Specimen Inquiry for Beaker AP Users

1. Click on Specimen Inquiry by Patient from your Dashboard:

AP Lab Dashboard				
Common Activities	Inquiries	In Basket Glance 5 2m ago		
Case Receiving	Follow Up Worklist		New	
Case Builder Case Prep Worklist	Patient Station Patient Chart	Orders	4	
Outstanding List Case Results	Patient Results Review	Outstanding Summary		
Case Inquiry Setup Bench	Order Inquiry Regulsition Inquiry	Data collected: Sat 1/13 01:55 PM		
Case Linking	Case Inquiry	Section	Total Overdu	Je Nea
Tracking	Specimen Inquiry by Patient Specimen Inquiry by Specimen	🥪 Gyn Molec(hpv)	0	0
Holds	Result Reporting by Case	Recent Reports 5 2m ago		
Sendout Bench Packing List Editor	Result Reporting by Patient Result Reporting by Reguisition			
Regulsition Entry	Result Reporting by Specimen	No reports are available for display.		
Label Print				
	Beaker RWB and WebI Reports 5			
AP Quickstart Guides	Cases Needing Charge Review (Past 7 days)			
Build A Case Case Tracking	Case Turn Around Time Report (Past 2 Weeks, Logged in Lab) AP Void Charges (Past 7 Days)			
Case Tracking Complete a Requisition	Sent Out Containers Not Received Back			
Complete Tasks- Case Prep Work List				

2. Search for the patient using name or MRN:

Patient Lookup	×	
Select Patient Recent Patients	□ Non- <u>H</u> uman Only □ Show <u>I</u> nactive	
Name/MRN: beaker,leo	Submitter:	
SSN 📃 🔎	Sex:	
DOB:	Service area:	
□ <u>U</u> se sounds-like		
New <u>F</u> ind Patient Clear	<u>A</u> ccept <u>C</u> ancel	

3. You will see a list of all the specimens for the patient with newest at the top. The tests done on each specimen will show to the right. The symbol under the "S" column will indicate the status of the test

Decimen Inqu Refresh % Views	uiry - ⊋ Eollow-up Ù Tracking								0.
🗧 😰 Specimen In	quiry								ا ب
Specimens (C	Count: 23)								
1/8/2018 1430 10/24/2017	Specimen %18KD-008P0001	Test Genetrails solid tumor panel	F	P	1	S F/1	J Submitter/Department PROVIDENCE PORTLAND	Requisition KRQ6038	
1300 10/10/2017	517LP-297L0002	🛢 Plasma Lipids - Lipid Lab				×	ADVENTIST MEDICAL CENTER LABORATORY	5RQ4585	
1309 10/3/2017	517RF-283R0001	Miscellaneous Referral Test				×	LAB PHLEB PPV		
1651	%17IM-276T0002	 Lupus Inhibitor Evaluation Heparin, Either Std/Lmw APTT 1:1 Mix 			Ť	×	PEACE HEALTH LABORATORY	5RQ4227	
9/29/2017		_							
1329 9/11/2017	%17CL-272G0002	冒 Fibrinogen Level				×	LAB PHLEB PPV		
0910	517ML-254M0001	Culture, Urine Susceptibility-Gram Negative MIC				¥	MCMC Generic Submitter	5RQ3694	
7/10/2017 1206	517ML-191M0001	 Culture, Urine Susceptibility-Gram Negative MIC Susceptibility-Gram Negative MIC 		÷	1	××	MCMC Generic Submitter	5RQ2309	

