 (PTT) @ [ ] LAB1048 (NMR600)  
[ ] LAB567 (ALDOSTERONE, SERUM) [ ] LAB581 (ZINC) [ ] LAB4012 (ALPHA SUB PITUITARY)  
[ ] LAB5187 (ALDOSTERONE/RENIN RATIO) [ ] LAB886 (GRP A RAPID STREP) [ ] LAB4016 (SEX HORM)  
[ ] LAB870 (CATECHOLAMINES, PLASMA) [ ] LAB228 (C THR) [ ] LAB147 (ANA Reflexive)  
[ ] LAB3347 (CHROMOGRANIN A) [ ] LAB129 (TSH) @ [ ] LAB127 (T4, FREE) @ [ ] LAB722 (LUPUS PANEL)  
[ ] LAB3298 (CORTISOL AM 0400 TO 0859) [ ] LAB519 (CALCITONIN) [ ] LAB206 (RHEUMATOID FACTOR)  
[ ] LAB61 (CORTISOL RANDOM 0900 TO 0359) [ ] LAB858 (THYROID PEROXIDASE AB) [ ] LAB141 (URIC)  
[ ] LAB 3403 (DEXAMETH. SUPPRESS, RANDOM) [ ] LAB533 (THYROGLOBULIN-REFLEXIVE) [ ] LAB829 (IRON & TIBC) @  
[ ] LAB524 (DHEA SULFATE) [ ] LAB136 (T3 TOTAL-ICMA) [ ] LAB137 (T3 FREE) [ ] LAB68 (FERRITIN)  
[ ] LAB3322 (SEROTONIN, BLOOD) [ ] LAB516 (THYROID AB) [ ] LAB67 (VIT B12) [ ] LAB69 (FOLATE)  
[ ] LAB293 (CBC w/ Diff. Plt) @ [ ] LAB746 (THY STIM IMMUNOGLOBULIN) [ ] LAB3341/STIGF1 (LABCORP) \*\*  
[ ] LAB3549 (SED) [ ] LAB3507 (IGF-1 with Z Score - LABCORP) \*\*SPIN <45 MIN/SEP/FRZ\*\*  
[ ] LAB296 (RETIC COUNT)

[X] \*\*\*\*\*FAX ABN\*\*\*\*\*

Form #200646 (02/15)

SUBMITTER

AUTHORIZING PROVIDER

# DR. STONESIFER continued...

This is on a custom PacLab req.

It has a Submitter code and ID at the top.

member of  
**PACLAB**  
NETWORK LABORATORIES

Franciscan Health System  
St. Joseph Medical Center  
1717 South J St. (253) 426-6682  
Tacoma, WA 98405 FAX (253) 426-6642

**CLINICAL REQUISITION**  
PATIENT SERVICE CENTER LOCATIONS: REVERSE SIDE

PHOENIX  
SUBMITTER

20008181 20008181 20008181  
20008181 20008181 20008181

DIAGNOSIS CODES REQUIRED FOR EACH TEST ORDERED  
(See Physician Notification on back)

PLEASE PRINT

L  
A  
B  
E  
L  
B  
Y

STON/3737  
21577 STONESIFER, LARRY Ph: 253-927-4777  
08545 MILLER, MARCIA Fx: 253-927-6580  
56902 SLADEK, MARJORIE  
34509 9th Ave S #200  
Federal Way, WA 98003

PROVIDER SIGNATURE: \_\_\_\_\_

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 Entry

Submitter: LARRY STONESIFER MD Requisition number: RQ60461 Patient:

Patient address: Address: State: WA ZIP: 98022

SSN: xxx-xx Sex: F County: KING

DOB: TOB: City (or ZIP): ENUMCLAW Country: United States of America

Requisition #:

Orders [1] Billing Info [2]

Diagnoses:	Code	Description
1	R53.83	Other fatigue [ICD-10-CM]
2	E06.3	Autoimmune thyroiditis [ICD-10-CM]
3	E03.8	Other specified hypothyroidism [ICD-10-CM]

Authorizing provider: SLADEK, MARJORIEJ J

Ordering provider: SLADEK, MARJORIEJ J

Bill to: Patient Bill

# 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

12/15/16  
745  
02

Sara Weelborg, ARNP  
6625 Wagner Way NW Suite 350  
Gig Harbor, WA 98335  
(360)516-0068 (phone) (888)959-9016 (fax)

NPI: 1124008743

Name: [REDACTED]

Address: [REDACTED]

DOB: [REDACTED]

Diagnosis: Z79.899

Order: 1) CMP  
2) CBC  
3) lithium level  
4) TSH

RG  
1/22/17

Sara Weelborg ARNP  
Signature of Ordering Provider

Date written: December 13, 2016

Note: Please fax results to 888-959-9016. Please call 360-516-0068 with any questions. Thank you

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



10711g @ 1458 094

Lab Requisition - Seattle Children's Hospital: Oncology Clinic  
Bill to Patient's Insurance

Patient Name: _____	Fax Results To: (206) 985-3215
Gender: <u>F</u> Date of Birth: _____	Clinic Phone: (206) 987-2106
MRN: <u>1305542</u>	Provider Name: <u>Karyn Brundige</u>
Diagnosis/ICD-9: <u>Z84.9</u>	Call Critical Results To: <u>206 987 2106</u>
Standing Orders good until: <u>12/31/2016</u>	

**HEMATOLOGY**

CBC, no differential

CBC, with Differential

Erythrocyte Sedimentation Rate

Hematocrit

Platelet Count

Reticulocyte Count

**COAGULATION**

Anti Thrombin 3 Activity

Anti-Factor Xa (LMW Heparin Activity)

D-Dimer

Factor IX Activity

Factor VIII Activity

Fibrinogen

Lupus Anticoagulant Screen

Platelet Function Screen

Protein C Activity

Protein S Activity

Prothrombin Time + INR

PTT (Partial Thromboplastin Time)

Thrombin Time

Von Willebrand Factor (incl. Factor 8)

VWF Antigen (Factor 8 Related Ag)

**CHEMISTRY**

Albumin

Alkaline Phosphatase

ALT (SGPT)

Amylase

AST (SGOT)

Bilirubin (Conjugated / Unconjugated)

Bilirubin (Conjugated / Unconjugated, Total, Delta)

Blood Urea Nitrogen (BUN)

