

LABORATORY COLLECTION MANUAL	DESCRIPTION OF THE OUTPATIENT REQUISITION
Effective Date: 4/99	Page 1 of 1

Please use the Brownwood Regional Medical Center Outpatient Requisition form for outpatient Laboratory testing orders. Please make sure and mark each test needed. Any test not listed on the form can be written in the bottom right hand corner of this form.

Please make sure that all necessary patient demographic information is written on the top of the form, as well as the diagnosis or clinical symptoms. Space is provided for the following information:

- ★ Physician signature
- ★ Diagnosis (clinical signs and symptoms)
- ★ Patient Name
- ★ Date of Birth
- ★ Medicare #
- ★ Medicaid #
- ★ How to bill for the tests
- ★ Social Security #
- ★ Street Address
- ★ City/ State/ Zip
- ★ Date and Time collected
- ★ Mark call or fax if needed
- ★ What number to fax to if different from provider
- ★ Male or Female?

This information can be provided using a patient printed demographic sheet from your office system.

If the testing is to be billed to a physician or an institution (such as a nursing home or facility contracted with our laboratory for their laboratory services), please mark that box. If the test is to be billed to the patient, mark Bill patient, etc.

Please also note the date and time of collection of the specimen. The date must be given, and for many specimens, the time is also needed. There are spaces provided for this information. Date and time of receipt of the specimen will be documented in the laboratory.

There must be a physician's or other authorized provider's signature on each copy of the requisition for the order to be valid. The Nursing Home order sheet can be used for nursing home orders. In the case of a nursing home or a home health, the patient's chart suffices for the signature.

WRITTEN BY: Kay Shaw, MT(ASCP)SBB **DATE:** 4-99

APPROVED BY: Martin F. Belli, M.D. **DATE:** 4-99

REVISED BY: Kay Shaw, MT(ASCP)SBB **DATE:** 5-2002, 6-2004, 2-2006, 3-2008, 4-2010
3-2012

APPROVED BY: Martin F. Belli, M.D. **DATE:** 5-2002, 6-2004, 2-2006, 3-2008, 4-2010
3-2012

See original policy in the Laboratory for all documented annual reviews.