

# Avoid common requisition errors and prevent delays in reporting

Please take a look below at some of the common problems we find on our saliva requisition forms. Some of these issues hold up testing some can result in extra costs. Note the ways to **get results faster** by avoiding these common pitfalls.

## Date of Birth.

No Date of Birth delays reporting because:

- DOB is required as a patient identifier (accreditation criterion)
- DOB used to determine appropriate hormone range

Enter this at your office: either yourself or your staff.

## Sample Collection Time

Significant discrepancies can delay or prevent testing e.g.:

- the number of tubes sent in does not match the test order (e.g. Female Panel ordered but 4 tubes sent)
- the times on the samples do not match collection times on the requisition
- no times listed on requisition or tube

Remind patients to record times accurately and to ensure time marked on the tube is clear (ballpoint pen) and matches requisition exactly.

**Saliva Hormone Requisition**

Uitra, 253147 Be arspaw Rd. NW  
Calgary, AB T3L 2P5  
Phone: 403-241-4513  
Fax: 403-241-4516

Saliva Hormone Requisition  
Email: info@matlab.com Website: www.matlab.com

Last Name: Doe First Name: Jane MI: \_\_\_\_\_  
Address: 123 Any Street City: Hogtown Prov: ON PC: M0T L1E Day phone: ( +6 ) 777-0777 Evening phone: ( )

Birth date: 1985 / 09 / 10 Height: 5'8" cm/in Weight: 70 kg  
Date of saliva collection: 2008 / 09 / 10 Gender: FEMALE  
Time(s) of collection: 08:30

Health Provider Signature: J. Featgood

Provider Address Stamp:  
Dr. Featgood  
111 Doctor Drive  
Hogtown, ON M0T L2E

Health Provider Signature: J. Featgood

Menstrual Status: First day of last menses: 2005 / 07 / 22

Hormone Therapies	Estrogens (e.g. Estradiol, Estrone)	Progesterone (e.g. Progesterone, Medroxyprogesterone)	Testosterone (e.g. Testosterone, Androsterone)	Other Hormone (e.g. Prolactin, HPA)	Other Hormones (e.g. DHEA, Cortisol)
Brand Used (e.g. compounded Bi-Id)	Ultrasec	Progesterone 25			
Delivery (e.g. oral, transdermal)	patch	cream			
Dose (mg)	50 mg	20 mg (1 ind)			
Date & Hour of Last Use	8 am Jan 10/08	7 pm Jan 10/08			
Number of Times Per Day (e.g. 2)	Once weekly	once			
Days per Month Used (e.g. 25)	30/30	25/30			
Length of Time of Use (e.g. 2yrs)	10 months	10 months			
Other Medications (e.g. Lipitor™, aspirin, Moaxip™, Ty, Maxced)			Circle One: <b>SMOKER</b>	<b>NON-SMOKER</b>	

SYMPTOMS: Please indicate the symptoms you are experiencing as 0 (none), 1 (mild), 2 (moderate), 3 (severe). For example if you have moderate symptoms you would indicate this by darkening the 2 next to 'Allergies'. If you are not sure, please leave blank.

**BILLING INFORMATION:** Patient Payment attached YES NO or Bill Provider: YES NO

PROVIDER: Please mark  the panel you want tested. There is no need to also mark individual hormones if a panel containing those hormones is selected.

Panel Tests:  Female (Basic) Panel (cortisol, DHEAS, E2, Pg, T) 1-tube  
 Female Panel + 4pt Cortisol 4-tube  
 Female Panel + 2 pt Cortisol 2-tube  
 Adrenal Panel (morning DHEAS and 4-point cortisol) 4-tube  
 2 pt Cortisol (AM, bedtime) 2-tube  
 4 pt Cortisol (AM, noon, PM, bedtime) 4-tube

Kit Type: 1-tube, 4-tube, 2-tube, 4-tube, 2-tube, 4-tube

Single Tests:  Estradiol (E2)  DHEA-S (D)  Progesterone (Pg)  Estrinol\* (E3)  Testosterone (T)  Estrone\* (E1)  Cortisol (C)

\*Referenced to Stero-Chrom Laboratory, Strathroy, BC

## Who ordered the test?

No signature or stamp on the requisition delays reporting as we don't know to whom the report should be sent.

- We cannot decipher signatures not accompanied by stamp
- Patient is called if provider information is missing or illegible. This delays reporting and irritates patients.

Use a stamp or print your name in the area AND sign each requisition.

## Forgotten Information

Missing or incomplete information may result in minimal or no interpretation on the report. E.g.:

- Wrong or no cycle information - incorrect range assignment/result interpretation
- Wrong or no Hormone Therapy information - incorrect range assignment/result interpretation
- No Symptoms may result in no interpretation.
- A charge of \$25 applies for a new report to be sent once missing info is corrected.

Please remind patients that incomplete information may lead to inconclusive results and that they will be charged a \$25 re-interpretation fee if they provide the information after the fact.

## What are we testing?

Testing will not proceed without a test order. We cannot assume that historical ordering patterns are true for all orders. Also confusion can occur if:

- more than one panel is checked or individual tests are marked off in addition to the panel
- different pens are used, which might mean the patient added a test

Initial your choice for testing. This will ensure you are not charged for unwanted or unpaid for (by patient to you) testing.