Calcium, Ionized

Calcium, Total

Carbon Dioxide (CO2)

Chloride

Cholesterol, Total

C-Reactive Protein

Creatine Kinase (CPK), Total

Creatinine

Electrolytes (Na, K, Cl, CO2)

Ferritin

Gamma-glutamyl Transferase (GGT)

Glucose

LDH (Lactate Dehydrogenase)

Lipase

Lipid Profile (Chol, Trig, HDL, LDL)

Magnesium

Phosphorus

Potassium

**CHEMISTRY**

Protein, Total

Sodium

Triglycerides

Uric Acid

**THERAPEUTIC DRUGS**

6-Methyl-Mercaptopurine (6MP Metabites)

Caffeine

Carbamazepine (Tegretol)

Cephalexin (Keflex)

Cyclosporin A

Digoxin

Ethosuximide (Zarontin)

Gabapentin (Neurontin)

Gentamicin

Lamotrigine (Lamictal)

Levamisole (Keppra)

Lithium

Methotrexate

Mycophenolic Acid Panel (CellCept)

Oxycarbazine (Trileptal)

Phenobarbital

Phenytoin (Dilantin)

Sildenafil

Tacrolimus (FK506)

Tobramycin

Topiramate (Topamax)

Valproic Acid (Depakote)

Vancomycin

Zonisamide (Zonegran)

**URINE TESTS**

Time Collected: \_\_\_\_\_

Culture & Sensitivity, Urine

Pregnancy Test, Urine

Urinalysis

Urinalysis, Culture if Indicated

**STOOL TESTS**

C. difficile toxin

Culture

Glarda Antigen (EIA)

Gram Stain, Stool

Occult Blood, Stool

Rotavirus

**MICROBIOLOGY**

Blood Culture (Bacterial), Aerobic

Blood Culture (Bacterial), Anaerobic

Blood Culture Fungal

Fungal Culture

Gram Stain

Routine Bacterial Culture & Sensitivity

**OTHER**

weekly to monitor for relapse.

ONCOLOGY

Karyn Brundige  
Provider Print Name

Karyn Brundige  
Provider Signature

6/27/15 1043  
Date Time

**SUBMITTER**

**AUTHORIZING PROVIDER**



**SUBMITTER**  
(out-of-state)

QUEST  
Diagnostics  
359 MIDDLEFIELD RD  
PALM ALTO, CA 94301-1345  
REGJOB1 850-323-7345 60095493 8598362

( ) GUNST, JENNIFER L (x) SKINNER, BRYAN ( ) SKINNER, DESTIN

1000  
944

253-851-9905

**AUTHORIZING  
PROVIDER**

INFORMATION MUST BE PROVIDED IF ACCOUNT WILL BE BILLED - Please Print Clearly

PATIENT'S LAST NAME FIRST NAME

SEX DOB TIME DATE COLLECTED PATIENT ID / CONF # ROOM LOCATION

PATIENT'S SURNAME # ORDERING PROVIDER SUPERVISING PHYSICIAN

TOTAL VOL/MSRS COMMENTS, CLINICAL INFORMATION

FASTING  FASTING  NON-FASTING

Fax Results to: (850) 323-2139

Send Client # OR NAME: \_\_\_\_\_

Physician ADDRESS: \_\_\_\_\_

Report to: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Many payers (including Medicare and Medi-Cal) have medical necessity requirements. You should only order these tests which are medically necessary for the diagnosis and treatment of the patient.

**BILL TO:**  OUR ACCOUNT  PATIENT  WC  MEDICAID

MEDICARE A  MEDICARE B  MEDICAL INSURANCE  CHDP  FRACT

**COMPLETE FOR ALL BILLING TYPES**

RESPONSIBLE PARTY (Please Print)

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

**COPY OF INSURANCE - HMO/MPA CARD REQUIRED**

PRIMARY INSURANCE COMPANY - HMO/MPA HEALTH PLAN \_\_\_\_\_

ADDRESS (Print City/State/Zip) \_\_\_\_\_

CERTIFICATE # **KA 7980** GROUP # \_\_\_\_\_

MED-CAL/MEDICARE # \_\_\_\_\_ MED-CAL ISSUE DATE \_\_\_\_\_ STATE \_\_\_\_\_

Medicare  Medicare Coverage for the medical record & use as a service to research & development of test  Provides Group Health Plan coverage  F - Has printed frequency for coverage B - Has both diagnosis and frequency coverage printed  necessary

ICD-9 CODE (See manual or Internet for coding information) **250.9** **R10.9** **R53.03**

