



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
 Paul L. Foster School of Medicine

El Paso - Ambulatory Clinic Policy and Procedure

Title: REQUISITION COMPLETION FOR ANCILLARY SERVICES WITH UMC(LAB, RADIOLOGY, EKG, REHAB. Etc.)	Policy Number: EP 3.7
Regulation Reference:	Effective Date: 5/2013

Policy Statement:

It is the policy of Paul L. Foster School of Medicine Clinics to provide correct and complete documentation on all patient requisitions sent to other service providers.

Scope and Distribution:

This policy involves the active participation of all Paul L. Foster School of Medicine faculty, staff, students and visiting faculty, staff and students.

Procedure:

1. Current forms for ordering ancillary procedures from University Medical Center (Laboratory tests, Radiology procedures, etc,) will be secured by Department Administrator, Head Nurse or designee.
2. Forms for ordering lab tests, radiology procedures and other ancillary services will be placed in an area(s) easily accessible to providers who may be ordering for patients.
3. MD faculty, Residents, PA's, APN's (MLP's) or anyone else who may order patient testing is responsible to ensure that they understand how the forms are to be correctly completed. Residents and MLP's will include the supervising faculty NAME (Not Signature) on all outpatient orders. Billing can only be done under faculty names.
4. All ancillary requisitions will be completed by the provider. Although the clinic staff may assist by checking requisitions given to patients before they leave the clinic, it is the ultimate responsibility of the provider to assure that the requisition is completely and correctly filled out and legible.

All forms are to be completed with all required information.

Please see the attached sample forms for Laboratory and Radiology and note the required information.

- a. **Patient Name:** Complete name (as registered) and DOB must be placed on all requisitions. Some requisitions require last name first.



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b. Clearly mark or state which exam or test is ordered:

On laboratory requisitions – use the “check off” lists for all tests listed - write in test, in “other”, only when test not included on the checklist. If check box at column heading is checked, all tests in that column will be done.

On radiology requisitions – Complete the space – “Exam requested.”

c. Clinical Information/ ICD-9 Code/ Diagnosis:

The reason for the exam or test must be included on the requisition.

For X-Ray requests – the provider must enter clinical information in a narrative style on the middle of the form. Diagnosis and any pertinent clinical history that will assist the Radiologist must be included.

For lab requests – at the upper 1/3 of the form on the right, there is a space for Diagnosis/ICD 9 Code. If the patient has only one diagnosis, enter this one diagnosis. If the patient has more than one diagnosis for which tests are being ordered enter all diagnosis or ICD-9 Codes.

d. “Special instructions”: should be entered on either form.

On Radiology requests – “special instructions” is an area near the bottom. Include whether the patient must present with a full bladder, fasting, etc. If “STAT” and Call Physician” is required enter this information here and include a phone number and person to call.

On Lab requests – enter Clinic location in box at upper (R) - for collection Date and Time and Fasting/Non-Fasting complete box at bottom right of form.

e. For both Lab and Radiology – it is very important to note the clinic location in case more information must be obtained from the clinic and so that results can be forwarded to the appropriate clinic.

f. On Radiology requisitions – for tests that require precertification, please enter precertification number in the “comments” area. (Just above printed name of the physician.)

g. The Physician ordering the tests must sign the requisition. Space for printing the Physician name is provided so that should Radiology or the Lab need to contact the person ordering they can read the name. When Residents order any OP testing they must enter the NAME of the faculty/supervising faculty – not the signature of the faculty.



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5. Special Laboratory instructions:
 - a. If a specimen is being sent to the lab, instead of sending the patient, send a copy of the patient's current insurance card and face sheet with insurance information along with the specimen and requisition.
6. Clinic staff may assist the provider in completing requisitions as appropriate, e.g.: completing patient information portions of requisitions with patient assistance, making appointments for tests/procedures, obtaining precertification, etc.
7. Clinic staff will assist patients in any way practical with understanding directions for tests or procedures, explaining procedures or tests, directing to testing sites, noting dates and times for tests or procedures, following up with providers on orders written, etc.
8. Laboratory specimens will be properly labeled, packaged for safe handling, and transported to the lab. Patient's current insurance information will be stapled to the requisition. An updated face sheet should contain this information.
9. When lab testing is complete results are available online and hardcopies are sent to clinics. Stat lab results and critical values are to be called to clinics.
10. Medical Director and Nurse Manager of clinics are responsible to develop a process for review of all returned lab and ancillary department results before they are placed in the medical record.

