Long-Term Care / Assisted Living

45 West 10th Street
St. Paul, MN 55102-1004

Telephone: 651-232-3500
800-706-3712
Fax: 651-232-3370

Accreditation / Identification Numbers:

<table>
<thead>
<tr>
<th>Accreditation/ Identification Code</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of American Pathologists</td>
<td>17973-01</td>
</tr>
<tr>
<td>CLIA</td>
<td>24D0398925</td>
</tr>
<tr>
<td>NPI</td>
<td>1144397357</td>
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<tr>
<td>Medicaid Certification</td>
<td>712047800</td>
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<td>Medicare Certification</td>
<td>240063</td>
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<td>Federal Tax ID</td>
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<td>Minnesota Tax ID</td>
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# Telephone Directory

## LABORATORY

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service</td>
<td>651-232-3500, option 5</td>
</tr>
<tr>
<td>HML Customer Service Fax</td>
<td>651-232-3370</td>
</tr>
<tr>
<td>Customer Service Supervisor</td>
<td>Susan Ott</td>
</tr>
<tr>
<td>HML Courier (Quicksilver)</td>
<td>651-232-3500 – Option #1</td>
</tr>
<tr>
<td>Supplies</td>
<td><a href="https://www.fairview.org/services/laboratory-services/healtheast-forms-and-tools">https://www.fairview.org/services/laboratory-services/healtheast-forms-and-tools</a></td>
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## Outreach Phlebotomy

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<tr>
<td>Phlebotomy Supervisor</td>
<td>Susan Ott</td>
</tr>
<tr>
<td>Standing Order/Draw Request Fax</td>
<td>651-326-8043</td>
</tr>
<tr>
<td>Outreach Phlebotomy Coordinator</td>
<td>651-232-3500, Option 5</td>
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## Billing

<table>
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<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Billing Supervisor</td>
<td>Adura Lansiquot</td>
</tr>
<tr>
<td>Face Sheets/Resident Validation</td>
<td>Fax: 651-232-3990</td>
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<tr>
<td>CPT Coding</td>
<td>Jamie Lemieux</td>
</tr>
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## Sales / Training / Requisitions / Education

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<th>Service</th>
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</thead>
<tbody>
<tr>
<td>Sales Manager</td>
<td>Eric Razskazoff</td>
</tr>
<tr>
<td>Account Representative</td>
<td>Deb Rudesill</td>
</tr>
<tr>
<td>Account Support Associate</td>
<td>Linda Wagener</td>
</tr>
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</table>
# Calling Options for HML

**651-232-3500**

<table>
<thead>
<tr>
<th>Press Option #1</th>
<th>Quicksilver Courier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(For specimen pick-up request)</td>
</tr>
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<table>
<thead>
<tr>
<th>Press Option #4</th>
<th>Billing Inquiry</th>
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<tbody>
<tr>
<td></td>
<td>Invoice Questions, etc.</td>
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<table>
<thead>
<tr>
<th>Press Option #5</th>
<th>HML Client Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any questions related to your draw requests, results, phlebotomy requests, etc.</td>
</tr>
</tbody>
</table>

**FACE SHEETS & RESIDENT VALIDATION:**
Fax: 651-232-3990  
Email: hmlsnf@healtheast.org

**LAB DRAW REQUESTS:**
651-326-8043
Customer Service

HealthEast Medical Laboratory takes pride in providing first-class Customer Service assistance. Our team of experienced professionals is dedicated to make certain you receive personal attention and exceptional service.

Our designated client services center is set-up for your convenience to make sure you get the answers you need quickly, without delays and excessive transfers, or automated responses.

Our customer service representatives answer all inquiries in a timely, accurate and friendly manner. Clients call with a variety of questions ranging from test results, specimen requirements, or turnaround times of laboratory tests.

Whatever your inquiry may be about, our dedicated customer support team is trained to understand the needs of our clients and will provide you with a timely, reliable, and accurate response.

Representatives from our Client Services Department are available 7 days a week. Simply call 651-232-3500 option #5. HealthEast Medical Laboratory specimen transport is provided by Quicksilver Express Courier. Quicksilver provides excellent service, with courteous and qualified drivers. Daily pickups from your facility are available depending upon your needs and location.

HealthEast Medical Laboratory (HML) is a full-service, locally-owned and operated reference laboratory affiliated with the HealthEast Care System. With over 40 years of serving clinics, hospitals, college health services, long-term care and assisted living facilities, we have a reputation built on Dedication to Quality, Commitment and Service.

HealthEast Medical Laboratory -
We take pride in providing you with outstanding service.

https://www.fairview.org/services/laboratory-services/healtheast-medical-laboratory

651-232-3500 option #5
HealthEast Medical Laboratory (HML) Partnership

HealthEast Medical Laboratory Phlebotomy staff will:

- Show respect, compassion and understanding to everyone we encounter.
- Consistently identify ourselves, “Hi, my name is Joe and I am with HealthEast Medical Laboratory.”
- Visibly display a HealthEast ID Badge.
- Complete draws in a private room or a site designated by staff (never in a common area).
- Ask facility staff for assistance if we cannot locate a patient or need a patient moved to a private area.
- Complete designated draws as indicated in the lab calendar.
- Reassign a new phlebotomist if a draw cannot be completed within 2 venipunctures.
- Will not complete a draw if a resident becomes violent, physical or says “NO”, as “NO” means “NO”. Facility staff will then be notified.
- Document issues, names or concerns in order to bring to HML manager to assist in.
- Notify facility management if requested draws are not completed and why. HML staff to document name and time – on HML Req.
- Perform draws on specified lab days.
- Call Quicksilver Courier for specimen pick-up if timing should become an issue.
- Contact customer if delayed because of weather, high volume of draws, traffic etc.

HealthEast Medical Laboratory Customer Service will:

- Answer all calls within an appropriate time frame.
- Consistently identify ourselves, “Hi, my name is Joe and I am with HealthEast Medical Laboratory.”
- Respond to all questions and concerns. If we do not know the answer we will find the answer or direct the client to the appropriate person to find the needed solution.
- Show respect, compassion and understanding to everyone we serve.
- Notify the facility in a timely manner when there is a need to cancel draws based on weather conditions.
Care Facility staff will:

- Treat HML staff with respect, compassion and understanding.
- Assist HML staff in locating residents if not found where indicated.
- Relocate or Transport residents to a private area if necessary for requested draw location per HIPPA compliance. HML Phlebotomists are not authorized to relocate residents.
- Move patient if in a position unable for the Phlebotomist to do the draw.
- Document details of any concerns or issues and present to HML sales and/or HML Customer Service Manager.
- Be sure all specimens are labeled with REQUIRED ID – FIRST NAME, LAST NAME, DATE OF BIRTH and that the labeling matches the accompanying requisition.
- Be sure requisition forms are filled out with COMPLETE information including diagnosis codes.
- Requisition forms should always include the ordering physician’s first and last name.
- Send “Insurance information”, “Face Sheets” or “Resident Validation” on a timely basis for billing and demographic purposes. Otherwise facility will be billed for services.
- Utilize Lab Day, whenever possible, to schedule draws. “Lab day” does not translate to ordering labs with an expectation HML staff will come out at any time during a lab day to do draws. (Assigned lab day(s) ends when the phlebotomist leaves your facility after your morning draws.)
- Understand HML staff will not complete a draw if a resident becomes violent, physical or says “NO”, as “NO” means “NO”.
- Notify HML when there is a scheduled draw and a resident is NOT going to be available for the draw (to avoid a $25.00 service charge to the facility).

Example: STAT draw requested from a facility, the phlebotomist arrives, and the resident has left the facility.
Long-Term Care / Assisted Living Facility Services

Your HealthEast Medical Laboratory (HML) account representative will work with you to develop a comprehensive program of laboratory services to meet the needs of your facility. Services include:

- Courier service
- Cumulative summary reporting
- Epidemiology reporting
- On-site phlebotomy
- Variety of result reporting options

Insurance Information
Insurance information is collected on a new account prior to the time service begins. We also recommend insurance information be collected and provided to HML at the time of new resident admissions. HML utilizes the facility’s face sheet or “Insurance Information Form” (page C56) to collect and maintain insurance records on your residents. Once this information is on file, insurance information does not need to be provided at the time of a test order.

HML’s Resident Validation Program is the mechanism to communicate billing instructions for the facility’s residents. The “Bill To Instruction Form” (page C57) is filled out by the Long Term Care Facility and faxed to HML to indicate bill the Care Center or bill the third party payer/private pay. This form is filled out by the Long Term Care Facility each time a resident’s billing status changes.

HML Fax Form Requisitions
To make the process of obtaining laboratory orders as simple and efficient as possible, you will be ordering your laboratory tests by using the HML Fax Requisition form. This fax form gets filled out by your staff, then faxed to our Customer Service department at 651-326-8043 for order entry or toll-free at 1-888-802-3220.

Epidemiology Reporting
On a monthly basis, the infection control nurse or nurse epidemiologist can be provided with the following reports for the previous month:

- Alphabetical list, by resident, of all culture results.
- Listing of all positive organisms isolated with total number and percentage of total.

Result Reporting
A number of options are available for the immediate and permanent reporting of laboratory results for your residents.

- STAT results are called upon completion of the test.
- Routine test results are reported to your facility as soon as they are completed.
- Final, chartable reports can be delivered via fax.
- All “critical values” (pages C26 – C30) are called upon the completion of the test.
HML Lab Day(s) & Non-Lab Days

HML Lab Day(s)

A Lab Day is a coordinated effort by the facility to group or coordinate all resident draws into specific day or coordinated draws on multiple days each week.

An example of a lab day could be – “Wednesdays only” or “Monday, Wednesday, Friday”.

A “LAB DAY” is not an ALL DAY opportunity for phlebotomists to come to your site to perform lab draws.

The Lab Day(s) ends when the phlebotomist leaves your facility after your morning draws.

Please try to coordinate all draws for an HML phlebotomist on your assigned Lab Day(s).

We recommend LAB DAYS for those sites with:

1. High volume of daily draws
2. Homes with Transition Care Units (TCU’s/Sub-Acute)

HML Non-Lab Day(s)

A “NON-Lab Day” is a day in which your site does not have a specific “Lab Day” scheduled for draws. Typically your site will have to call or fax-in for draw requests.
Long Term Care, Assisted Living, Group Home Draw Requests

HML business practice has been to respond and schedule ALL draws requests to Long Term Care Centers that are called/faxed - regardless of the requested date or time. In order to provide the best patient care and meet our clients’ needs.

All same day non-emergent draw requests must be received by HML no later than 11am on the date the draw is being requested. Any requests called in after 11am will be scheduled for the next business day or your scheduled lab day.

Example of what WOULD BE ACCEPTED for a same day phlebotomy draw request:
ABC Long Term Care Facility has called a draw request for March 2nd. The called request was received March 2nd at 9:57am. This request would be scheduled for March 2nd as the call was received by HML before 11am.

Example of what WOULD NOT BE ACCEPTED for a same day phlebotomy draw request:
ABC Long Term Care has called a draw request to HML for March 2nd. The called request was received at HML March 2nd at 11:45am. This draw request would be scheduled for the next business day of March 3rd and not be scheduled for March 2nd as the request was not called before 11am.

Glossary of Terms for LTC Draws

HML has adopted the following definitions of terms associated with Routine, Timed, STAT, and Weekend draws for users of our Laboratory Service.

Lab Requests: All same day non-emergent draw requests must be received by HML no later than 11am on the date the draw is being requested. Any requests called in after 11am will be scheduled for the next business day or your scheduled lab day.

Routine Lab Day: Samples are collected on a routine basis and resulted by the lab within six to eight hours. Scheduled lab day draws are typically collected between 4:30 am and 10:00 am.

Routine Draws – NON Lab Day: Samples are collected and resulted by the lab within six to eight hours. Draws are typically collected after 10:00 am.

Timed draws: Specified time draw requests should be requested at least 24 hours in advance of the desired collection. Please allow a ½ hour window around the actual time in which the phlebotomist can respond.

STAT: This is a procedure that requires immediate collection, analysis, and reporting of results as it is critical for the proper care of the patient. This test priority should only be ordered in a medical emergency. HML will make every attempt to respond to STAT requests within two hours. Our Customer Service staff will provide an approximate ETA for the phlebotomist. Please remember that environmental conditions such as traffic, weather etc., may delay this STAT process.