ORGAN / DISEASE PANELS	OTHER TESTS (continued)	
<input type="checkbox"/> 3400 ELECTROLYTE PANEL Na, K, Cl, CO2	<input type="checkbox"/> 821 ALT (SGPT)	<input type="checkbox"/> 3129 HEMODYNAMIC/ CARDIOVASCULAR
<input type="checkbox"/> 3450 LIVER FUNCTION PANEL ALP, TBIL, LDH, AP, AST, ALT, TP	<input type="checkbox"/> 243 AMYLASE	<input type="checkbox"/> 549 IMR/PACIFICATION
<input type="checkbox"/> 10180 BASIC METABOLIC PANEL w/eGFR Na, K, Cl, CO2, Gw, BUN, Cr	<input type="checkbox"/> 795 ANTIHIBODY SCR, RBC W/ REFLEX ID	<input type="checkbox"/> 543 INSULIN
<input checked="" type="checkbox"/> 40251 CMP METABOLIC PANEL w/eGFR Na, K, Cl, CO2, Gw, BUN, Cr, Ca, TP, Alb, TBIL, AP, AST, ALT	<input type="checkbox"/> 822 AST (SGOT)	<input type="checkbox"/> 7573 IRON (TOTL, DCT% SAT)
<input type="checkbox"/> 10940 LIPID PANEL w/ RATIOS (Fasting Specimen) TChol, TTrg, HDL-C, calc LDL	<input type="checkbox"/> 285 BILIRUBIN, DIRECT (DBIL)	<input type="checkbox"/> 571 IRON, TOTAL
<input type="checkbox"/> 14852 LIPID PANEL W/ REFLEX DIRECT LDL	<input type="checkbox"/> 287 BILIRUBIN, TOTAL (TBIL)	<input type="checkbox"/> 593 LDH
<input type="checkbox"/> 28210 OBSTETRIC PANEL W/ REFLEX W/ Na, K, Cl, CO2, Gw, BUN, Cr, Ca, TP, Alb, TBIL, AP, AST, ALT	<input type="checkbox"/> 4020 C-REACTIVE PROTEIN	<input type="checkbox"/> 599 LEAD (BI)
<input type="checkbox"/> 10206 HEPATITIS PANEL, ACUTE W/ REFLEX HepA, HepB, HepC, HepE, HepG, HepG2, IgM, IgG	<input type="checkbox"/> 25033 CA 27.29	<input type="checkbox"/> 615 LH
<input type="checkbox"/> 18314 RENAL FUNCTION PANEL w/eGFR Na, K, Cl, CO2, Gw, BUN, Cr, TP, Alb, TBIL, AP, AST, ALT	<input type="checkbox"/> 312 CALCIUM (Ca)	<input type="checkbox"/> 680 LIPASE
<b>HEMATOLOGY</b>	<input type="checkbox"/> 10724 CARIODI CRP	<input type="checkbox"/> 627 STYAGNIUM
<input type="checkbox"/> 511 HEMOGLOBIN	<input type="checkbox"/> 11173 CCP Ab IgG	<input type="checkbox"/> 6317 MONOCLONAL GAMMA GLOBULIN (MUGRAIT)
<input type="checkbox"/> 525 HEMATOOCIT	<input type="checkbox"/> 8304 CHOLESTEROL, TOTAL (TChol)	<input type="checkbox"/> 11290 OCC SLD, FECE3 - FIT, InSuro
<input type="checkbox"/> 1751 CBC w/ DIFF	<input type="checkbox"/> 376 CK, TOTAL	<input type="checkbox"/> 718 PHOSPHORUS
<input type="checkbox"/> 5299 CBC w/ DIFF	<input type="checkbox"/> 379 CREATININE (Cr) w/eGFR	<input type="checkbox"/> 733 POTASSIUM (K)
<input type="checkbox"/> 18341 PT WITH MPV	<input type="checkbox"/> 482 CHOLESTEROL, HDL (HDL-C)	<input type="checkbox"/> 745 PROGESTERONE
<input type="checkbox"/> 18341 PTT ACTIVATED	<input type="checkbox"/> 483 CREATININE (Cr) w/eGFR	<input type="checkbox"/> 745 PROLACTIN
<input type="checkbox"/> 7725 A50 GROUP & RH TYPE	<input type="checkbox"/> 8233 DIRECT LDL	<input type="checkbox"/> 733 RETICULOCYTE COUNT, AUTOMATED
<input type="checkbox"/> 227 AFP-TUMOR MARKER	<input type="checkbox"/> 482 ESTRADIOL	<input type="checkbox"/> 4018 RHEUMATOID FACTOR
<input type="checkbox"/> 223 ALBUMIN (ALB)	<input type="checkbox"/> 483 ESTRODIOL	<input type="checkbox"/> 739 RPR (MONITORING) W/ REFLEX TRP
<input type="checkbox"/> 236 ALKALINE PHOSPHATASE (ALP)	<input type="checkbox"/> 468 FOLIC ACID	<input type="checkbox"/> 36125 RPR (DM) W/ REFLEX CONFIRM
	<input type="checkbox"/> 470 FSH	<input type="checkbox"/> 882 RUBELLA Ab, IgG
	<input type="checkbox"/> 472 GGT	<input type="checkbox"/> 895 SED RATE BY MOD WEST
	<input type="checkbox"/> 8477 GLUCOSE, GEST. SCR	<input type="checkbox"/> 873 TESTOSTERONE, MALE
	<input type="checkbox"/> 483 GLUCOSE, SERUM (Glu)	<input type="checkbox"/> 15303 TESTOSTERONE, TOTAL (CAUSMS) SR
	<input type="checkbox"/> 8435 HCG, SERUM, QUAL	<input type="checkbox"/> 8281 THYROID PEROXIDASE (TPO) (IIF)
	<input type="checkbox"/> 8386 HCG, SERUM, QUANT	<input type="checkbox"/> 856 THYROID PEROXIDASE (TPO) (IIF)
	<input type="checkbox"/> 8549 HEMOGLOBIN A1C (HbA1C)	<input type="checkbox"/> 8627 TSH W/ REFLEX T4, FREE
	<input type="checkbox"/> 488 HEP B SURFACE Ab W/ REFLEX CONFIRM	<input type="checkbox"/> 34215 TEST TRICE
	<input type="checkbox"/> 8472 HEP C VIRUS Ab	<input type="checkbox"/> 8691 T-2 TOTAL
	<input type="checkbox"/> 101431 HIV-1/2 AG/AB, 4TH W/ REFLEX	<input type="checkbox"/> 8691 T-3 UPTAKE
		<input type="checkbox"/> 867 T-4 (THYROIDINE), TOTAL

(OK)

Not "built"

Here are some more examples...

**CUSTOM PANELS & TESTS - Please Mark Desired Panels/Test Number(s) Reflex tests are performed at an additional charge.**

<input type="checkbox"/> 311474 EBV PANEL	<input type="checkbox"/> 8564 EDV NUCLEAR AG AB	<input type="checkbox"/> 8821 TTG IGA
<input checked="" type="checkbox"/> 8316165 BASIC CARDIO	<input type="checkbox"/> 461 FIBRINOGEN ACTIVITY	
<input type="checkbox"/> 8316189 ADVANCED CARDIO	<input type="checkbox"/> 608 HDL CHOLESTEROL	
<input type="checkbox"/> 318399 PCBS + INSULIN	<input type="checkbox"/> 35932 HDL SUBCLASSES	
<input type="checkbox"/> 17180 17 HYPOTHYROIDISM	<input type="checkbox"/> 539 IMMUNOGLOBULIN A	
<input type="checkbox"/> 5224 APOLIPOPROTEIN B	<input type="checkbox"/> 34604 LIPOPROTEIN (a)	
<input type="checkbox"/> 17612 CELIAC PANEL W/D GL	<input type="checkbox"/> 17669 RA DIAG. PANEL	
<input type="checkbox"/> 15447 EDV EARLY AG AD	<input type="checkbox"/> 36170 TESTOSTERONE, FRATOT	
<input type="checkbox"/> 8474 EDV ICC AD	<input type="checkbox"/> 267 THYROID GLOBULIN AB	
<input type="checkbox"/> 8426 EDV IGH AD	<input checked="" type="checkbox"/> 7260 TPO AND TG AB	

