

BLOOD BORNE PATHOGEN TESTING LAB REQUEST

Work Well (company) _____

CNTRACT #: _____ Today's Date: _____

Name: _____ DOB: _____ Male / Female

SS#/MRN: _____ Follow Up: _____

Comments: _____ Lab Notified: _____

ORDERING PROVIDER:

	Pospisil, Shirley	122919		Shivers, Brooke	220191
	Ford, Edward	115990		Kelley, Michael	814699
	McKinstry, Ann	116265		OTHER:	
	Manely, Bill	212037			

TESTS ORDERED:

	TEST NAME	SUNQUEST CODE	EPIC CODE
	Hepatitis B Surface Antigen	HBSAG	LAB471
	Hepatitis B Surface Antibody	HBSQAB	LAB3480
	Hepatitis C Virus Antibody	HCVAB	LAB868
	ALT	ALT	LAB132
	HIV Ag & Ab Combo	HIV4G	LAB5383
	CBC with Differential	CBCWD	LAB293
	Comprehensive Metabolic Panel	COMPNL	LAB17
	HCG quantitative	HCGQNT	LAB143
	Other _____		

Lab Use Only

Collection Date & Time: _____ WWEXP: _____

Tubes Collected: _____ Accession #: _____

Collected By: _____ Ordered By: _____

Follow up questions for CNTRACT patients can be directed to Work Well at 319-369-7173.

This form should be handed to team member working on Roche Pros.