- All STAT specimens drawn by an HML phlebotomist will be couriered into the Laboratory immediately after performing the draw, unless the phlebotomist will be coming directly back to the Laboratory.
**Weekend Draws:** On weekends, HML responds to all requests, including any STAT/TODAY draw requests called into HML on that day. Prior to the weekend, all draw requests that are due on the upcoming weekend are reviewed for the following:

1. All weekend draw requests that were scheduled more than 30 days earlier will be reviewed with the client to ensure that they are still valid orders. Draw requests that can be moved to a regular weekday will be rescheduled.
2. We do not schedule any VAN, TOB, GNT, peak and trough draws.
3. HML Customer Service staff review requests for tests not normally tested on a weekend to see if they can be rescheduled. For example: Thyroid (TSH, T4), Vitamin D, Glycosylated HGB, Immunology, Sendouts, etc.

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**Glossary of Terms for Assisted Living, Group Home Draws**

**Resident Availability:** It is imperative HML is notified if you have scheduled a blood draw and your resident is unavailable.

**Collection and Turn around Time (TAT):** Samples are collected and resulted by the laboratory within six to eight hours. Draws are typically collected after 10:00am.

**Lab Requests:** All Non-Emergent draw requests must be received by HML before Midnight (12am) on the day before a draw is being requested. Any requests received for the current business day or after Midnight (12am) will be scheduled for the next business day or lab day.

**Timed draws:** Specified time draw requests should be requested at least 24 hours in advance of the desired collection. Please allow a ½ hour window around the actual time in which the phlebotomist can respond.

**STAT:** This is a procedure that requires immediate collection, analysis, and reporting of results as it is critical to the proper care of the patient. This test priority should only be ordered in a medical emergency.

HML will make every attempt to respond to requests within two hours. Our Customer Service staff will provide an approximate ETA for the phlebotomist. Please remember that environmental conditions, such as traffic, weather etc., may also delay this STAT process.

- All STAT specimens drawn by an HML phlebotomist will be couriered into the Laboratory immediately after performing the draw, unless the phlebotomist will be coming directly back to the Laboratory.

**Weekend Draws:** Not available
Facility Site Access

HealthEast Medical Laboratory (HML) takes pride in accommodating all our client’s lab draw requests. However, many sites require access to resident’s rooms, apartments or access to locked floors. This “limited” access unfortunately can create delays with our phlebotomy staff reaching residents and being drawn within an appropriate time frame. This can cause delays in specimen reporting.

HML would recommend one of the following to help expedite your draw requests:

1. Provide access to a “Master Key” for access to locked areas
2. Create a “Central Draw Location” where residents will be taken to be drawn
3. Have facility staff accompany HML phlebotomist.

Rescheduling Patient Draws

Please notify HML when there is a scheduled draw and a resident is NOT going to be available. This will avoid a $25.00 service charge to the facility, and help with scheduling our staff where needed.

The following protocol will be followed in the event that a HML Phlebotomist arrives for a scheduled blood draw and the patient is not available:

1. Facility Staff will be notified by the phlebotomist
2. Blood draw will be re-scheduled for the next regular lab day.
3. If you do not have a lab day, the blood draw will be re-scheduled for the next business day.
4. Rescheduled blood draws will not be scheduled on weekends.

If you are aware that a resident will be unavailable for a requested blood draw, Please contact HML to reschedule.
Stat Draw Requests

A STAT TEST REQUEST IS A TEST BEING ORDERED BECAUSE OF A MEDICAL NECESSITY OR EMERGENCY. IF YOU FEEL HML CANNOT RESPOND IN A TIMELY ENOUGH MANNER PLEASE CALL 911 OR TAKE THEM TO YOUR PRIMARY HOSPITAL OR CLINIC.

WHAT YOU WILL NEED TO DO TO REQUEST A STAT TEST:

* COMPLETE ALL INFORMATION LISTED ON THE HML REQUISITION

* CALL HML CUSTOMER SERVICE WITH THE STAT TEST REQUEST 651-232-3500 OPTION #5

* CHECK (√) IF TEST IS ORDERED IN A MEDICAL EMERGENCY

* STAT TEST RESULTS ARE REPORTED VIA FAX (HML normal reporting processes)

* CHECK (√) “SPECIAL INSTRUCTIONS” IF RESULTS NEED TO BE CALLED IN ADDITION TO BEING FAXED.

TURN AROUND TIMES (TAT) WILL BE BASED ON FACILITY TYPE, LOCATION, LOCAL TRAFFIC AND WEATHER CONDITIONS. PLEASE BE MINDFUL WHEN CALLING IN A STAT REQUEST

DO NOT fax the STAT request to HML. Leave completed requisition in your Lab Calendar Book for the phlebotomist.

STAT test requests SHOULD NOT be ordered if:

- A HML phlebotomist was already at the facility and you forgot the order on your lab day
- You missed the cut-off time for same day requests
- The request is NOT an Emergency or Non-Emergent
- A provider may get mad if they don’t have results by a certain time
- The Coumadin clinic closes and you just have to have those results

All STAT specimens drawn by an HML phlebotomist will be couriered into the Laboratory immediately after performing the draw, from the facility in which it was drawn, unless the phlebotomist will be coming directly back to the Laboratory.

HML “STAT” Test Ordering Process

Please follow this process when submitting a STAT specimen to HML

1. Order in LabWorks as a “STAT” and place specimen in a red STAT specimen bag.

2. If needed call courier (232-3500 opt. 1) for a pick-up or coordinate with regular courier pick-up if timing is acceptable.

3. Call HML customer service (232-3500 opt.5) (A call is not necessary but Highly Recommended)
4. Communicate to Customer Service Rep. that you are sending a STAT specimen and ask them to notify processing.

5. When STAT specimen is received by processing they will deliver to the department doing the testing.

6. If you have been told the tests cannot be completed or feel you have been told something in error – please ask for a supervisor.

**Due to the nature in testing requirements, the following tests will not be completed as a STAT test:**

**Chemistry/ Serology/Immunology**

- HgbA1c
- Lyme disease screen/confirmation
- Herpes Simplex antibody
- Chlamydia/GC testing
- H. pylori antibody
- Varicella Zoster antibody
- Rubeola (measles) antibody
- Mumps antibody
- Hepatitis testing *(Exception of Needle Sticks)*
- Total testosterone
- Jo-1
- Scl-70
- Ca125
- Vitamin D
- Serum/urine protein ELP
- ANA screen/cascade
- ENA
- SSA/SSB
- RnP/Sm
- RPR
- Allergy testing
- Celiac Panel (Gliadin, TTG, IgA)
- Electrophoresis testing
- Hgb ELP
- Immunofixation – serum/urine
- Rubella Immune status
- Alpha Feto Protein
- Leads
- CCP Antibodies
- Homocysteine
- Thyroid Peroxidase Antibody (TPX)

**Panels that include some or all PCR tests listed above**

**Hematology**

- Special coagulation
- Prothrombin Gene Mutation
- Antithrombin III activity
- G-6-PD
- Protein C
- Hemosiderin
- Protein S
- Fat stains
- Lupus Anticoagulant
- Heparin Induced Thromocytopenia testing
- Peripheral blood morphology
- Factor V Leiden
- MTHFR
- Factor X Chromogenic

**Microbiology**

- All Cultures (bacterial, AFB, fungal) *(GAT)*
- Group B screens (GBS)
- Group A PCR
- C difficile PCR (CDI)
- Ova and Parasite (OPS)
- Rotavirus (RTV)
- Cryptococcal Antigen (CAG)
- Bacterial antigen – urine/serum (BAD)
- Special stains –(AFB, KOH)
- Giardia/Cryptosporidia antigen (GSA, CGC, CRY)

**Transfusion Medicine**

- Antibody Screen Cascade (HSC)
- Prenatal Screen Cascade (PNS) and (PN1)
- Antibody Titer (ABT)
Workflow For Lab Orders

Labs Needed

Lab Draw?

Labs Needed

Site to Collect?

Complete HML Requisition

Complete Fax Form
Fax to Customer Service
651-326-8043

Call HML for Courier
651-232-3500
Option #1

Update Calendar Book
(resident's name, test to be drawn)

Update Calendar Book
(resident's name, test to be drawn)

Bill to HealthEast Lab

Level of service:
90 min
3 hr - economy

Call Customer Service
for Phlebotomist
651-232-3500
Option #5

Long Term Care and Skilled Nursing Facilities

All same day non-emergent draw requests must be received by HML no later than 1pm on the date the draw is being requested.

Any requests called in after 1pm will be scheduled for the next business day or your scheduled lab day.
How to Schedule a *STAT/Today or Facility-Collected Laboratory Test

A STAT / TODAY order is a draw request that is needed for the same day (from 4:30 AM to 8 PM)

1. Fill out the lab requisition (see page C19). *(DO NOT FAX a STAT / Today phlebotomy request.)*

2. Write the resident’s name and schedule test in the Lab calendar book.

3. **To schedule a phlebotomist,** call HML at 651-232-3500, option #5.
   - Inform the HML Customer Service representative that you are requesting a STAT/Today draw.
   - Provide the following information:
     - Facility name, contact person and phone number
     - Resident name
     - Date of birth, sex
     - Room number
     - Physician’s first and last name
     - Diagnosis
     - Tests requested: For a single request, provide Date Test requested

4. **To schedule a courier for facility-collected specimens,** call the courier at 651-232-3500, option #1.
   - Provide the following information:
     - Indicate to bill HML
     - Indicate level of service: 90 minutes 3 hours / economy

How to Schedule a Laboratory Test for a *Future Date

A FUTURE order is a draw request that is needed for the next day or for any draw that is requested for other than the current day.

1. Fill out the form (see page C19), or use the HML Online form [https://www.fairview.org/services/laboratory-services/requisition-form](https://www.fairview.org/services/laboratory-services/requisition-form)

Include the resident’s name (complete name).

   - Sex
   - Date of birth
   - Chart number and room number
   - Diagnosis (mandatory)
   - Physician’s first and last name

   Type of order, i.e., either single (DATE very important) or cancellation.
   Type of test requested.
2. Fax to HML at 651-326-8043 or toll-free at 1-888-802-3220 with a minimum of 24 hours advance notice.

3. Write resident’s name and test to be drawn in the Lab calendar book.

**HML ONLINE FORM**

1. Go to [https://www.fairview.org/services/laboratory-services/requisition-form](https://www.fairview.org/services/laboratory-services/requisition-form)
2. Complete all required fields
3. Submit order

---

**How to Cancel, Change, or ADD to an order**

Inform HealthEast Medical Laboratory (HML) when lab orders need to be changed or canceled.

For changes that occur on your future date lab requests:

- If the change needs to take effect prior to your scheduled lab request, your staff should fill out the fax form by noting the change/cancellation in the “TYPE OF ORDER” section of the lab fax form and fax HML.

Follow these steps:

1. Fill out the form (see page C19).

2. Fax HealthEast Medical Laboratory (HML) at 651-326-8043 or toll-free at 1-888-802-3220.

3. **Record** the change or addition in the lab calendar book. **Record** the cancellation reason and cross out canceled test in the lab calendar book. A reason for cancellation could be that the resident was admitted to the hospital, doctor canceled the test, resident expired, etc.