*Cmp  
CBC  
T4y9 AB  
515 Fer  
Aic*

*lipase  
TSH  
T3F  
T4F*

60095493	60095493	60095493
8598362	8598362	8598362
60095493	60095493	60095493
8598362	8598362	8598362



This is NOT the SUBMITTER

AUTHORIZING PROVIDER

**LabCorp** Seattle Dermatology Center  
 509 Olive Way Ste 817  
 SEATTLE WA 98101  
 206-622-9215 WA  
 46690940-7  
 AGM46690940

Seattle Dermatology Center  
 509 Olive Way Ste 817  
 SEATTLE WA 98101  
 206-622-9215 WA  
 46690940-7  
 AGM46690940

AGM46690940 AGM46690940 AGM46690940  
 AGM46690940 AGM46690940 AGM46690940

114498205-SCOTT, MICH  
 Patient's Legal Name (Last, First, MI)  
**Gangadear, Misha**

Sex: M Date of Birth: 3/10/80 Fasting: No Collection Date: 12/10/16 Time Interval: No

Physician's ID # \_\_\_\_\_ Patient's SSN # \_\_\_\_\_ Patient's ID # \_\_\_\_\_

Physician's Name (Last, First): \_\_\_\_\_  
 Physician's Authorized Signature: \_\_\_\_\_  
 Hospital Patient Status:  In-Patient  Out-Patient  Non-Patient

Diagnosis/Symptoms to ICD-9 CM format in effect as of Date of Service: **L65.9**  
**Highest Specificity REQUIRED**

Primary Billing Party: Insurance Carrier: \_\_\_\_\_ ID #: \_\_\_\_\_  
 Secondary Billing Party: Insurance Carrier: \_\_\_\_\_ ID #: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Name of Insured Person: \_\_\_\_\_  
 Relationship to Patient: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

10-10-16  
 Additional Test Requests:  
 ① Thyroid Panel with T3; T4; TSH

3 gold 1 cav

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS: PROVIDER LISTED IN THE METHOD ABOVE CAN BE ORDERED SEPARATE

ORGAN OR DISEASE PANELS	ALPHABETICAL COMBINATION TESTS CONT	ALPHABETICAL COMBINATION TESTS CONT
322744 Acute Hepatitis Panel 80074	006627 C-Reactive Protein (CRP) Quant 86140	006180 Monoclonotest Test, Oral 86308
322798 Basic Metabolic Panel (B) 80048	120766 C-Reactive Protein (CRP) 86141	894247 NMR LipidProfile 888
322000 Comp Metabolic Panel (14) 80053	007419 Carbamazepine (Tegretol) 80156	007823 Phenobarbital (Luminal) 80184
303754 Electrolyte Panel 80051	002139 CEA 82378	007401 Phenytoin (Dilantin) 80185
322785 Hepatic Function Panel (7) 80078	001085 Cholesterol, Total 82485	001024 Phosphorus 84100
303756 Lipid Panel 80061	001370 Creatinine 82565	001180 Potassium 84132
221010 Lipid Panel w/LDL/HDL Ratio 80081	007385 Digoxin (Lanolin) 80162	004465 Prolactin 84148
343925 Lipid Panel w/HDL Cholesterol 80081	004515 Estradiol 82670	010322 PSA 84153/80103
322777 Renal Function Panel 80069	004098 Fentanyl 82728	480947 PSA, Free: Total Ratio 84153
005009 CBC w/ Diff w PE 85026	028480 FSH and LH 8001	005199 Prothrombin Time (PT) INR 85010
026142 CBC w/ Diff w PE 85027	001958 GGT 82977	020321 PT and PTT Activated 65790
005068 Hematocrit 85014	001818 Glucose, Plasma 82947	005207 PTT Activated 65790
005041 Hemoglobin 85018	001032 Glucose, Serum 82947	006502 Rheumatoid Arthritis Factor 80431
005249 Platelet Count 85048	004556 HCG, 3rd Subst. Quant 84703	006072 RPR 80582
005033 RBC Count 85041	004416 HCG, Beta Subst. Quant 84702	006197 Rubella Antibodies, IgG 86782
006025 WBC Count 85048	001925 HDL Cholesterol 83718	005215 Sed Rate, Westergren 84295
015173 Differential Total WBC Count 85048	001453 Hemoglobin A1c 83038	001198 Sodium 84403
006040 ABO and Rh 82040	006395 Hep A Antibody, IgM 86706	004226 Testosterone, Total 84403
001081 Albumin 82040	006395 Hep B Surface Antibody 86706	070001 Testosterone Women/Children 84403
001107 Alkaline Phosphatase 84075	006395 Hep B Surface Antigen 86740	007336 Theophylline 80198
001545 ALT (SGPT) 84490	006510 HIV Ab w/PE to Ab Verification 86803	330015 Thyroid Cascade Profile 84478
001396 Amylase 82150	008324 HIV-1/2 Antibodies 86703	001149 Thyroxine (T4) 84436
164855 Antinuclear Antibodies 84038	162222 HIV-1/2 Antibodies - RT-DNA 86703	082345 T-pallium Screening Cascade 84478
000910 B <sub>12</sub> and Folate 82047	180836 H-pylori/ Urea Breath 83013	001172 Tricyclics 84480
001092 Bilirubin, Total 84520	180764 H-pylori Stool Antigen 87338	002188 Triiodothyronine (T <sub>3</sub> ) 84478
001040 BUN 84520	001321 Iron and IBC 83615	001556 T <sub>4</sub> Uptake 84443
001016 Calcium 82010	001115 LDH 83615	004259 TSH, 3rd generation 84443
	007798 Lipid Cascade 86178	001057 Urlic Acid 84550
	001537 Lithium (Eskalith) 83735	003038 Urinalysis 81003
		081950 Vitamin D, 25-Hydroxy 82306


NOTE: WHEN ORDERING TESTS FOR WHICH REFERENCE OR MEDICAL REQUIREMENT WILL BE SOUGHT, PHYSICIANS SHOULD OPEN PROBE TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY. COMPONENTS MAY BE ORDERED SEPARATELY PER CURRENT PRACTICE.

