



OUTPATIENT REQUISITION OR MICROBIOLOGY SPECIMEN FORM

Baker Memorial Laboratory accepts orders for laboratory testing from any MD or authorized individual as recognized by the State of NH.

Instructions to Complete.

Outpatient Requisition Form or Microbiology Specimen Form: (see examples that follow)

1. The following information is required:

- A. Date specimen was collected. If not yet collected, leave blank.
- B. Check: STAT or
 SPEC (specimen only) if applicable
- C. Print Legal Name (no nicknames)
- D. Date of Birth
- E. Check: M (male)
 F (female)
- F. Patient address and insurance information or attach patient demographic sheet.
- G. Provider signature
- H. Provider name (print)
- I. Fax to: write in number if results are to be faxed
- J. Call to: write in number if results are to be called
- K. Diagnosis
- L. Check the box in *front* of the required test(s). Add additional information as appropriate.
- M. Source (microbiology requisition)

- 2. If a second provider needs a copy of the results, include the provider name and address.
- 3. Test names followed by **may require a Medicare ABN to be signed. This is NOT a complete list.
- 4. The reverse side of the Laboratory requisition (pink copy) lists panels and reflex testing criteria. If reflex testing is indicated, additional charges may apply.