4. To cancel a draw request, pull the originally-faxed request, write “CANCEL” across the requisition and fax to HML.

5. To change a draw request, after cancelling the original request (see #4), complete a new request and fax to HML.

6. To add tests to a draw request, pull the originally-faxed request, indicate the additional tests, and fax to HML.
<table>
<thead>
<tr>
<th>DRAW REQUEST DATE</th>
<th>Please Print - PATIENT LAST NAME</th>
<th>Please Print - PATIENT FIRST NAME</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5</strong></td>
<td></td>
<td><strong>4</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

**GENDER - CIRCLE ONE**

<table>
<thead>
<tr>
<th>ROOM NUMBER</th>
<th>ICD-10 CODE(S):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M</strong></td>
<td></td>
</tr>
<tr>
<td><strong>F</strong></td>
<td></td>
</tr>
</tbody>
</table>

**REQUIRED INFORMATION**

<table>
<thead>
<tr>
<th>REQUIRED INFORMATION</th>
<th>ROOM NUMBER</th>
<th>ICD-10 CODE(S):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please Print - PROVIDER FIRST NAME</strong></td>
<td><strong>Please Print - PROVIDER LAST NAME</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

**CHEMISTRY / SEROLOGY**

<table>
<thead>
<tr>
<th>CHEMISTRY / SEROLOGY</th>
<th>CHEMISTRY / SEROLOGY</th>
<th>THERAPEUTIC DRUGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB ALBUMIN</td>
<td>LP LIPASE</td>
<td>CAR CARBAMAZEPINE</td>
</tr>
<tr>
<td>ALT ALT (SGPT)</td>
<td>LP LIPID PROFILE</td>
<td>DIG DIGOXIN (LANOXIN)</td>
</tr>
<tr>
<td>AMY AMYLASE</td>
<td>LYC LYMES ABY CASCADE</td>
<td>DNL DILANTIN (PHENTOIN)</td>
</tr>
<tr>
<td>ANB ANA (FANA)</td>
<td>MG MAGNESIUM</td>
<td>LVT LEVITRACETAM (KEPPRA)</td>
</tr>
<tr>
<td>AST AST (SGOT)</td>
<td>PTH PARATHYROID HORM. INTACT</td>
<td>PHN PHENOBARBITAL</td>
</tr>
<tr>
<td>BMP BASIC METABOLIC PROFILE</td>
<td>PHM PARATHYROID HORM. MINERALS</td>
<td>VAZALPIDIC ACID (DEPAKOTE)</td>
</tr>
<tr>
<td>TBL BILIRUBIN, TOTAL</td>
<td>P04 PHOSPHORUS</td>
<td>VANCOMICYCIN * PEAK * TROUGH</td>
</tr>
<tr>
<td>BNP BNP (B-TYPE NATRIURETIC Peptide)</td>
<td>K POTASSIUM</td>
<td>VAPOTENONE</td>
</tr>
<tr>
<td>BUN BUN</td>
<td>PAB PREALBUMIN</td>
<td>VITAMIN D, 25-HYDOXY</td>
</tr>
<tr>
<td>CA CALCIUM</td>
<td>PRL PROLACTIN</td>
<td>VITAMIN D, 25-HYDOXY</td>
</tr>
<tr>
<td>CHO CHOLESTEROL, TOTAL</td>
<td>PSD PSA DIAGNOSTIC</td>
<td>VITAMIN D, 25-HYDOXY</td>
</tr>
<tr>
<td>CK CK, TOTAL</td>
<td>PSS PSA SCREENING</td>
<td>VITAMIN D, 25-HYDOXY</td>
</tr>
<tr>
<td>CMP COMPREHENSIVE METABOLIC</td>
<td>RFP RENAL FUNCTION</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>CRP C-REACTIVE PROTEIN</td>
<td>ROT RD</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>CHS C-REACTIVE PROTEIN H SENSITIVITY</td>
<td>SOD SODIUM</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>CRE CREATININE</td>
<td>SYMPHOLINE</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>LT4 ELECTROLYTE PROFILE</td>
<td>TOS TOS BIOME</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>FER FERRITIN</td>
<td>T3, TOTAL</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>POL POLATE</td>
<td>T4, FREE</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>PSH PSH</td>
<td>T4, TOTAL</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>GLU GLUCOSE</td>
<td>T4, TOTAL</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>AIC GLYCOHATED HGB A1C</td>
<td>TSH TSH SENSITIVE</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>UPT HEPATIC PROFILE</td>
<td>TSH TSH SENSITIVE</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>ABS HEPATITIS B SURFACE AB</td>
<td>V15 VAR ZOSTER IMMUNE STATUS ABY</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>BSA HEPATITIS B SURFACE AG</td>
<td>B12 VITAMIN B12</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>HBV HEPATITIS B VACCINE CHECK</td>
<td>VID VITAMIN D, 25-HYDOXY</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>HCV HEPATITIS C ANTIBODY</td>
<td>URINE *SOURCE REQUIRED</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>HIV HIV AG/AB DIAG. CASCADE</td>
<td>UA URINALYSIS</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>HIV HIV AG/AB SCREEN CASCADE</td>
<td>UAI URINALYSIS-UC IF INDICATED</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
<tr>
<td>FE FEIRON</td>
<td>UC CULTURE URINE</td>
<td>ALACRITET ABO, INHALED</td>
</tr>
</tbody>
</table>

**OTHER:**

| OTHER: | |
|--------| |

**PHLEB NOTES:**

<table>
<thead>
<tr>
<th>INCOMPLETE REQ</th>
<th>TUBE(S) Drawn</th>
<th>SITE (check one)</th>
<th>TIME/PHLEB ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>B:</td>
<td>B: LAM</td>
<td>LH</td>
<td></td>
</tr>
<tr>
<td>L:</td>
<td>L: RH</td>
<td>RH</td>
<td></td>
</tr>
</tbody>
</table>

**PLACEMENT:**

**PLACE SCANNING LABEL HERE**
Clinical Laboratory Request Form Instructions:

*Required Fields – Patient’s complete name (as it appears on their insurance card) and date of birth are required to process your request. If the complete name and/or date of birth are missing, the specimen will be rejected. All other required fields are essential information needed for billing purposes. If this information is not provided, HML billing staff will call your facility One Time to obtain missing information. If the information is not received from your facility within three business days, charges will be billed back to the facility. If you have any questions or concerns regarding the lab requisition forms or the information required, please feel free to contact our client billing department at 651-232-1122.

1. **Client Account Information:** This section will be prefilled by HML staff. It includes client number, name, address, telephone number, and billing numbers. This will assist our data entry and billing personal.

2. **Provider’s Name:** Space is provided to write in the ordering provider’s full name. Please note that we must have the provider’s complete first and last name.

3. **Stat/Special Instructions:** STAT – Check (√) if test is ordered in a medical emergency. All results will be reported stat via normal reporting processes. Special Instructions – Check (√) if results need to be faxed or called in addition to being reported stat via normal reporting processes.

4. **Patient Information:** Print patient’s complete legal name (as it appears on their insurance card). Please note that the specimen that is submitted with this requisition must be labeled with the exact same patient information.

5. **DOB (Date of Birth):** This is needed for billing purposes, as well as for accurately reporting age-related reference values.

6. **Patient Chart #:** Optional information that, if provided, will print on the test report.

7. **Room/Bed #:** This is needed for the mobile phlebotomist when responding to a draw request. This information will print on the test report.

8. **Sex:** Check (√) male or female; needed for sex-related reference values.

9. **Patient Address:** It is necessary to provide the patient’s address, unless the charges for testing will be billed back to the client.

10. **Patient Diagnosis and/or ICD-910 Codes:** We recommend completing this section on all patients in order to relate abnormal laboratory results to a patient’s clinical condition. **Required for all third-party billing.**

11. **Bill To:** Check (√) one of the billing options, indicating how billing should be handled. If there is no check, your account will be billed.

12. **Specimen Type/Special Instructions:** Check (√) the appropriate specimen type. This section is especially important for timed urine specimens and for alerting HML personal that will be performing a draw, to seek assistance.

13. **Collection Date:** Date specimen was collected from the patient.

14. **Collection Time:** Time of specimen collection.

15. **Collected By:** Optional for client staff, Mandatory for specimens collected by HML personal.

16. **Source/Site:** Indicate source or site for all non-blood specimens. Used to document site of draw for all specimens drawn by HML personal.

17. **Check (√) all tests ordered by the provider.** When Medicare reimbursement is sought, only order tests which are medically necessary.

18. **Any test not found on the requisition can be printed in this section.**

19. **Legend for reference to tube type/collection container.**

20. **For requests to be drawn by HML staff, fax requisition to 651-326-8043. If less than 12 hours before collection time, please call Customer Service at 651-232-3500 to confirm receipt. Questions:** Call Customer Service at 651-232-3500, option #5
Order a Blood Draw Online!

Save time. Save the hassle. It’s easy! It’s fast!

Please visit the Online Blood Draw Page at:

https://www.fairview.org/services/laboratory-services/requisition-form
Critical Value Call-back List
Medical Staff Approval Effective: 3/1/17
Latest updates (3/1/17)

The following guidelines are followed for calling critical values within 20 minutes to a licensed
caregiver. When results are called and verbally given, laboratory employees are required to have the
results repeated back and to record the date, time, and person accepting the results. When results are
sent by printer to a patient care unit the laboratory will call the caregiver and indicate the results are on
the printer. The caregiver will retrieve results from the printer and indicate they have the results in
hand and confirm the identification of the patient using two identifiers from the printout. Results do
not have to be repeated
back in this instance. Laboratory will again record to whom the result was given.

**BLOOD GASES**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Units</th>
<th>LOW (Less Than) Value</th>
<th>HIGH (Greater Than) Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH (arterial and venous)</td>
<td></td>
<td>7.25</td>
<td>7.55</td>
</tr>
<tr>
<td>pO2 (arterial)</td>
<td>mmHg</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>% O2 Saturation and Oxyhemoglobin</td>
<td>mmHg</td>
<td></td>
<td>85%</td>
</tr>
<tr>
<td>pCO2</td>
<td>mmHg</td>
<td>20</td>
<td>70</td>
</tr>
</tbody>
</table>

**CHEMISTRY**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Units</th>
<th>LOW (Less Than) Value</th>
<th>HIGH (Greater Than) Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilirubin, Total (≤ 24 hours old)</td>
<td>mg/dL</td>
<td>12.0</td>
<td></td>
</tr>
<tr>
<td>Bilirubin, Total (&gt; 24 hours and ≤ 48 hours old)</td>
<td>mg/dL</td>
<td>15.0</td>
<td></td>
</tr>
<tr>
<td>Bilirubin, Total (&gt; 48 hours old)</td>
<td>mg/dL</td>
<td>18.0</td>
<td></td>
</tr>
<tr>
<td>Calcium</td>
<td>mg/dL</td>
<td>6.0</td>
<td>12.0</td>
</tr>
<tr>
<td>Calcium, Ionized Serum @ pH = 7.4</td>
<td>mmol/L</td>
<td>0.82</td>
<td>1.55</td>
</tr>
<tr>
<td>Carbon Dioxide</td>
<td>mmol/L</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>Carboxyhemoglobin (Carbon Monoxide, CO)</td>
<td></td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>CK (CPK)</td>
<td>IU/L</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>CK MB</td>
<td>ng/mL</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Creatinine</td>
<td>mg/dL</td>
<td>6.0</td>
<td></td>
</tr>
<tr>
<td>Glucose, &lt; 24 hours old</td>
<td>mg/dL</td>
<td>40</td>
<td>400</td>
</tr>
<tr>
<td>Glucose, 24 hours – 15 years old</td>
<td>mg/dL</td>
<td>50</td>
<td>400</td>
</tr>
<tr>
<td>Glucose, &gt; 15 years old</td>
<td>mg/dL</td>
<td>60</td>
<td>400</td>
</tr>
<tr>
<td>Glucose, Spinal Fluid</td>
<td>mg/dL</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Lactic Acid, plasma</td>
<td>mmol/L</td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td>Lead</td>
<td>ug/dL</td>
<td>40.0</td>
<td></td>
</tr>
<tr>
<td>Magnesium</td>
<td>mg/dL</td>
<td>1.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Potassium</td>
<td>mmol/L</td>
<td>2.9</td>
<td>6.0</td>
</tr>
<tr>
<td>Sodium</td>
<td>mmol/L</td>
<td>120</td>
<td>150</td>
</tr>
<tr>
<td>Troponin I ADV</td>
<td>ng/mL</td>
<td>0.29</td>
<td></td>
</tr>
<tr>
<td>Troponin I by i-STAT</td>
<td>ng/mL</td>
<td>0.08</td>
<td></td>
</tr>
</tbody>
</table>
HEMATOLOGY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Units</th>
<th>LOW (Less Than) Value</th>
<th>HIGH (Greater Than) Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blasts (previously undiagnosed patient)</td>
<td></td>
<td>Presence of any blasts</td>
<td></td>
</tr>
<tr>
<td>Fibrinogen</td>
<td>mg/dl</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>g/dL</td>
<td>7.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Heparin Level (Anti Xa assay)</td>
<td>u/mL</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>HIT (Heparin-associated Immune Thrombocytopenia)</td>
<td>Optical Density</td>
<td>OD &gt; 1,000</td>
<td></td>
</tr>
<tr>
<td>INR (International Normalized Ratio)</td>
<td></td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>Platelet Count</td>
<td>K/uL</td>
<td>50</td>
<td>1,000</td>
</tr>
<tr>
<td>White Blood Cell Count (WBC)</td>
<td>K/uL</td>
<td>2.0</td>
<td>30.0</td>
</tr>
</tbody>
</table>

URINALYSIS

- Ketosis and/or sugar in newborn
- RBC Casts
- Unidentified cells, especially those resembling tumor cells
- Urine Glucose of 1,000 mg/dL plus a positive ketone

**Significant Values**

Significant values are important laboratory results that need to be brought to the attention of a licensed care giver and may require intervention. The laboratory will follow the same documentation protocol as for Critical Values.