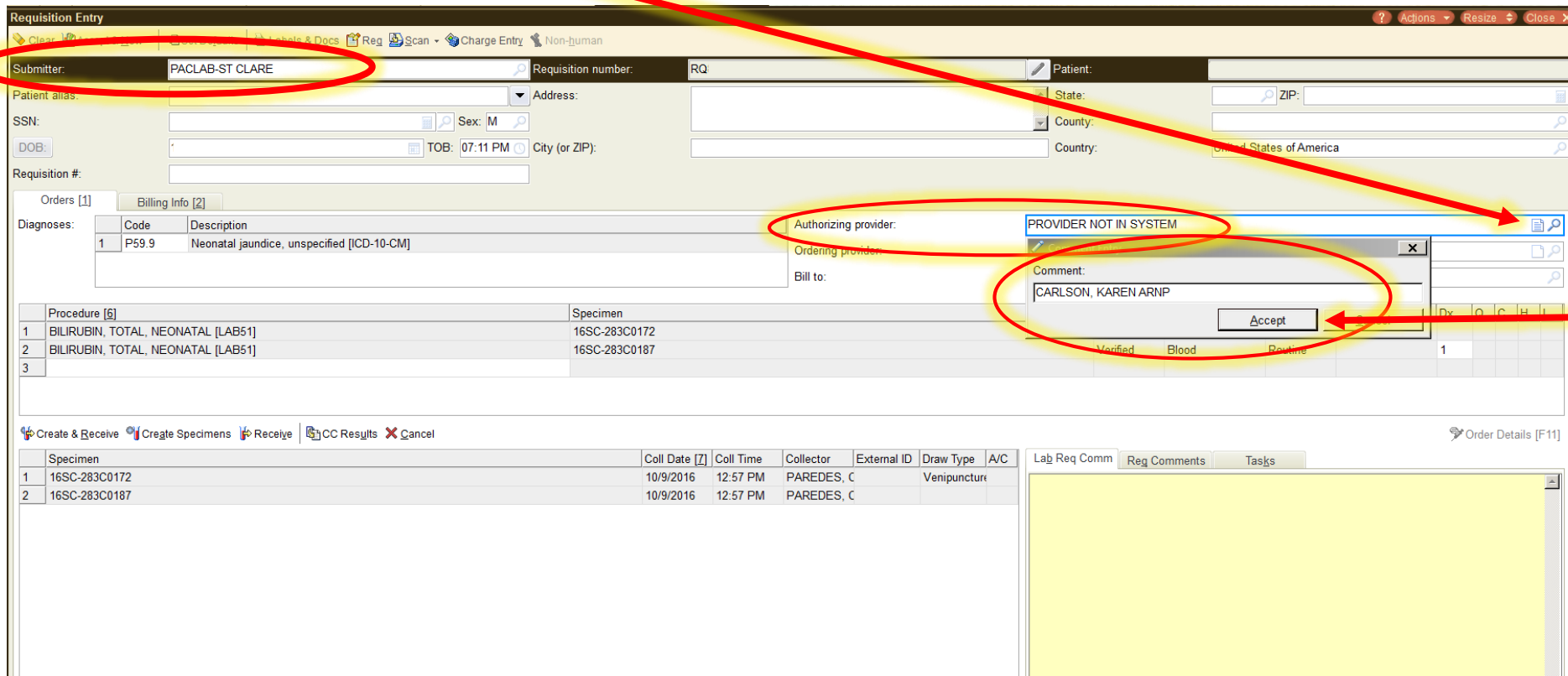
This is.

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 Provider** .....if 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

Submitter: PACLAB-ST CLARE

Requisition number: RQ

Authorizing provider: PROVIDER NOT IN SYSTEM

Comment: CARLSON, KAREN ARNP

Accept

Code	Description
1	P59.9 Neonatal jaundice, unspecified [ICD-10-CM]

Procedure	Specimen
1	BILIRUBIN, TOTAL, NEONATAL [LAB51] 16SC-283C0172
2	BILIRUBIN, TOTAL, NEONATAL [LAB51] 16SC-283C0187
3	

Specimen	Coll Date	Coll Time	Collector	External ID	Draw Type	A/C
1	10/9/2016	12:57 PM	PAREDES, C		Venipuncture	
2	10/9/2016	12:57 PM	PAREDES, C			

Then click  
**ACCEPT**

# 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 free-text

The screenshot shows the Epic Requisition Entry interface. A red arrow points from the text 'Click on CC Results' to the 'CC Results' button in the bottom toolbar. A red circle highlights the 'Add/Remove Recipients' dialog box, which is open over the 'Procedure' list. The dialog box has a table with the following data:

CC Recipient	Modifier	
1		<input type="checkbox"/>

The 'Procedure' list in the background contains:

Procedure	Description
1	BILIRUBIN, TOTAL, NEONATAL [LAB51]
2	BILIRUBIN, TOTAL, NEONATAL [LAB51]
3	

At the bottom of the dialog box, there is a legend for modifiers: Modifiers: C = Class, P = Pool, X = Exclude user, A = Ad hoc email, S = Submitter, R = Provider, F = Provider by fax, \* = Free text.

# free-text CC Recipients

Under “CC Recipient” enter an asterisk (then Enter): \*

This will allow you to type in the Authorizing Provider’s Name and Fax# to send out results

- *If you just enter a name, nothing will be faxed*

Click Accept

CC List

Add/Remove Recipients:

	CC Recipient	Modifier
1	*	Free text
2		

Add PCP

Orders for (CC)

1	BILIRUBIN, TOTAL, NEONATAL [123974275]	<input checked="" type="checkbox"/>
---	--	-------------------------------------

Select All Unselect All

Coordination of Care Recipient

1	
---	--

Add PCP

Additional Method Information

Name:  Address:  State:  ZIP:

Fax number:  City:  County:  Country:

Modifiers: C = Class, P = Pool, X = Exclude user, A = Ad hoc email, S = Submitter, P = Provider, F = Provider by fax, \* = Free text

Accept Cancel

# free-text CC info required

Additional Method Information

Name:	<input type="text"/>	Address:	<input type="text"/>	State:	<input type="text"/>	ZIP:	<input type="text"/>
Fax number:	<input type="text"/>	City:	<input type="text"/>	County:	<input type="text"/>		
		Country:	<input type="text"/>				

Modifiers: C = Class, P = Pool, X = Exclude user, A = Ad hoc email, S = Submitter, R = Provider, F = Provider by fax,  
\* = Free text



*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.

