UCSF Health
Clinical Laboratories

Client Services Phone: (415) 353-1667
https://clinlab.ucsf.edu

PATIENT NAME: NOT REQUIRED WITH ADT LABEL		PATIENT LOCATION:
UCSF MRN: NOT REQUIRED WITH ADT LABEL		APeX ADT LABEL
DOB: (mm/dd/yyyy)	**SEX:**	

UCSF STAT TEST DOWNTIME REQUISITION — BLOOD GAS LAB

Ordering Provider*:	Authorizing Provider:	Fax Number:

SPECIMEN INFORMATION:

Collection Date:	Collection Time:	Collected By:
Specimen Source/Type:	**Additional Collection Instructions:**	

MEDICAL NECESSITY AND ICD-10 CODES: Medicare (and, increasingly, other insurers) will only pay for services that are reasonable and necessary for the diagnosis and treatment of the patient. The physician must specify an ICD-10 diagnostic code to indicate the medical necessity of each test requested. Medicare and other carriers may not pay for screening tests or tests that are not FDA-approved. If there is reason to believe that a carrier will not pay for a test, the patient should be informed and asked to sign an Advanced Beneficiary Notice (ABN) indicating acceptance of responsibility for the cost of the test if the carrier denies payment.

STAT Blood Gas Test Requested		The following components will be performed for all downtime blood gas orders:		Other:
☐ UCSF Arterial Blood Gas	LAB4422	pH	Glu	
☐ UCSF Venous Blood Gas	LAB4423	pCO2	Lac	
☐ UCSF Central Venous Blood Gas	LAB4424	O2CT	Hct	
☐ UCSF Mixed Venous Blood Gas	LAB4425	pO2	Hb	
		sO2	O2Hb	
Collection Question for Arterial Collections:		HCO3	COHb	
		BE	MetHb	
FIO2: (%) _____		Na		
		K		
		Cl		
		iCa		

For Lab Use Only: (Affix Small D-Label Here)

Please see the UCSF lab manual for test menu and policies on reflex testing clinlab.ucsf.edu/regulatory-compliance