**DELTA CHANGE - Significant Change in Value from a Previous Value Called to Patient Care Location within 4 Hours**

<table>
<thead>
<tr>
<th>Max Days</th>
<th>Procedure</th>
<th>Decrease of Value</th>
<th>Increase of Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days</td>
<td>Hemoglobin (Surgical or OB patient only)</td>
<td>3 g/dL</td>
<td></td>
</tr>
<tr>
<td>7 days</td>
<td>Hemoglobin (All other)</td>
<td>2.0 g/dL</td>
<td></td>
</tr>
<tr>
<td>14 days</td>
<td>Platelet Count</td>
<td>30% (if result is outside of normal range)</td>
<td></td>
</tr>
<tr>
<td>7 days</td>
<td>BUN (Inpatients only)</td>
<td></td>
<td>100% (if result is outside of the normal range)</td>
</tr>
<tr>
<td>7 days</td>
<td>Creatinine (Inpatients only)</td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>2 days</td>
<td>Thyroid Stimulating Hormone (TSH) (Inpatients only)</td>
<td></td>
<td>50%</td>
</tr>
</tbody>
</table>

**TRANSFUSION MEDICINE – Called within 20 minutes**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Significant Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Antiglobulin Test (DAT) on Neonates</td>
<td>Positive</td>
</tr>
<tr>
<td>Delays in having blood available for transfusion</td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>Units</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Amiodarone</td>
<td>mcg/mL</td>
</tr>
<tr>
<td>Amikacin Peak</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Amikacin Trough</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Amitriptyline and Nortriptyline combined</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Caffeine</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Carbamazepine (Tegretol)</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Carbamazepine-10,11 Epoxide</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Clomipramine</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Desmethylclomipramine</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Desipramine</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Digoxin (Lanoxin)</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Disopyramide</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Doxepin and Nortoxepin combined</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Ethosuximide</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Gentamicin</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Imipramine and Desipramine combined</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Lead</td>
<td>ug/dL</td>
</tr>
<tr>
<td>Lidocaine</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Lithium</td>
<td>mmol/L</td>
</tr>
<tr>
<td>Mercury</td>
<td>ug/24 hours</td>
</tr>
<tr>
<td>Mephalobarbital</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>umol/L</td>
</tr>
<tr>
<td>Mexiletine (Trough Level)</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Nortriptyline</td>
<td>ng/mL</td>
</tr>
<tr>
<td>Phenobarbital</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Phenytoin (Dilantin)</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Phenytoin, Free</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Primidone</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Procarbamide</td>
<td>ug/mL</td>
</tr>
<tr>
<td>NAPA</td>
<td></td>
</tr>
<tr>
<td>Quinidine</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Salicylate</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Theophylline</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Thiocyanate</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Tobramycin</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Valproic Acid (Depakene)</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Valproic Acid, Free</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Vancomycin (1)</td>
<td>ug/mL</td>
</tr>
<tr>
<td>Vitamin D, 25-OH (2)</td>
<td>ng/mL</td>
</tr>
</tbody>
</table>
### INFECTIOUS DISEASE – Called same day as test completed

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Significant Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>Positive</td>
</tr>
<tr>
<td>Chlamydia trachomatis, Amplified Detection</td>
<td>Positive</td>
</tr>
<tr>
<td>GC, Amplified Detection</td>
<td>Positive</td>
</tr>
</tbody>
</table>

### MICROBIOLOGY – Called within 1 hour

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Significant Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFB - Acid-Fast Culture / Smear</td>
<td>All positive</td>
</tr>
<tr>
<td>Bacterial Antigen Detection (CSF)</td>
<td>All positive</td>
</tr>
<tr>
<td>Blood Culture</td>
<td>Initial Positive Detection; Org. ID &amp; Sensitivity</td>
</tr>
<tr>
<td>Blood Parasites</td>
<td>Positive</td>
</tr>
<tr>
<td>Body Fluid – Gram Stain / Culture</td>
<td>Initial Positive Detection from Sterile Sites</td>
</tr>
<tr>
<td>C. Difficile Toxin (Inpatients / LTC only)</td>
<td>Positive</td>
</tr>
<tr>
<td>CSF Gram Stain / Culture</td>
<td>Positive</td>
</tr>
<tr>
<td>Cryptococcal Antigen (CSF)</td>
<td>Positive</td>
</tr>
<tr>
<td>Cryptosporidium</td>
<td>Positive</td>
</tr>
<tr>
<td>Giardia Antigen</td>
<td>Positive</td>
</tr>
<tr>
<td>Group B Strep (Newborn)</td>
<td>Positive</td>
</tr>
<tr>
<td>Herpes Simplex (Newborn)</td>
<td>Positive</td>
</tr>
<tr>
<td>Legionella</td>
<td>Positive</td>
</tr>
<tr>
<td>Malaria</td>
<td>Positive</td>
</tr>
<tr>
<td>Nocardia or Actinomyces</td>
<td>Positive</td>
</tr>
<tr>
<td>Ova and Parasites</td>
<td>Pathogens</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Positive</td>
</tr>
</tbody>
</table>

### PATHOLOGY – Called within 12 hours of Diagnosis Determination

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any unexpected malignancy</td>
</tr>
<tr>
<td>Unsuspected viral infection</td>
</tr>
<tr>
<td>Any communicable disease which requires MDH notification (Also fax a copy of results to HE Infection Control)</td>
</tr>
<tr>
<td>All newly-diagnosed hematolgy malignancies</td>
</tr>
<tr>
<td>Positive AFB or fungal stains (exception: skin and toenail fungus)</td>
</tr>
<tr>
<td>POC suction curettage specimens without villi</td>
</tr>
<tr>
<td>Vasculitis</td>
</tr>
<tr>
<td>Adipose tissue in endometrial curettage</td>
</tr>
<tr>
<td>Other unusual findings noted by pathologist</td>
</tr>
</tbody>
</table>

### Update History:
- Mayo revision of Significant values for Amikacin (peak and trough), Ethosuximide, and Procainamide  6/26/15
- Updated Pathology Section of Significant Values 10/15/15
- Removed Thrombin Time since no longer performed. Amiodarone units and value change. 12/31/15
- Updated Carbamazepine (Tegretol) – Epoxide High value 5/1/16
- Updated critical level for Lead, Added significant value for Lead 3/1/17
- Formatting and spelling corrections 4/5/17
- MedTox updates 5/15/17
How to Use Your HML Calendar Book

Draw requests must be recorded in your Lab calendar book which has been provided by HealthEast Medical Laboratory. Always record the residents name and test(s) requested under the appropriate date for which it is due. If there is a special time that the draw is requested, please make a note of this in the calendar book.

- **STAT, ASAP, or Today Orders** - record these draws in your Lab calendar book.
- **Canceled Orders** - record the cancellation reason and cross out the canceled test(s) in the Lab calendar book.
- **Changes or Additions** - record the change or addition in the Lab calendar book.

When the phlebotomist arrives - he/she will review the Lab calendar book before proceeding to perform your draw(s).

The phlebotomist will:
1. check off each resident that is scheduled for a draw
2. draw a line under the last patient listed
3. indicate the time they were there to perform your draw(s)
4. The phlebotomist will also print their name and indicate the total number of residents drawn on that particular day.

If there are any discrepancies in what the phlebotomist has on his/her schedule versus what is written in the Lab calendar book, he/she will consult the patient’s nurse to clarify the order before drawing the resident.

If for any reason a resident is not drawn, the phlebotomist will return to the Lab calendar book, indicate the change, note why the resident was not drawn, as well as with the nurse’s name of whom they spoke to.

If you have corrections you need to make to the Lab Calendar Book please make sure they are clear for the phlebotomist.
Phlebotomy

The person that tells you to roll up your sleeve and make a fist to draw your blood is likely to be a phlebotomist. The practice of phlebotomy generally refers to the collection of blood from a vein.

Phlebotomists are allied health professionals who have been trained in the collection of blood. On their daily rounds they encounter both healthy and sick patients, from infants to the elderly.

Phlebotomists are a component of the clinical laboratory team, as they collect the ordered clinical laboratory specimens prior to the actual laboratory testing. Phlebotomists usually work in hospitals, or clinical laboratories, performing venipunctures to obtain a blood sample for laboratory testing. Many phlebotomists also perform clerical, computer data entry, and specimen processing functions. Active interaction with doctors, nurses, clinical staff, and of course patients, from infants to geriatric persons, is required. Proper phone etiquette and good customer service skills are part of the daily routine.

It is not farfetched to say that a full-time phlebotomist performs on average 100 blood draws, or more per day.

Phlebotomist’s duties and responsibilities

The nature of phlebotomy work brings a high potential for exposure to blood borne pathogens through splatter and needle stick injuries. Experienced phlebotomists might function as outreach phlebotomists, driving to patient locations to perform blood draws, complete paperwork, and transport specimens for testing from there.

To be proficient, phlebotomists must know human anatomy, master technical and communication skills with people of all ages, know laboratory safety rules, and adhere to all CDC recommendations and OSHA requirements. They obtain blood specimens as ordered by a licensed health care provider, label the specimen collection tubes with patient’s name and DOB, time of collection, collection source, etc., file lab slips and incidence reports, preserve and refrigerate specimens, distribute specimens to correct racks or location, answer phones and direct calls to appropriate clinical personnel and lab technicians, retrieve specimens from drop-off bins and couriers, properly dispose of contaminated sharps, and participate in venipuncture training of phlebotomy students and other medical personnel.

Highly skilled professionals

Phlebotomy is a vital part of today’s ultra-modern and vast health care industry. Except for various safety devices that were added recently, the techniques and equipment of phlebotomy has remained basically unchanged. And although the clinical laboratory has enjoyed major technological advancements in specimen analysis in the last 30 years the human skill and touch of a phlebotomist remains unmatched by any machine or automated device.

Today, as it was in the early years, the phlebotomists’ most important tools remain their eye-hand coordination and wits to obtain a blood specimen. Such skill and mental toughness enables the phlebotomist to negotiate an infinite combination of situations including the patient’s psychological and or physiological conditions.

651-232-3500 | https://www.fairview.org/services/laboratory-services/healtheast-medical-laboratory
**HML Outreach Phlebotomy Lab Draw Refusals**

HealthEast Medical Laboratory will make 2 attempts to draw a resident. If a resident refuses, a second attempt will be made on your next scheduled Lab Day. Exceptions would be at the discretion of a Lab supervisor.

After the second refusal, please contact the resident’s provider to see how he/she would like to proceed.

**HML Outreach Phlebotomy Uncollected Draw Feedback Form**

In the event that the HML Phlebotomist is unable to complete a patient lab draw, the patient’s nurse or caregiver will be notified. In addition, an Uncollected Draw Feedback form is completed by our phlebotomists. This is a two-part form. The top copy (white) is routed with a copy of the requisition back to the laboratory. The second copy (yellow) is left in the Lab Calendar Book at the facility.

The HML phlebotomist will mark the appropriate box on the form indicating why the patient was not drawn. There are several options to choose from on the form. If one does not fit, “Other reason” will be checked and an indication as to why. The bottom of the form will also indicate the phlebotomist’s initials and the name of the nurse who was advised of the uncollected draw.

**SAMPLE**

**LTC Uncollected Draw Feedback**

<table>
<thead>
<tr>
<th>Patient’s Name: _____________________________ Date: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cancelled, per doctor’s order.  □ Cancelled, orders changed.</td>
</tr>
<tr>
<td>□ Cancelled, patient refused.  □ Cancelled, test done in clinic or office</td>
</tr>
<tr>
<td>□ Cancelled, patient expired.  □ Cancelled, one time only.</td>
</tr>
<tr>
<td>□ Cancelled, patient discharged.  □ Cancelled, patient rescheduled for__/<strong>/</strong></td>
</tr>
<tr>
<td>□ Cancelled, duplicate order  □ Cancelled, patient admitted to hospital.</td>
</tr>
</tbody>
</table>

Other reason: __________________________________________

Phlebotomist’s Initials: ______  Time: ________  Nurse’s Name Required: _________
HML SPECIAL ANNOUNCEMENTS

Possible Weather Risk
HealthEast Medical Laboratory (HML) serves our clients by utilizing outreach phlebotomists to obtain blood specimens from patients.