Order		O LIPID PANEL [80061 (CPT®)] (Order 200914468)	
<b>Patient Information</b>			
Patient Name	Sex Male	DOB	SSN
<b>Order Information</b>			
Date 9/14/2016	Department Pulse Heart Institute Tacoma	Ordering Beverly J Chambers, RN, BSN	Authorizing Val A Lev, MD
<b>Order Providers</b>			
Authorizing Provider Val A Lev, MD		Encounter Provider Val A Lev, MD	
<b>Future Order Information</b>			
Expected 9/14/2016	Expires 1/12/2017		
<b>Document List</b>			
<b>Order Document List</b>			
There is no document attached to this order.			
<b>Associated Diagnoses</b>			
Shortness of breath [R06.02] - Primary			
<b>Collection Information</b>			
<b>Detailed Information</b>			
Priority and Order Details			
<b>Encounter</b>			
View Encounter			

fax results to  
253 428 8240



This is NOT the SUBMITTER

THIS is NOT 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....

**LABORATORIES Northwest**  
 Client Services (253) 403-1187 • 800-784-5854  
 P.O. Box 5299 Tacoma, WA 98415 • FAX (253) 403-4339

DATE: 10/20/10 TIME: AM PM PHLEBOTOMIST: GSH

PATIENT NAME (LAST) FIRST: \_\_\_\_\_  
 BIRTHDATE (AGE): \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

REFERRED BY / SIGNATURE: \_\_\_\_\_  
 LOC: GENH

Copy to: Genoa Healthcare (01683)  
 Ordering Physician: D. Haney  
 Ordering Physician Fax number: \_\_\_\_\_  
 4508 Auburn Way North, Suite A-104  
 Auburn, WA 98002  
 Phone - 253-373-9944  
 Michelle Office - 253-797-8162  
 Nicole Office - 253-397-0382  
 Fax - 253-373-9946

STAT  FASTING  CALL RESULTS   
 FAX RESULTS

2nd REPORT TO ANOTHER PHYSICIAN: \_\_\_\_\_

SUBSCRIBER INFORMATION  
 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_  
 ADDRESS OF SUBSCRIBER: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 SUBSCRIBER INSURANCE ID #: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_  
 MEDICARE # / MEDICAID: \_\_\_\_\_ MSP ON FILE IN OFFICE & MEDICARE PRIMARY?  YES  NO  
 INSURANCE: \_\_\_\_\_ GROUP #: \_\_\_\_\_ MEMBER #: \_\_\_\_\_  
 INSURANCE ADDRESS: \_\_\_\_\_ SECOND INSURANCE #: \_\_\_\_\_