Policy Number: EP 3.7	Original Approval Date: 10/2000
Version Number: 5	Effective Date: 5/2013
Signatory approval on file by: Michael J. Romano, M.D. Clinic Operations Committee Chair, Paul L. Foster School of Medicine, El Paso Associate Dean of Clinical Affairs, Paul L. Foster School of Medicine, El Paso	



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Patient information

Last name First MI DOB

(a) Print patient's first and last name

Sex SS #

Address City / State / Zip

INSURANCE COMPANY INFORMATION

Address City State Zip

Insurance Co. (ATTACH COPY OF CARD) Ins. Phone

Responsible Party Relationship Phone
 (b) Clearly mark which exam(s) is/are ordered

LABORATORY GENERAL ORDER FORM

Primary Physician (g) Supervising faculty DIAGNOSIS / ICD9 (c) Reason for the exam LOCATION / CLINIC (e) Clinical department

<input type="checkbox"/> Basic Metabolic Panel 80048	<input type="checkbox"/> B M P (calcium ionized) 80047	THERAPEUTIC DRUGS
___ BUN 84520	___ BUN 84520	___ Carbamazepine
___ Calcium 82310	___ Calcium 82330	___ Digoxin
___ Creatinine 82565	___ Creatinine 82565	___ Dilantin
___ Glucose 82947	___ Glucose 82947	___ Phenytoin, total
___ Electrolytes 80051	___ Electrolytes 80051	___ Theophylline
<input type="checkbox"/> Hepatic Function Panel 80076	CHEMISTRY	___ Valproic Acid
___ Albumin 82040	___ Amylase 82150	___ Vancomycin, Peak
___ Alkaline Phosphatase 84075	___ Ammonia 82140	___ Vancomycin, trough
___ ALT (SGPT) 84460	___ Glucose 82947	HEMATOLOGY
___ AST (SGOT) 84450	___ Iron 86540	___ CBC/auto diff
___ Bilirubin, Total 82247	___ Transferrin 84466	___ CBC/ w/o diff
___ Bilirubin, direct 82248	___ Magnesium 83735	___ ESR, westergren
___ Protein, total 84155	___ Phosphorus 84100	___ Platelet count only
<input type="checkbox"/> Comp. Metabolic Panel 80053	___ Uric Acid 84550	___ Retic count
___ Albumin 82040	___ Serum Protein Electro 84165	IMMUNOLOGY / SEROLOGY
___ Alkaline Phosphatase 84075	URINE CHEMISTRY	___ H. pylori 86677
___ ALT (SGPT) 84460	___ Protein, total 84156	___ ANA 86038
___ AST (SGOT) 84450	___ Microalbumin 82043	___ ASO 86063
___ Bilirubin, Total 82247	___ Creatinine, random 82570	___ CRP 86140
___ Protein, total 84155	___ Uric Acid 84560	___ Mono screen 86308
___ BUN 84520	CARDIAC CHEMISTRIES	___ RPR 86592
___ Calcium 82310	___ CK-MB 82553	___ HIV screen 86701
___ Creatinine 82565	___ Troponin I 84484	___ RA 86430
___ Glucose 82947	___ BNP 83880	___ Hep Bs antibody 86706
___ Electrolytes 80051	SPECIAL CHEMISTRY	BLOOD BANK
<input type="checkbox"/> Lipid Panel 80061	___ A.F.P. 82105	___ ABO blood type 86900
___ Cholesterol, serum 82465	___ CEA 82378	___ Rh blood type 86901
___ HDL direct 83718	___ Cortisol 82533	___ Antibody screen 86850
___ Triglycerides 84478	___ Ferritin 82728	OTHER TESTS
<input type="checkbox"/> Hepatitis panel 80074	___ FSH 83001	___ Ova & Parasites
___ Hepatitis A Ab IgM 86709	___ Free T4 84439	___ C. difficile toxin
___ Hep B core AB 86705	___ Folic Acid 82607	___ RSV
___ Hep B surface Atgn 87340	___ Vitamin B12 82607	___ Rotovirus
___ HCV 86803	___ HGB A1C 83036	___ Occult blood
<input type="checkbox"/> Renal Function Panel 80069	___ LH 83002	___ Gram stain
___ Albumin 82040	___ PSA total 84153	
___ BUN 84520	___ Prolactin 84146	
___ Calcium 82310	___ TSH 84443	
___ Creatinine 82565	COAGULATION	
___ Electrolytes 80051	___ APTT 85730	
___ Glucose 82947	___ PT/ INR 85610	
___ Phosphorous, Inorganic 84100	___ Fibrinogen 85384	
	___ D-Dimer Quant 85379	

L.I.S.
Labels



4815 ALAMEDA AVENUE
 (915) 521-7788
 FAX (915) 521-7853
 CLIA # 45D0667465
 CAP # 21737-01

___ H. pylori	86677
___ ANA	86038
___ ASO	86063
___ CRP	86140
___ Mono screen	86308
___ RPR	86592
___ HIV screen	86701
___ RA	86430
___ Hep Bs antibody	86706

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

Physician Signature / NPI # Date PHONE OR FAX

(g) Ordering physician signature

(d) Enter special instructions

COMMENTS:

Collection Date & Time

Fasting NON-Fasting

rev. 04/23/10

Form # 702-010-07A