This service operates 7 days a week, 15 hours a day (5AM-8PM). During that coverage time, it is possible that hazardous driving conditions may arise and decisions need to be made to protect the safety of our staff.

This is a notification that during Hazardous Driving Conditions, there may be a potential for limited services or cancellation of services. If services are cancelled due to hazardous weather, a member of the HML team will contact your facility.

Please support our ability to provide services by ensuring access to cleared and/or salted parking and walk-ways.

Possible Winter Driving Delays
This fax is a notification that there may be a potential for limited services or cancellation of phlebotomy services due to oncoming snow/ice storm. If services are cancelled, a member of the HML Customer Service team will contact your facility.

Please support our ability to provide services by ensuring access to cleared and/or salted parking and walk-ways.
HML SPECIAL ANNOUNCEMENT

Draw Requests - During a Holiday Week

HealthEast Medical Laboratory (HML) takes pride in accommodating all our client’s lab draw requests. However, when a holiday is upon us, we often experience a high volume of draw requests with fewer fully-staffed days to accomplish those draws.

Unfortunately, this can create delays with our phlebotomy staff reaching your facility at your normally scheduled time. Your patience is greatly appreciated during these times.

We ask for your patience during a “Holiday Week” and have provided a list of the upcoming Holidays where you may experience a delay:

**Holidays**
- New Year’s Day
- New Year’s Day Observed
- Easter
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas Day
- Christmas Day Observed

On the day of the “Actual” or “Observed” Holiday, HML will reschedule all NON-CRITICAL draw requests.

As a reminder to your staff of any upcoming Holidays, the HML calendar books are marked with a “Holiday-STATs Only”.

Please call HML Customer Service 651-232-3500 option # 5, with questions or concerns.
HealthEast Medical Laboratory (HML) uses Quicksilver Express Courier for deliveries in the metro area. Quicksilver is a full-service, same-day, local courier

To request a specimen pickup from Quicksilver, simply call 651-232-3500, then press 1 and an experienced Quicksilver representative will be happy to help you. The Quicksilver representative will ask the following questions in order to set up the delivery:

**Q. What account are we billing?**
A. HealthEast Medical Laboratory (*please specify both HealthEast and Lab or simply HML.*)

**Q. Your name & phone number?**
A. Best way to contact you concerning the delivery, if necessary.

**Q. Pick-Up Location?**
A. Name of clinic/facility and address, plus the location inside the building (front desk, lab, nurses’ station, etc.). The Quicksilver order-entry system has most HealthEast customer locations in its database and the customer service representative will read back the address to confirm.

**Q. How many specimens?**
A. To ensure the driver gets exactly what they are supposed to. If several specimens are packaged together in a bag, count it as just one bag.

**Q. Type of Service?**
A. Quicksilver offers three service options, depending on how quickly the item needs to be picked-up and delivered. The options are:
   - *Ninety* – 90 minutes
   - *Economy* – 3 hours

   **If the specimen is frozen, please tell the Quicksilver representative when you call.**
   **If it is not a specimen, please tell the Quicksilver representative exactly what it is they will be picking up.**
   **If the specimen is not going to the main HealthEast Laboratory, please tell the Quicksilver representative the name, address and department of where it should be delivered.**

**Questions? HML Customer Service - 651-232-3500 option #5.**
HML Courier Services

Call 651-232-3500

Option #1 – HML Courier Service

- Indicate to bill HealthEast Medical Laboratory (HML)
- Indicate if you have a refrigerated or frozen specimen pick-up
  - (courier will bring dry-ice for frozen specimen pick-up.)
- Indicate level of service: 90 minutes or 3 hours/economy

Drivers trained in proper handling of medical shipments
- STAT Deliveries
- Medical Coolers in all Vehicles
- Coolers provide temperature-controlled transport
- Room temperature, refrigerated and frozen transport available
- Complete Chain of Custody Record
- Proof of Delivery signatures
**After Hours Courier Service**

A. Blood Specimen Courier Service 6pm-6am

HML offers courier service for the transport of all blood specimens 24/7/365.

In an effort to ensure your residents blood specimens are being expedited, any requested specimen pick-up from the hours of 6pm-6am, Quicksilver Courier will ask if the request is a “blood” transport or “other”.

For those specimens that are **“NON-BLOOD”** related (i.e., urine/stool etc.), Courier service **“WILL NOT”** be available between the hours of 10:00 PM to 6:00 AM.

Quicksilver courier will be happy to schedule a pick-up of your **“non-blood”** specimen after 6am. Charges will be billed to your facility for any non-blood specimen’s courier requests during the 10pm-6am time frame.

If you have an overnight collection of urine specimens - please keep them refrigerated. HML does offer preservatives for urine specimens at no charge.

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**Specimen Packaging and Courier Services**

**Courier Services**

Scheduled courier service is available for specimen pickup and report and/or supply delivery, Monday through Friday, excluding holidays. Additional pickups and Saturday service are also available upon request. To reach HealthEast Medical Laboratory’s (HML) dispatcher regarding courier requests or questions, call 651-232-3500 (option 1). The dispatcher is in constant contact with all drivers and can keep you apprised of timeliness, especially in situations related to traffic delays and severe weather.

When calling for an on-call pickup, **please specify the priority from one of the following:**

- NINETY - Specimen picked up and delivered to HML within 90 minutes.
- ECONOMY - Specimen picked up and delivered to HML within 3 hours.

**Specimen Packaging**

Laboratory test results are dependent on the quality of the specimen submitted. A written request from a physician is required for all laboratory testing. Any called-in or add-on orders must be confirmed in writing within 48 hours. The HML requisition serves as this request form. It is important to fill out the test requisition **legibly, accurately, and completely**.

Complete patient information is important to ensure proper billing and correct interpretation of laboratory test values. Please see the Billing Section (pages A9 - A11) for more information.
**All specimens should be labeled with two patient identifiers.** Please label the container, not the container cover, lid, or biohazard bag. In addition, the identification on the labeled specimen must **exactly** match the identification provided on the requisition.

To ensure the safety of all personnel who handle specimens, please submit specimens in the appropriate containers. Enclose the specimens inside the biohazard bags provided by HML and place the requisition in the outside pocket. Use large zip-lock bags to collect the individually-bagged specimens according to temperature requirements: one bag for room temperature, one bag for refrigerate, or one for frozen. Please submit urine samples in a separate bag. **Never** transport specimens in syringes with needle attached. A syringe may be submitted only if a syringe cap is used and the needle is removed. **Label bag with the temperature** for transport and storage on the small and large zip-lock bags [frozen, refrigerate, or room (ambient) temperature].

To ensure accurate, reliable results, it is extremely important to store specimens according to the test requirements listed in the “Alphabetical Test Listing” section of this manual. The term “freeze” indicates that the specimen must be spun, separated, transferred into a second specimen transport tube, **frozen**, and then transported by our couriers on dry ice. Some test requirements state that the specimen should be frozen if it will be stored for 24, 48, or 72 hours. Freezing is not required if the specimen will be submitted to our laboratory within the stated time period. When one test in a group of tests requires freezing, only freeze a part of the specimen and then send us **two** specimens, one frozen and one not frozen. Each assay that requires freezing must have its own separate frozen vial.

To submit a request that has multiple specimens with different storage requirements:
- Mark the number of bags being submitted in the appropriate area on the top part of the requisition.
- Separate the requisition.
- Place a copy of the requisition with each specimen/bag being submitted.
- It is the client’s responsibility to make sure all specimens are handed over to the courier. Courier is not allowed to help themselves to specimens.

**STAT Bags**

In an effort to process our client’s STAT specimens in a more efficient manner, we provide red biohazard bags that boldly display STAT in dark lettering. In order to distinguish between routine priority specimens and STAT specimens, please place specimens in these bags only when they require STAT transport, processing, and analysis.
HML LABELING POLICY

ALL laboratory specimens submitted to HealthEast Medical Laboratory MUST be labeled according to the following guidelines:

FIRST NAME,  
LAST NAME,  
DATE OF BIRTH (DOB),  
ROOM NUMBER,  
ORDERING PHYSICIAN

Specimens received at HealthEast Medical Laboratory not labeled according to the guidelines set above, WILL BE REJECTED.

Because some of these specimen containers are small and difficult to write on, HealthEast Medical Laboratory can provide labels to your facility for easier identification.

If you would like to continue and/or make use of these labels, please submit a supply request form to the Laboratory requesting additional labels, or call our Customer Service Department at 651-232-3500, option #5.

Unacceptable Specimens

Some specimens cannot be analyzed because of improper collection or degradation in transit. Other specimens may have prolonged turnaround times because of lack of necessary additional specimens or patient information. You will be notified of rejected or problem specimens upon receipt. To avoid specimen rejection, please use the following checklist.

Are the following conditions correct?  
Please check the test catalog.

- Patient/specimen properly identified  
- Sample identification matches patient request.
- Full 24 hours for timed urine collection (with preservative, if applicable)  
- Lack of hemolysis  
- Patient information requested  
- pH of urine  
- Specimen container (metal-free, separation gel, sterile, etc.)  
- Specimen type (plasma, serum, whole blood, etc.)  
- Specimen volume  
- Temperature [room (ambient), frozen, refrigerated]  
- Transport medium

Unsatisfactory Analytic Results  
If HML is unable to obtain a satisfactory analytic result, there is no charge.
Unlabeled/Mislabeled Specimen Policy

HealthEast Medical Laboratories will not assume responsibility for laboratory test results on any unlabeled or mislabeled specimens that have been submitted to us for testing. ALL samples and requisitions submitted to HML must have two patient identifiers.

Mislabeled specimens include any specimens without two identifiers (for example: first and last name plus birthdate). Mislabeled specimens also include situations where the information on the patient specimen does not match the paperwork (name or number mismatches).

Your office will be notified any time a specimen is received that is either unlabeled or appears to be mislabeled. For specimens where it is not possible to recollect (tissue biopsy, CSF fluid, body fluid aspirate, etc.), we will ask your office to document the patient identification on our “Unlabeled / Mislabeled Specimen Identification” form (page C43) for our records. **For all other specimens, you must recollect and re-submit.**

A specimen is considered mislabeled if the computer-generated label does not match the patient information which is handwritten on the specimen. If the handwritten information is accurate and complete, this information is considered “traceable” and the specimen will be accepted in some cases. This traceable identification is not acceptable for mislabeled pap smears, Transfusion Medicine, or HIV testing specimens.

If your office determines that a specimen was submitted under the wrong patient name, we will not be able to send you a corrected report **unless the original specimen is still available** and has the correct information on the original labeling. We will credit any third-party patient charges and update the incorrect patient’s report to remove the results. Your account will be billed for tests performed prior to the error notification.
**UNLABELED/MISLABELED SPECIMEN DOCUMENTATION FORM**

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th>Referring Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Birthdate (or other second identifier)</td>
<td>Date and Time Received:</td>
</tr>
<tr>
<td>Collection Date and Time:</td>
<td>Specimen Type:</td>
</tr>
</tbody>
</table>

This is to inform Doctor _________________ that the above specimen on his/her patient was received at HealthEast Medical Laboratory:

- [ ] Unlabeled
- [ ] No second ID
- [ ] Mislabeled

Specimen Labeled as: ________________________________

Requisition Labeled as: ________________________________

Before we will release the final written results, the person taking responsibility must sign this document. I understand and have been informed that the specimen listed above was improperly labeled when it arrived in the clinical laboratory. I understand that the laboratory results reported may not in fact be on my/our patient.

I, _____________________________ verify that the specimen / requisition (circle one) labeled (Name / title) - please print

__________________________ should properly be labeled ____________________________

(Submitted name and ID) (Correct patient name and ID)

and I have notified the physician/CNP ______________________ of the discrepancy.

Person taking responsibility for collection and identification of specimen / requisition (circle one):

______________________________ on date: __________________

Signature / Title

__________________________ _______________ ____________ ____________ ____________

HML contact Title Phone # Date

Fax form to HealthEast Medical Laboratory, 651-232-3370.