ICD9 CODES TO 4TH & 5TH DIGITS, LIST PRIMARY CODE(S) FIRST:  
 F31.21 Z79.899 Z51.81

INDIVIDUAL TESTS		INDIVIDUAL TESTS		PROFILES		PAP SMEAR / HPV	
<input type="checkbox"/> AMYLASE	<input type="checkbox"/> LIPASE	<input type="checkbox"/> MONO TEST	<input type="checkbox"/> PHENOBARBITAL Last Dose _____	<input type="checkbox"/> ELECTROLYTES	<input type="checkbox"/> BASIC METABOLIC	<input type="checkbox"/> LO	<input type="checkbox"/> HI
<input type="checkbox"/> ANA	<input type="checkbox"/> ANA REFLEX *	<input type="checkbox"/> PLATELET COUNT	<input type="checkbox"/> POTASSIUM	<input type="checkbox"/> COMPREHENSIVE METABOLIC	<input type="checkbox"/> HEPATIC <input type="checkbox"/> reflex to HEPATITIS PANEL *	<input type="checkbox"/> DX	ICD9s:
<input type="checkbox"/> BILIRUBIN TOTAL	<input type="checkbox"/> TOTAL & DIRECT	<input type="checkbox"/> PREGNANCY QUAL	<input type="checkbox"/> QUANT *	<input type="checkbox"/> RENAL	<input type="checkbox"/> HEPATIC <input type="checkbox"/> reflex to HEPATITIS PANEL *	<input type="checkbox"/> ABN Required?	LMP: _____
<input type="checkbox"/> BNP	<input type="checkbox"/> BUN	<input type="checkbox"/> PROTEIN TOTAL	<input type="checkbox"/> ALBUMIN	<input checked="" type="checkbox"/> LIPID PANEL	<input type="checkbox"/> reflex to Direct-LDL *	Pt History:	<input type="checkbox"/> THINPREP PAP SMEAR
<input type="checkbox"/> CALCIUM	<input type="checkbox"/> PO4	<input type="checkbox"/> PROTEIN ELECTROPHORESIS	<input type="checkbox"/> ALBUMIN	<input type="checkbox"/> Non-fasting LIPID PANEL	<input type="checkbox"/> LDL- Direct CHOLESTEROL	<input type="checkbox"/> THINPREP + HPV SCREEN	<input type="checkbox"/> HPV ONLY
<input type="checkbox"/> CBC w/ DIFF	<input type="checkbox"/> BLOOD COUNT	<input type="checkbox"/> PROTINE	<input type="checkbox"/> PTT	<input type="checkbox"/> LDL- Direct CHOLESTEROL	<input type="checkbox"/> CHEMSCREEN 1B	<input type="checkbox"/> HPV if PAP ASCUS *	<input type="checkbox"/> HPV if PAP ABNORMAL *
<input type="checkbox"/> CHOLESTEROL	<input type="checkbox"/> Screening?	<input type="checkbox"/> RA SCREEN	<input type="checkbox"/> ANTI-CCP	<input type="checkbox"/> HEPATITIS <input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC	<input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> PROLACTIN	<input type="checkbox"/> HPV TYPING if HPV POSITIVE	<input type="checkbox"/> GC + Chlamydia PCR
<input type="checkbox"/> HDL	<input type="checkbox"/> LDL DIRECT	<input type="checkbox"/> RETICULOCYTE COUNT	<input type="checkbox"/> SED RATE (ESR)	<input type="checkbox"/> DRUG SCREEN PANEL *	<input type="checkbox"/> MICROBIOLOGY	<input type="checkbox"/> TISSUE / CYTOLOGY	<input type="checkbox"/> SOURCE:
<input type="checkbox"/> CREATININE	<input type="checkbox"/> CREAT CLEARANCE	<input type="checkbox"/> PSA	<input type="checkbox"/> PSA reflex *	<input type="checkbox"/> Free-PSA	<input type="checkbox"/> CULTURE + SENSITIVITY	<input type="checkbox"/> SOURCE:	<input type="checkbox"/> Pl. Htc
Height _____ Weight _____	<input type="checkbox"/> CRP	<input type="checkbox"/> RA SCREEN	<input type="checkbox"/> ANTI-CCP	<input type="checkbox"/> HEPATITIS <input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC	<input type="checkbox"/> RAPID STREP SCREEN Group A (throat) *	<input type="checkbox"/> B-STREP Group B (Vag)	<input type="checkbox"/> THROAT Culture
<input type="checkbox"/> CRP	<input type="checkbox"/> CRP-HS (cardio)	<input type="checkbox"/> RETICULOCYTE COUNT	<input type="checkbox"/> SED RATE (ESR)	<input type="checkbox"/> HEPATITIS <input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC	<input type="checkbox"/> URINE Culture	<input type="checkbox"/> STOOL Culture	<input type="checkbox"/> CHLAMYDIA + GC PCR
<input type="checkbox"/> DEPAKENE (valproic acid) Last Dose _____	<input type="checkbox"/> DIGOXIN	<input type="checkbox"/> SGOT (AST)	<input type="checkbox"/> SGPT (ALT)	<input type="checkbox"/> HEPATITIS <input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC	<input type="checkbox"/> CHLAMYDIA by PCR	<input type="checkbox"/> CHLAMYDIA CULT.	<input type="checkbox"/> GC by PCR
<input type="checkbox"/> DILANTIN Last Dose _____	<input type="checkbox"/> FERRITIN	<input type="checkbox"/> SYPHILIS Ab reflex (RPR) *	<input type="checkbox"/> T3 UPTAKE	<input type="checkbox"/> HEPATITIS <input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC	<input type="checkbox"/> VAGINAL PATHOGEN SCN. (wet mount)	<input type="checkbox"/> TRICHOMONAS Ag PCR	<input type="checkbox"/> FUNGAL Culture
<input type="checkbox"/> GGT	<input type="checkbox"/> GGT	<input type="checkbox"/> T3 UPTAKE	<input type="checkbox"/> T4	<input type="checkbox"/> HEPATITIS <input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC	<input type="checkbox"/> HERPES PCR	<input type="checkbox"/> HERPES Culture	<input type="checkbox"/> OCCULT BLOOD
<input checked="" type="checkbox"/> GLUCOSE	<input type="checkbox"/> 1 hour OB	<input type="checkbox"/> T3RIA	<input type="checkbox"/> FREE T4	<input type="checkbox"/> HEPATITIS <input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC	<input type="checkbox"/> H. PYLORI (urea)	<input type="checkbox"/> H. PYLORI Ag	<input type="checkbox"/> O&P
<input type="checkbox"/> GLUCOSE TOLERANCE _____ HRS	<input type="checkbox"/> HEMOGLOBIN A1C	<input type="checkbox"/> TEGRETOL (carbamazepine) L Dose _____	<input type="checkbox"/> TESTOSTERONE	<input type="checkbox"/> H. PYLORI (urea)	<input type="checkbox"/> C. DIFFICILE	<input type="checkbox"/> GIARDIA EIA	<input type="checkbox"/> FLU A&B Culture
<input type="checkbox"/> HEMOGLOBIN A1C	<input type="checkbox"/> HGB + HCT	<input type="checkbox"/> TESTOSTERONE	<input type="checkbox"/> Free & Total	<input type="checkbox"/> H. PYLORI (urea)	<input type="checkbox"/> Pertussis PCR	<input type="checkbox"/> RSV Panel	
<input type="checkbox"/> HEPATITIS B SURF ANTIGEN *	<input type="checkbox"/> HEPATITIS B SURF ANTIBODY	<input type="checkbox"/> TRIGLYCERIDES	<input type="checkbox"/> TSH	<input type="checkbox"/> H. PYLORI (urea)			
<input type="checkbox"/> HEPATITIS B SURF ANTIBODY	<input type="checkbox"/> HEPATITIS C Ab <input type="checkbox"/> Reflex to RNA Quant. *	<input type="checkbox"/> TSH	<input type="checkbox"/> TSH reflex Free-T4 *				
<input type="checkbox"/> HEPATITIS C Ab <input type="checkbox"/> Reflex to RNA Quant. *	<input type="checkbox"/> H. PYLORI Ab IGG	<input type="checkbox"/> URIC ACID	<input type="checkbox"/> URINALYSIS* <input type="checkbox"/> Culture if indicated				
<input type="checkbox"/> H. PYLORI Ab IGG	<input type="checkbox"/> H. PYLORI ANTIGEN	<input type="checkbox"/> URINALYSIS* <input type="checkbox"/> Culture if indicated	<input type="checkbox"/> UA MICROSCOPIC ONLY				
<input type="checkbox"/> HIV 1, 2 *	<input type="checkbox"/> IRON	<input type="checkbox"/> URINALYSIS* <input type="checkbox"/> Culture if indicated	<input type="checkbox"/> UA DIABETIC SCREEN *				
<input type="checkbox"/> IRON	<input type="checkbox"/> IRON + TIBC	<input type="checkbox"/> URINALYSIS* <input type="checkbox"/> Culture if indicated	<input type="checkbox"/> VITAMIN B12				
<input type="checkbox"/> LDH	<input type="checkbox"/> MAGNESIUM	<input type="checkbox"/> URINALYSIS* <input type="checkbox"/> Culture if indicated	<input type="checkbox"/> FOLATE				
<input type="checkbox"/> MAGNESIUM	<input type="checkbox"/> MICROALBUMIN	<input type="checkbox"/> URINALYSIS* <input type="checkbox"/> Culture if indicated	<input type="checkbox"/> VITAMIN D3 (25-OH)				
<input type="checkbox"/> MICROALBUMIN		<input type="checkbox"/> URINALYSIS* <input type="checkbox"/> Culture if indicated	<input type="checkbox"/> VIT D (1,25 OH)				

GENOA HEALTHCARE is the submitter

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

Dr. Haney

Copy to: Genoa Healthcare (01683)  
 Ordering Physician Dr. Haney  
 Ordering Physician fax number \_\_\_\_\_  
 4508 Auburn Way North, Suite A-104  
 Auburn, WA 98002  
 Phone - 253-373-9944  
 Michelle Office - 253-797-8162  
 Nicole Office - 253-397-0382  
 Fax - 253-373-9946

## FREQUENT FLIER DOCS w/ SUBMITTER CLINICS

Last Name	First Name	Ttitle	SUBMITTER/ CLINIC NAME - Enter THIS as the Submitter	CODE	ID	EXPECTED ACTION:	FAX NO.	IF MAIL, MAIL TO	PHONE NO.
ADATIA	ALNASIR	DO	ALNASIR ADATIA, DO	1019	3951	MANUAL FAX TO	(253) 946-1362		
AL-KUDSI	RAZAN	MD	RAZAN AL-KUDSI, MD	HAKR	3830	paper report to Highline printer			
AZIZ	SULEMAN	MD	SULEMAN AZIZ, MD	AZIZ	4078	electronic read			(253) 838-2792
BHATTACHARYA	RENUKA	MD	UW Medical Ctr Liver Transplant - PRE			auto-fax	(206) 598-5334		
BELUR	ANURADHA	MD	MULTICARE REGIONAL CANCER CTR - AUBURN			auto-fax	(253) 876-8222		(253) 876-8200
BOYDEN	NANCY	ARNP	NANCY BOYDEN, ARNP	6085	4267	auto-fax	(253) 432-4050	790 Skansie Ave, Suite #105, GH 98335	(253) 858-2408
BOCK	KAITLIN	ARNP	OLYMPIA ENDOCRINOLOGY			auto-fax	(360) 412-2262		
BOCKOW	BARRY	MD	BARRY BOCKOW, MD	HBOC	3567	MANUAL FAX TO	(206) 246-4272		
BROWN	JAMES S.	MD	ALLERGY & ASTHMA SPECIALTY SVCS			auto-fax AND MAIL OUT	(253) 589-1786	11203 Bridgeport Wy SW, Lakewood 98499	(253) 589-1380
BUTTITTA	JAMES	MD	HIGHLINE INTERNAL MEDICINE	HINT	3706	auto-fax	(206) 257-1181		(206) 957-6036
CHIN	EDWIN S.	MD	SOUTH SEATTLE NEPHROLOGY	HCHN	4175	auto-fax	(206) 938-7621		
CLABOTS	THERESA	MD	M THERESA CLABOTS, MD	CLAB	3746	auto-fax	(253) 588-2688		(253) 588-6574
COLE	JENNIFER W	DO	ALLERGY & ASTHMA SPECIALTY SVCS			auto-fax AND MAIL OUT	(253) 589-1786	11203 Bridgeport Wy SW, Lakewood 98499	(253) 589-1380
CROWE	MARK	MD	Puyallup Dermatology Clinic	PDER	3824	auto-fax	(253) 840-5519		(253) 841-2453
DANG	KIEU N	PA-C	CASCADE EYE & SKIN		4238	auto-fax	(253) 845-8750		
DAVIES	MATTHEW	MD	Lili Sacks, MD	LSAC	4185	auto-fax	(206) 386-9605		(206) 386-9505
DEMOPULOS	PETER A	MD	SWEDISH HEART & VASCULAR CTR		4287	auto-fax	(206) 215-4550		(206) 320-4642
DEMOPULOS	PETER A	MD	PETER A DEMOPULOS	26532	3808	auto-fax	(206) 320-7344		(206) 320-4642
DONG	KENNETH	MD	SOUTHWEST PEDIATRICS		4070	auto-fax	(206) 243-2822		(206) 243-4811
DUFFY	SUSAN C.	MD	CASCADE EYE & SKIN			auto-fax	(253) 845-8750		(253) 848-3000
FLEISIG	ANI	MD	PROLIANCE SURGERY ASSOCIATES	HSGA	3814	paper report to Highline printer	(206) 243-8845	16122 8th Ave. SW #D-1, Burien 98166	(206) 244-1680
FU	EVELYN X.	MD	CASCADE EYE & SKIN			auto-fax	(253) 845-8750		(253) 848-3000
GE	ZHENG	MD	PACIFIC NEPHROLOGY ASSOCIATES	PNEP	3787	auto-fax	(253) 627-8214		
GE	ZHENG	MD	LAKEWOOD DIALYSIS	LCDC	3998	auto-fax	(253) 512-0196		
GOTTLIEB	DANIEL	MD	DANIEL GOTTLIEB, MD / HIGHLINE MED CTR	HGOT	3648	paper report to Highline printer	LABH05-211 2		
HANEY	DANIEL	MD	DANIEL HANEY, MD			MANUAL FAX TO	(206) 257-6830		
HAPUTA	ANDREW	MD	PROLIANCE SURGERY ASSOCIATES	HSGA	3814	paper report to Highline printer	(206) 243-8845	16122 8th Ave. SW #D-1, Burien 98166	(206) 244-1680
HE	YAJUAN JUN	MD	PACIFIC NEPHROLOGY ASSOCIATES	PNEP	3787	auto-fax	(253) 627-8214		
HINELINE	THERESA L	MD	SOUTHWEST PEDIATRICS		4070	auto-fax	(206) 243-2822		(206) 243-4811

# 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)

Center For Advanced Medicine  
Michael Ambrose, MD  
DEA #: FA2804981

5038 N Illinois St Suite 1  
Fairview Heights, IL 62208  
Tel: 618-671-8900

Fax #  
618-671-6604

3100 Maryville Rd  
Granite City, IL 62040  
Tel: 618-671-8900

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: 5/4/16

**R**  
-CBC ✓  
-Total Testosterone ✓  
-Estradiol ✓

Dr's:  
Testosterone  
Hypodermis

May Substitute  
 May Not Substitute

Refill \_\_\_\_\_ times

Ambo  
MD

SCRIPT# 2425 Order # 1508771-1

VERIFICATION BOX: HOLD BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT. COLOR WILL DISAPPEAR, THEN REAPPEAR.

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.