*This information is confidential. It is prepared for the laboratories of HealthEast Care System’s Peer Review and Quality Management functions. This is protected by Minnesota State Statute 145.60.*

NOTE: This form will be on file at HealthEast Medical Laboratory.
## Over 55 - Adult Reference Range

### Chemistry

<table>
<thead>
<tr>
<th>Test</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose</td>
<td>70 - 125 mg/dL</td>
</tr>
<tr>
<td>BUN</td>
<td>8 - 28 mg/dL</td>
</tr>
<tr>
<td>Creatinine</td>
<td>M 0.7 - 1.30 mg/dL</td>
</tr>
<tr>
<td></td>
<td>F 0.6 - 1.10 mg/dL</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>&lt;200 mg/dL</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>&lt;150 mg/dL</td>
</tr>
<tr>
<td>HDL Cholesterol</td>
<td>&gt;40 mg/dL</td>
</tr>
<tr>
<td>Calculated LDL</td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td>&lt;130 mg/dL</td>
</tr>
<tr>
<td>T. Bilirubin</td>
<td>0 - 1.0 mg/dL</td>
</tr>
<tr>
<td>Sodium</td>
<td>136 - 145 mmol/L</td>
</tr>
<tr>
<td>Potassium</td>
<td>3.5 - 5.0 mmol/L</td>
</tr>
<tr>
<td>CO2</td>
<td>22 - 31 mmol/L</td>
</tr>
<tr>
<td>Chloride</td>
<td>98 - 107 mmol/L</td>
</tr>
<tr>
<td>CK</td>
<td>30 - 190 IU/L</td>
</tr>
<tr>
<td>LDH</td>
<td>125 - 220 IU/L</td>
</tr>
<tr>
<td>SGOT (AST)</td>
<td>0 - 40 IU/L</td>
</tr>
<tr>
<td>SGPT (ALT)</td>
<td>0 - 45 IU/L</td>
</tr>
<tr>
<td>Alk Phos</td>
<td>45 - 120 IU/L</td>
</tr>
<tr>
<td>Gamma GT</td>
<td>0 - 50 IU/L</td>
</tr>
<tr>
<td>Uric Acid</td>
<td>M 3.0 - 8.0 mg/dL</td>
</tr>
<tr>
<td></td>
<td>F 2.0 - 7.5 mg/dL</td>
</tr>
<tr>
<td>Calcium</td>
<td>8.5 - 10.5 mg/dl</td>
</tr>
<tr>
<td>Phosphorus</td>
<td>2.5 - 4.5 mg/dL</td>
</tr>
<tr>
<td>T. Protein</td>
<td>6 - 8 g/dL</td>
</tr>
<tr>
<td>Albumin</td>
<td>3.5 - 5.0 g/dL</td>
</tr>
<tr>
<td>Iron</td>
<td>42-175 ug/dL</td>
</tr>
</tbody>
</table>

### Thyroid

<table>
<thead>
<tr>
<th>Test</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSH</td>
<td>0.3 – 5.00 uIU/mL</td>
</tr>
<tr>
<td>T4 Total</td>
<td>4.5 - 13.0 ug/dL</td>
</tr>
</tbody>
</table>

### Therapeutic Drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Therapeutic Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbamazepine</td>
<td>4 - 12 ug/mL</td>
</tr>
<tr>
<td>Digoxin</td>
<td>0.5 - 2.0 ng/mL</td>
</tr>
<tr>
<td>Dilantin</td>
<td>10 - 20 ug/mL</td>
</tr>
<tr>
<td>Lithium</td>
<td>0.6 - 1.2 mmol/L</td>
</tr>
<tr>
<td>Phenobarbital</td>
<td>20 - 40 ug/mL</td>
</tr>
<tr>
<td>Theophylline</td>
<td>10 - 20 ug/mL</td>
</tr>
</tbody>
</table>

### Hematology

<table>
<thead>
<tr>
<th>Test</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC</td>
<td>4.0 - 11.0 K/uL</td>
</tr>
<tr>
<td>RBC</td>
<td>M 4.4 - 6.2 mil</td>
</tr>
<tr>
<td></td>
<td>F 3.8 - 5.4 mil</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>M 14 - 18 g/dL</td>
</tr>
<tr>
<td></td>
<td>F 12 - 16 g/dL</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>M 40 - 54%</td>
</tr>
<tr>
<td></td>
<td>F 35 - 47%</td>
</tr>
<tr>
<td>MCV</td>
<td>80 - 100 fL</td>
</tr>
<tr>
<td>MCH</td>
<td>27 - 34 pg</td>
</tr>
<tr>
<td>MCHC</td>
<td>32 - 36 g/dL</td>
</tr>
<tr>
<td>RDW</td>
<td>11.0 - 14.5%</td>
</tr>
<tr>
<td>Platelets</td>
<td>140 - 440 K/uL</td>
</tr>
<tr>
<td>Retic Count</td>
<td>0.5 - 1.5%</td>
</tr>
<tr>
<td>Sed Rate (ESR)</td>
<td>M: 0 - 15 mm/hr</td>
</tr>
<tr>
<td></td>
<td>F: 0 - 20 mm/hr</td>
</tr>
</tbody>
</table>

### Urinalysis

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose</td>
<td>Neg</td>
</tr>
<tr>
<td>Bile Pigments</td>
<td>Neg</td>
</tr>
<tr>
<td>Ketones</td>
<td>Neg</td>
</tr>
<tr>
<td>Specific Grav</td>
<td>1.002 - 1.030</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>Neg</td>
</tr>
<tr>
<td>pH</td>
<td>5.0 - 8.5</td>
</tr>
<tr>
<td>Protein</td>
<td>Neg</td>
</tr>
<tr>
<td>Urobinogen</td>
<td>0.2</td>
</tr>
<tr>
<td>Nitrite</td>
<td>Neg</td>
</tr>
<tr>
<td>Leukoesterase</td>
<td>Neg</td>
</tr>
</tbody>
</table>

### Differential

<table>
<thead>
<tr>
<th>Test</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMNs</td>
<td>50 - 70%</td>
</tr>
<tr>
<td>Bands</td>
<td>0 - 8%</td>
</tr>
<tr>
<td>Lymphs</td>
<td>20 - 40%</td>
</tr>
<tr>
<td>Monos</td>
<td>2 - 10%</td>
</tr>
<tr>
<td>Eos</td>
<td>2 - 6%</td>
</tr>
<tr>
<td>Basos</td>
<td>0 - 2%</td>
</tr>
<tr>
<td>Metamyelocytes</td>
<td>0 - 0.1%</td>
</tr>
<tr>
<td>Myelocytes</td>
<td>0 - 0.1%</td>
</tr>
</tbody>
</table>
**Peak and Trough Phlebotomy Requests**

Vancomycin, Tobramycin, and Gentamicin peak and trough phlebotomy requests will be drawn Monday through Friday (no weekends) from 5:00 am to 4:00 pm.

This request **MUST** be scheduled.

*Draw times for the above are determined by the Pharmacy/Physician. Please be prepared to give this information to the HML Representative when scheduling.*

Please coordinate these draws with your lab day draws.

**Weekend Draw Criteria**

On weekends, HML responds to all DAILY draw requests as well as any STAT/TODAY draw requests called into HML on that day. Prior to the weekend, all the draw requests that are due on the upcoming weekend are reviewed for the following:

1. All group home and assisted living facilities with draw requests that are due on the weekend are called to confirm whether the draw is needed on the weekend. Draws that do not need to be performed on the weekend are rescheduled for the clients next Lab Day or another day during the week.

2. All weekend draw requests that were scheduled more than 30 days earlier will be reviewed with the client to ensure that they are still valid orders. Draw requests that can be moved to a regular weekday will be rescheduled.

3. We do not schedule any VAN, TOB, GNT, peak and trough draws unless approved with a laboratory supervisor. Single draw requests for these drugs will be honored. Clients are reminded that there is a ½ hour window around the actual time in which the phlebotomist could respond.

4. HML Customer Service staff review requests for tests not normally tested on a weekend to see if they can be rescheduled. For example: Thyroid (TSH, T4), Vitamin D, Glycosylated HGB, Immunology, Sendouts, etc.
HML Billing

HealthEast Medical Laboratory (HML) is committed to providing a streamlined process in billing of your clients/patients. This leaves more time for you and your staff to concentrate on patient quality and care. HML billing will be happy to invoice:

- Medicare
- Medicaid
- Direct to Patient
- Third Party

HML statements typically mail out within 24 hours after the first business day of each month. Corrections to your account are made in a timely manner. Billing updates typically are communicated to the Director of Nursing, Billing contact or Clinic Administrator each quarter via HML Update, LTCF newsletter-ColLABoration or direct correspondence.

HealthEast Medical Laboratory (HML) is a full-service, locally-owned and operated reference laboratory affiliated with the HealthEast Care System. With over 30 years of serving clinics, hospitals, long-term care facilities, and college health services, we have a reputation built on Dedication to Quality, Commitment and Service.

HealthEast Medical Laboratory - We take pride in providing you with outstanding service.

Client Billing 651-232-1122
Patient Billing 651-232-1100
HML Customer Service 651-232-3500
https://www.fairview.org/services/laboratory-services/healtheast-medical-laboratory

Based on your facilities patient population HML billing will require the following information to complete the billing cycle:

- Fax/email HML Face Sheets (patient demographics and insurance info) upon admission.
- If your facility has TCU beds, faxing First Covered Date (FCD) and Last Covered Date (LCD) or Discharge date on residents who are on a Part A Stay or All Inclusive Stay. HML requires this information at least once a week.
- Reconcile statements each month. If changes are made, submit a HML Reconciliation Form.
- Accurate & Complete diagnosis (signs or symptoms) with each lab test ordered.

Unfortunately sometimes staff overlooks filling in the correct information on lab orders. If information is missing (diagnosis, doctor, room number etc.,) HML billing will call or fax 1 time with needed changes. If the information is not received within 3 business days, charges will be made back to the facility.

HML also offer free educational in-services around billing, lab collections and procedures. HML Billing business hours are Monday through Friday, 7am to 3:30pm.
**HealthEast Medical Laboratory (HML) Billing**

**HML Responsibilities:**
- Statements typically mail out within the 5th business day of each month.
- Corrections on your account are made in a timely manner.
- Billing updates typically are communicated to the Director of Nursing, Billing contact or Clinic Administrator each quarter via HML Update, LTCF newsletter-CollABoration or direct correspondence. If you are not receiving or would like other staff to be included – please let us know.
- If information is missing on the Fax Requisition forms (diagnosis, doctor, room number etc.,) HML billing will call 1 time and fax 1 time with needed changes. If the information is not received within 3 business days, charges will be made back to the facility.
- Provide in-services related to HML services, procedures and protocols.

**Facility Responsibilities:**
- Fax HML Face Sheets (patient demographics and insurance info) upon admission.
- If facility has TCU beds, faxing FirstCoveredDate (FCD) and LastCoveredDate (LCD) or Discharge date on residents who are on a Part A Stay or AllInclusive Stay. HML requires this information at least once a week.
- Reconcile statements each month. If changes are made, submit a HML Reconciliation Form (page C57).
- Accurate & Complete diagnosis code(s) with each lab test ordered. *(First/Last Name, Doctor, room number etc.)*

**Billing Flow for HealthEast Medical Laboratory**

**MEDICARE A/All Inclusive Stay:**
When a resident is on an All-Inclusive Stay (Part A Stay), the facility is paid by the insurance company/Medicare a per diem to provide services for the resident during their stay. This may also be referred as a SNF (Skilled Nursing Facility) stay. When lab tests are performed, HML will bill the facility for payment as this is covered in the per diem.
If a resident is on a Part A Stay, the facility should be sending HML a “Resident Validation” form that lets our billing office know when a resident goes on a Part A Stay. HML will begin sending the lab charges to the facility. When the resident goes off of the Part A Stay, it is known as LCD (Last Covered Day). Any charges that occur after the LCD is then billed to the appropriate insurance company if applicable or to the patient if there is no insurance. When HML receives the Resident Validation on a regular basis, HML knows who to bill correctly and the monthly statement is as correct as possible. HML will also work with other formats of Resident Validation. The report is required to have the facility name, resident’s name, date of birth, either date that the resident went on a Part A Stay or the LCD.

MEDICARE B:
When a facility states that a resident is “private pay”, this typically is for their “room and board”. What this means to HML, is we need to check for Medicare B coverage or any other insurance coverage (Medicare replacement policies). The facility should be sending HML face sheets that provide the resident’s demographic information and insurance information at the time that the resident is admitted. If HML has the insurance information, we bill the insurance companies accordingly. If HML doesn’t have the insurance, they will be calling the facility to obtain the necessary information.

HOSPICE STAY:
If a resident goes on a Hospice stay, any lab orders need to be communicated to the Hospice Case Manager before they are ordered. Here is the typical flow of billing for Hospice:

- Primary Physician/Nurse Practitioner communicates to the Hospice Case Manager that they would like to order lab test(s) on the resident
- Once the Primary Physician is informed whether the lab test is a related to Hospice or it is not related to Hospice, the lab order may then be ordered.
- HML comes out and collects the sample, brings it to the lab and lab performs the tests. The results are sent to the ordering facility.
- HML will verify if Medicare is the patient’s primary insurance. If Medicare shows that a patient is on hospice, HML will send the charges to the appropriate Hospice Service.
- Hospice Service will send a letter back to HML informing them if the claim is approved for payment or denied as not related to Hospice. If HML receives a denial letter for the Hospice Service, they can resubmit the lab charges to Medicare with a 07 modifier and remarks “not related to Hospice”- letting Medicare know that Hospice has denied the lab charges and the charges are not related to Hospice.
- If any charges are unauthorized, the facility will be billed.
ASSISTED LIVING:

All Assisted Living (AL) claims are billed to 3rd party payers (insurance companies). The AL facilities should never receive any charges unless claims have been denied or there is no supporting documents to prove medical necessity for laboratory services or needle sticks. If HML has contacted the client for insurance information or a face sheet and never receive a response, these charges will be billed back to the client with an explanation to fax the information to 651-232-1328. The charges that are sent to the AL facilities may not be passed onto the resident or their family.

HML bills once a month. The month is from 4th day of the month. Statements typically mail out within the 5th business day of each month.

FOR EXAMPLE

Regarding billing 3rd party, depending on the facility, we either bill the facility or we will bill the insurance carrier/Medicare/MA directly.

If a resident is on a Part A stay at a Long Term Care Facility, HML bills all lab charges back to the facility since they are on a per diem reimbursement from Medicare. Once they are off of a Part A stay, we normally bill their insurance carrier directly (regardless if they stay at the LTCF or not). The LTCF need to provide HML when a resident goes on a Part A stay and when they come off of a Part A stay, so we can set up our billing correctly.

Regarding Medicare Part B, yes we do bill Medicare for Part B which is a traditional insurance and we usually bill Medicare directly.

What to expect related to “BILLING” after your facility has signed a contract with HML:

- Account reconciliation: HML Reconciliation Form, sending in changes, discrepancies removed from your bill. Keeping things “clean” for all billing. Reconcile and changes need to be sent in ASAP each month after receiving your invoice.

- ABN's: how they are used, when and how to complete.

- Resident Validation.

- Diagnosis codes.

- Medical necessity: not using admit diagnosis codes, but codes directly related to the blood work that is drawn.
**Billing Instructions**

Refer all billing questions to your account representative or our Billing Office.

- **Client** billing - call 651-232-1122  
  Monday - Friday, 7:00am - 3:30pm

- **Patient/insurance** billing - call 651-232-1100 or 1-866-770-6411.  
  Monday – Friday, 8am – 4:30pm

**Financial Arrangements** - HealthEast Medical Laboratory (HML) operates on a monthly billing cycle. Federal regulations require that we bill directly for Medicare and Medicaid and accept assignment of benefits for all Part B covered services (unless you are a hospital-based facility). The following are not eligible for a discount: referred tests, specimen collection fees, and supplies.

Please provide **correct** and **complete** patient billing information as requested on our test requisition or electronic order entry system. If the information is incomplete, we will bill your account for the laboratory services as a penalty fee.

**Client/Office Account** - Each month you will receive an itemized statement which indicates the:

- Actual test charge
- CPT code
- Date of service
- Patient’s name
- Test name

**Extra Services** - HML bills your account for extra services:

- Pipette calibration
- Consulting services
- Courier special transport charges
- Custom media and other laboratory supplies
- Venipuncture and/or travel charges when services are provided by HML staff
- Other service charges

Please note that the following charges are billed to you on a separate statement through **University Park Pathology**:

- Tissue analysis (surgical pathology)
- Peripheral blood smears/morphology
- Fine needle aspirates (FNAs)
- Non-gynecology cytology
- Other tests requiring pathologist interpretation

**Payment Submission** - Payments are due thirty (30) calendar days after receipt of your billing statement. In the event of a billing error, please use the “HML Bill Reconciliation Form” found on page C58 to reconcile your statement. To clarify which account should be credited for the enclosed payment(s) and to expedite our bookkeeping process, please:

1. Return the bottom portion of the first page of your monthly statement along with your payment.  
   **AND**
2. Write the appropriate guarantor number and account numbers on the check.
**Client Billing** - If HML is going to be billing your office account, the following patient information is required on the test requisition:

- Patient’s first and last name (no nicknames) - **mandatory**
- Date of birth - **mandatory**
- Race (required for heavy metal and lead testing)
- Sex (male or female)
- Ordering physician’s first and last name - **mandatory**
- **Date and time of specimen collection.**

**Medicare Billing** - If your patient has Medicare B coverage, please include the following patient information on the test requisition:

- Patient’s complete name as it appears on their Medicare card - **mandatory**
- Medicare number (including letter to indicate type of coverage)
- **Current address**
- Date of birth - **mandatory**
- Sex (male or female)
- Patient’s telephone number
- Patient’s Social Security number (optional)
- Referring physician’s first and last name - **mandatory**
- **Diagnosis code(s)** - **mandatory**

If the patient has other, supplementary coverage, it should also be indicated on the requisition along with the provider number.

**Medicaid Billing** - If the patient has Medicaid (Medical Assistance) coverage, please include the following patient information on the test requisition:

- Patient’s complete name as it appears on their insurance card - **mandatory**
- Medicaid (Medical Assistance) number
- **Current address**
- Date of birth - **mandatory**
- Sex (male or female)
- Patient’s telephone number
- Patient’s Social Security number (optional)
- Referring physician’s first and last name - **mandatory**
- Diagnosis code(s) - **mandatory.**

If we find that the patient is not covered at the time of service, we will bill the client account.

**Direct Patient Billing** - If you elect to have HML bill your patient directly, please include the following necessary billing information on the test requisition.

- Patient’s complete name
- Responsible party
- **Current address**
- Date of birth
- Sex (male or female)
- Patient’s telephone number
- Patient’s Social Security number (optional)
- Referring physician’s first and last name
- Diagnosis code(s) - **mandatory.**

If the patient is under 18 years old, a Guarantor is **required** for billing purposes.

1. Guarantor Name
2. Guarantor DOB (optional)

Please advise your patients that they will be receiving a bill from HML. Providing complete information will avoid additional telephone calls at a later date. It is the patient’s responsibility for payment whether or not an insurance company has been billed. Patient bills are due upon receipt.
Third-Party Billing - If you elect to have HML bill the patient's insurance (third-party payer), the following information must be on the test requisition:

- Patient's complete name as it appears on their insurance card
- **Current** address
- Date of birth
- Sex (male or female)
- Patient's telephone number
- Patient's Social Security number (optional)
- Referring physician's first and last name.
- Name of insurance company, address, provider identification number, and group number depending on insurance company being billed; see listing below.
- If patient is under 18 years of age, we need Parent or Guardian's Legal name (mandatory) and DOB (optional)
- Diagnosis code(s) - **mandatory**.
- If the patient is under 18 years old, a Guarantor is **required** for billing purposes.
  1. Guarantor Name
  2. Guarantor DOB (optional)

The following **provider identification numbers are required** and **diagnosis code(s) are mandatory** for third-party payers billed by HML:

- Blue Cross/Blue Shield - I.D. number, group number, and state of residence
- Blue Plus (HMO) Minnesota; Beth Caré - I.D. number and group number
- HealthPartners - I.D. number and group number
- Humana-I.D. number and group number
- Labor Care-I.D. number and group number
- Medica Choice - 9-digit ID and 5-digit group
- Medica Primary - 9-digit ID and 5-digit group
- Medicaid (Welfare; Medical Assistance; MN Care) - Medicaid/Medical Assistance 8-digit number
- Medicare - Medicare number including letter (A, B, etc.)
- Preferred One - ID and group number
- Prudential Plus - ID and group number
- Select Care - ID and group number
- U Care - 11-digit number
- United Health Care-I.D. number and group number
- Miscellaneous insurance companies - Policy number

**Advance Beneficiary Notice (ABN)**

The Federal government’s list of laboratory tests which are considered screening, experimental, investigational, or ordered too frequently continues to expand. The law requires that Medicare-eligible patients be notified before this testing is done. The vehicle used to provide the notification to Medicare is called the Advance Beneficiary Notice (ABN) found on page C55. See page C54 for more information.

**National Coverage Determinations**

Local Coverage Determinations (LCD’s) are set at the discretion of the Local Medicare Contractor. For Minnesota and Wisconsin, LCD’s are established by National Government Services (NGS). Specific policy information can be found at the following links:

NCD and LCD: [https://www.fairview.org/services/laboratory-services/healtheast-billing-resources](https://www.fairview.org/services/laboratory-services/healtheast-billing-resources) (HML Website)
NCD: [www.cms.gov/Medicare/coverage/coverageGenInfo/LabNCDs.html](http://www.cms.gov/Medicare/coverage/coverageGenInfo/LabNCDs.html)
LCD: [www.ngsmedicare.com/NGS/portal/ngsmedicare](http://www.ngsmedicare.com/NGS/portal/ngsmedicare)
National Coverage Determinations (NCD’s), were put into effect on November 25\textsuperscript{th} 2002. All Medicare Contractors implemented software to edit laboratory claims effective January 1, 2003.

There are several impacts of these rules all providers should be aware of:

1. Medicare does not normally pay for laboratory tests ordered for screening purposes. An ABN should be reviewed with the patient and/or their legal representative for tests that fall in this category.

2. Specific screening tests are allowed on a limited frequency basis. Pap smears, PSA, and cholesterol are a few examples.

3. Medicare does not pay for tests that are considered “experimental”. An ABN should be reviewed with the patient and/or their legal representative for tests that fall in this category. (See pages C54 and C55.)

4. Many times a laboratory test may be ordered that is secondary to the primary diagnosis of the patient, but is important for the care of the patient. Therefore, it is important to submit a diagnosis code or language that indicates the reason the laboratory test was ordered. Signs or symptoms would be appropriate to support medical necessity.

5. Multiple diagnosis codes may be submitted.

6. All medical necessity documentation must be maintained in the patient’s chart and available to Medicare for review on their demand.

Name of insurance company, address, provider identification number and group number, depending on insurance company being billed.

- **DO NOT** assume that the Medicare number is the same as the Social Security Number.
- **DO NOT** use a parent’s or spouse’s Social Security Number.

### Billing

Fax: Face Sheets/Resident Validation
651-232-3990

Email: Face Sheets/Resident Validation
hmlsnf@healtheast.org

Client Billing: Adura Lansiquot
Phone: 651-232-1122
Email: alansiquot@healtheast.org
The "Advance Beneficiary Notice (ABN)" Form Instructions

The purpose of this form is to document that a patient has received proper advance written notice that Medicare will not likely pay for a service/test that the physician feels is important for the patient. The patient, after being informed of the circumstances and available options, decides whether or not to receive the service and agrees to pay for the service personally by signing the form.

This must be done before the service is provided.

The patient’s agreement to pay is an integral part of this advance notice and is required before the physician or laboratory performing the service can bill the patient for the service.

Giving a copy of the signed advance notice to the patient will help to avoid any misunderstandings and disputes. An important preventive measure by which you can avoid some denials of claims as “not reasonable and necessary” is to fully document the medical necessity on the laboratory requisition when ordering the service.

Important Points When Filling Out the Form

- Clearly print patient’s legal name and account number or chart number at the top of the form.
- Write in the test(s) likely to be denied payment.
- Fill out the section for the reason(s) that service might be denied payment.
- Fill in the estimated charge for the test.
- Review the form with the patient, explaining carefully the above information.
- The patient must choose between Option 1, Option 2, or Option 3.
- Obtain the patient’s or legal representative’s signature and date.

Where written advance notice was given and agreement to pay obtained, the liability for the charges will rest with the patient. Notification must be done before the service is provided.

The advance notice cannot be used as a blanket waiver given out on a routine basis. Such routine notices do not really provide enough information to permit the patient to make an informed decision.

This is a three-part form:
- The top (white) copy goes in the patient’s chart.
- The second (yellow) copy is attached to the HML requisition.
- The third (pink) copy goes to the patient.

In the event the ABN form submitted to HML has not been properly documented and Medicare denies the charges, a penalty fee will be charged to your client account.
HealthEast Medical Laboratory  
45 W 10th Street  
St. Paul, MN 55102  
651-232-3500

B. Patient Name:  
C. Identification Number:

### Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn’t pay for D._______ listed below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D._______ listed below.

<table>
<thead>
<tr>
<th></th>
<th>E. Reason Medicare May Not Pay:</th>
<th>F. Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### WHAT YOU NEED TO DO NOW:
- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D._______ listed above.
  - **Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

#### G. OPTIONS: Check only one box. We cannot choose a box for you.

- **□ OPTION 1.** I want the D._______ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn’t pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- **□ OPTION 2.** I want the D._______ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
- **□ OPTION 3.** I don’t want the D._______ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

#### H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

<table>
<thead>
<tr>
<th>I. Signature:</th>
<th>J. Date:</th>
</tr>
</thead>
</table>

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1830.
INSURANCE INFORMATION FORM

♦ Please complete and fax this information within 24 hours of admission or changes.

Facility Name_____________________________________ Today’s Date ______

☐ New Resident  ☐ Change in Billing Information
(Please check appropriate box)

Resident Name _______________________________________________________

SS Number ___________ - _______ - ___________ ___

Birthdate (MM/DD/YYYY) __________ / __________ / __________ _Sex: M  F (circle one)

Physician ___________________________________________________________

Patient Address (if different from facility):

Street __________________________________________________________________

City __________________________ State _________ Zip ______

Insurance

Medicare Number _______ - ___ - _______ - ___

Welfare Number ________________

Medica Number ________________  __  __  __  __  __  __

HealthPartners Plan Number ______

Member Number ____________________  __

Other Insurance Company ______________________________________________

Insurance Policy # _________________________________

Insurance Address _________________________________________________

Is the resident’s Medicare Insurance primary or secondary? (Check appropriate box)  
☐ Primary     ☐ Secondary     ☐ Does not apply
<table>
<thead>
<tr>
<th>Date Faxed: _______________</th>
<th>Completed by: ___________</th>
<th>Phone #: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Name: ____________</td>
<td>UNIT: ___________</td>
<td>BILL TO INSTRUCTION: (PRINT CLEARLY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare #: _______________</th>
<th>□ Subacute (1234)</th>
<th>□ Bill To Your Care Center (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date: ___________</td>
<td>Sex: ___</td>
<td>□ LTC (5678)</td>
</tr>
<tr>
<td>Effective Date: ___________</td>
<td></td>
<td>□ Resident Discharged/Expired</td>
</tr>
</tbody>
</table>

For a customized form please call 651-232-3528
HML Bill Reconciliation Form

<table>
<thead>
<tr>
<th>Customer Name:</th>
<th>MRN No.</th>
<th>Transaction Date</th>
<th>Diagnosis Code(s)</th>
<th>Policy #</th>
<th>Company Name</th>
<th>Policy #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Statement Date</th>
<th>Insurance Information</th>
<th>Address &amp; Phone #</th>
<th>SSN</th>
<th>Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

Phone: ____________________________

Date: ____________________________

Completed By: ____________________________

Please remit within 30 days of receipt of your billing statement.
Authorization to Perform Laboratory Tests

Date: _____________________     Client Name: _________________
Ordering Physician: _________________   Client Phone #: __________________

Please call Customer Service at 651-232-3500, option #5, to determine if specimen is available and acceptable for add-on test.

*The HML representative I spoke with was ________________________________*

To authorize the testing described below, please complete this form and return by fax to:

HealthEast Medical Laboratory
Fax Number: 651-232-3370

<table>
<thead>
<tr>
<th>Test Requested</th>
<th>ICD10 Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________________</td>
<td>______________________________</td>
</tr>
<tr>
<td>______________________________</td>
<td>______________________________</td>
</tr>
<tr>
<td>______________________________</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

Patient Name: ______________________________

Date of Birth: _______________  Original Specimen Collection Date: __________

Print Name of Clinician: ______________________________

Signature of Clinician/Provider: ______________________________

When Medicare reimbursement is sought, only order tests which are medically necessary.
HML LABORATORY SUPPLIES
- Online Ordering -
Please visit the Online Supply Order Page at:
https://www.fairview.org/services/laboratory-services/healtheast-forms-and-tools
or
https://sslforms.fairview.org/hml/

Complete the requested information and click on “Submit”,
You will receive an email receipt confirming your order.
(If you do not receive an email confirmation of your order – your order did not go through, PLEASE RESEND)

Most supply order turnaround times are within 5 -7 business days.
Faxed supply requests are no longer be accepted

Questions? Please call HML Customer Service 651-232-3500 #5
<table>
<thead>
<tr>
<th>Fasting Lab Tests</th>
<th>Hours of Fast</th>
<th>Special Test Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bile Acids</td>
<td>8 hours</td>
<td></td>
</tr>
<tr>
<td>C-Peptide</td>
<td>8 hours</td>
<td></td>
</tr>
<tr>
<td>Cortisol, Post-Dexamethasone</td>
<td>8 hours</td>
<td></td>
</tr>
<tr>
<td>Folate</td>
<td>8 hours</td>
<td></td>
</tr>
<tr>
<td>Gastrin</td>
<td>8 hours</td>
<td></td>
</tr>
<tr>
<td>Glucose (Includes Glucose Intolerances)</td>
<td>8-14 hours</td>
<td></td>
</tr>
<tr>
<td>Growth Hormone</td>
<td>Recommended</td>
<td></td>
</tr>
<tr>
<td>HDL Cholesterol</td>
<td>12-14 hours</td>
<td></td>
</tr>
<tr>
<td>Homocysteine</td>
<td>8 hours</td>
<td></td>
</tr>
<tr>
<td>Insulin Assay</td>
<td>Recommended</td>
<td></td>
</tr>
<tr>
<td>Lipid Cascade</td>
<td>12-14 hours</td>
<td></td>
</tr>
<tr>
<td>Lipid Profile</td>
<td>12-14 hours</td>
<td></td>
</tr>
<tr>
<td>Lipoprotein A</td>
<td>12 hours</td>
<td></td>
</tr>
<tr>
<td>LipoFit by NMR</td>
<td>12-14 hours</td>
<td></td>
</tr>
<tr>
<td>Parathyroid Hormone-Related Peptide</td>
<td>Recommended</td>
<td>Requires Protease Inhibitor Collection Tube</td>
</tr>
<tr>
<td>Pyruvic Acid</td>
<td>4 hours</td>
<td></td>
</tr>
<tr>
<td>Riboflavin (Vitamin B2)</td>
<td>12 hours</td>
<td></td>
</tr>
<tr>
<td>Triglycerides</td>
<td>12-14 hours</td>
<td></td>
</tr>
<tr>
<td>Vasoactive Intestinal Polypeptide</td>
<td>8 hours</td>
<td></td>
</tr>
<tr>
<td>Vitamin A</td>
<td>12 hours</td>
<td></td>
</tr>
<tr>
<td>Vitamin B6</td>
<td>12 hours</td>
<td></td>
</tr>
<tr>
<td>1, 25 Dihydroxy Vitamin D</td>
<td>4 hours</td>
<td></td>
</tr>
<tr>
<td>Vitamin E</td>
<td>12 hours</td>
<td></td>
</tr>
<tr>
<td>Vitamin K1</td>
<td>12 hours</td>
<td></td>
</tr>
</tbody>
</table>
Order Entry and Results Solution

At HealthEast Medical Laboratory we understand that your practice of medicine extends beyond a simple office visit. Today’s busy medical practice not only needs to manage patient health and satisfaction, it is also needs to function and survive as a business, efficiently and cost-effectively.

HealthEast Medical Laboratory can provide you with services and solutions that may assist you in your day-to-day workflow of treating patients and managing the practice that enable you to do what you do best—practice medicine.

Atlas LabWorks Order Entry and Results Review may be the order entry and results solution for you.

Order Entry—As simple as Click, Click, Done!

With ATLAS LabWorks® Order Entry, placing an order for lab work can be done quickly and efficiently. Features such as customized test lists and physician preferences, the system are tailored to connectivity between your EMR or PMS with the lab.

Order Entry Features
- Online Order Entry with Medical Necessity Checking with ABN

Order Entry Benefits
- Time-saving office efficiencies
- Reduce phone calls to the lab
- Reduce manual input and transcription errors with direct interface from your PMS or EMR system

In partnership with:

HEALTHEAST MEDICAL LABORATORY 1690 UNIVERSITY AVE., ST. PAUL, MN 55104 651.232.3500
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Physician Practice
Order Entry and Results Solution

Results Review

ATLAS LabWorks support-specialized results delivery configurable your office and user preference.

- Online result review can display partial, final, critical or abnormal results based on your office needs
- Display partial, final, critical or abnormal results online based upon your office needs
- Accurately identify specimens using the automatic label generation feature
- Monitor patient laboratory result trends online with customized graphical displays

Features

- Online results review — Partial, Final, Critical or Abnormal results based on your office needs
- Online Results Review with trending of patient laboratory results

Benefits

- Time-saving office efficiencies
- Reduce phone calls to the lab
- Access patient results, when you need to

In partnership with:

HEALTHEAST MEDICAL LABORATORY

HEALTHEAST MEDICAL LABORATORY 1690 UNIVERSITY AVE., ST. PAUL, MN 55104

651.232.3500

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HealthEast

A division of Atlas Development Corporation
Making Connectivity to Your Office Easier

Moving your physician practice toward adopting Electronic Medical Records systems (EMR) has its challenges. Pressures to demonstrate “meaningful use” put additional demands on your practice.

EMR Integration Challenges
- EMR vendor wait list
- Establishing communications between physician office and lab
- Coordinating testing between the lab and your physician office

EMR Order Challenges
- Missing Data such as demographics, insurance
- No answers to ask-at-order-entry questions
- Invalid Test Codes
- No Test/Insurance/Physician Cross-Referencing
- EMR doesn’t generate labels

EMR Results Challenges
- Poor or no test/result cross-referencing
- Restricted unsolicited results
- Flag add-on/reflex results or route differently
- Results bundling

These challenges can affect your office’s ability to place accurate orders and can ultimately cause extended turnaround time of your patient’s results.

HealthEast Medical Laboratory understands these challenges and can provide you with services and solutions that may assist you in your day-to-day process of treating patients and managing the practice without negatively impacting your workflow. One way in which we do this is to provide the physician and office practice with solutions that enable you to do what you do best-practice medicine.

Benefits
- Time-saving office efficiencies
- May satisfy meaningful use

Features
- Ease-of-connectivity with your PMS or EMR/HER
- Results based upon physician preferences
- Auto-printing requisitions, labels, advanced beneficiary notices (ABNs) and custom-formatted results reports

In partnership with:

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Integrating your EMR with the lab can provide you with additional methods to demonstrate “meaningful use”, including capture of electronic laboratory result data. With our technology solutions, powered by ATLAS Medical, we can help with EMR integration, EMR order and EMR Results by providing results delivery options that match your physician office needs, including:

- Handling partials and finals based upon physician preferences
- Alerting physicians of critical/abnormal values
- Offering auto-printing requisitions, labels
- Advanced beneficiary notices (ABNs) and custom-formatted results reports
- Managing medical necessity checking
- Demographics and insurance validation and
- Optional real-time eligibility checking
- Capture of electronic laboratory result data

What is Instant On?

The Power of Instant On. Our technology partner also offers iOn™ a solution that can benefit your office by proving immediate connectivity of your EMR to the lab for placing orders and receiving results. This “instant on” connectivity ensure you get your EMR connected to the lab quickly and efficiently, often bypassing the extended implementation times often experienced by labs, EMR vendors and physician offices.

Physicians and other caregivers who have questions about EMR connectivity or iOn should contact HealthEast Medical Laboratory for further details.