4. To see details about any specimen, click on the blue specimen number to open it up:

10/3/2017 1651	517IM-276T0002
	$\overline{\mathbb{Q}}$

Beaker, Leo	(MRN 03427183)	Blood, Blood	d		
M, 14 yrs, 9/1/200	3	Collected 10/3/	2017 1651		
	d by PEACE HEALTH LABORATORY	Container: 3 LT I	BLUE-2.7mL		
Specimen Tra	cking				
3 17IM-276T00	02.1 LT BLUE-2.7mL				
10/03/2017		Detail	User	Location	
1700	Result Filed To Chart	Lupus Inhibitor Evaluation	Service Account, Beaker Results Out	LAB SIC	
1700	Charge Triggered		Mary Ulmschneider	LAB SIC	
.700	Result Final Verified	Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB SIC	
.700	Test Canceled	APTT 1:1 Mix Specimen Quality - Contaminated/Interfering substances	5 Mary Ulmschneider	LAB SIC	
700	Reflex Action Occurred	Reflex Mnemonic LUPUS INTERP	Mary Ulmschneider	LAB SIC	
700	Result Entered	Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB SIC	
700	Result Entered	Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB SIC	
.659	Charge Triggered		Mary Ulmschneider	LAB CORE	
.659	Result Filed To Chart	Heparin, Either Std/Lmw	Service Account, Beaker Results Out	LAB CORE	
.658	Result Final Verified	Heparin, Either Std/Lmw	Mary Ulmschneider	LAB CORE	
.658	Reflex Action Occurred	Reflex Mnemonic HEPARIN LMW THERAPEUTIC RANGES	Mary Ulmschneider	LAB CORE	
658	Result Entered	Heparin, Either Std/Lmw	Mary Ulmschneider	LAB CORE	
1658	Result Entered	Heparin, Either Std/Lmw	Mary Ulmschneider	LAB CORE	
1658	Test Transferred	Heparin, Either Std/Lmw transferred to CORE LAB	Mary Ulmschneider	LAB CORE	
1653	Reflex Action Occurred	Reflex Order APTT 1:1 Mix	Mary Ulmschneider	LAB SIC	
1653	Aliquot Created	To 17IM-276T0002.3	Mary Ulmschneider	LAB SIC	
.653	Reflex Action Occurred	Reflex Order Heparin, Either Std/Lmw	Mary Ulmschneider	LAB SIC	
.653	Result Entered	Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB SIC	
652	Received	Received into CORE LAB	Mary Ulmschneider	LAB CORE	
652	Order Canceled On Instrument	Tests Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB CORE	
.651	Collection Updated	Date/Time 10/3/2017 1651 PDT	Mary Ulmschneider	LAB CORE	
.651	Order Sent To Instrument	Tests Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB CORE	
1651	Specimen Created	Requisition RQ4227 Destination LAB SIC	Mary Ulmschneider	LAB CORE	
A 1704 276700	102.2 LT BLUE-2.7mL - Lupus Inh				Instrument ID:165

5. If there are additional containers on a specimen (.2, .3etc) you can click on those to expand the tracking for each:

	002.2 LT BLUE-2.7mL - Lupus Inh				Instrument ID:16561
10/03/2017		Detail	User	Location	
1700	Result Filed To Chart	Lupus Inhibitor Evaluation	Service Account, Beaker Results Out	LAB SIC	
1700	Charge Triggered		Mary Ulmschneider	LAB SIC	
1700	Result Final Verified	Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB SIC	
1700	Test Canceled	APTT 1:1 Mix Specimen Quality - Contaminated/Interfering substances	Mary Ulmschneider	LAB SIC	
1700	Reflex Action Occurred	Reflex Mnemonic LUPUS INTERP	Mary Ulmschneider	LAB SIC	
1700	Result Entered	Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB SIC	
1700	Result Entered	Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB SIC	
1659	Charge Triggered		Mary Ulmschneider	LAB CORE	
1659	Result Filed To Chart	Heparin, Either Std/Lmw	Service Account, Beaker Results Out	LAB CORE	
1658	Result Final Verified	Heparin, Either Std/Lmw	Mary Ulmschneider	LAB CORE	
1658	Reflex Action Occurred	Reflex Mnemonic HEPARIN LMW THERAPEUTIC RANGES	Mary Ulmschneider	LAB CORE	
1658	Result Entered	Heparin, Either Std/Lmw	Mary Ulmschneider	LAB CORE	
1658	Result Entered	Heparin, Either Std/Lmw	Mary Ulmschneider	LAB CORE	
1658	Test Transferred	Heparin, Either Std/Lmw transferred to CORE LAB	Mary Ulmschneider	LAB CORE	
1653	Reflex Action Occurred	Reflex Order APTT 1:1 Mix	Mary Ulmschneider	LAB SIC	
1653	Reflex Action Occurred	Reflex Order Heparin, Either Std/Lmw	Mary Ulmschneider	LAB SIC	
1653	Result Entered	Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB SIC	
1652	Received	Received into SP IMMUNOLOGY/COAGULATION LAB	Mary Ulmschneider	LAB SIC	
1652	Packing List Shipped	17-IN603 destined for SP IMMUNOLOGY/COAGULATION LAB	Mary Ulmschneider	LAB CORE	
1652	Order Canceled On Instrument	Tests Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB CORE	
1652	Packing List Locked	17-IN603 destined for SP IMMUNOLOGY/COAGULATION LAB	Mary Ulmschneider	LAB CORE	
1652	Added To Packing List	17-IN603 destined for SP IMMUNOLOGY/COAGULATION LAB	Mary Ulmschneider	LAB CORE	
1652	Received	Received into CORE LAB	Mary Ulmschneider	LAB CORE	
1651	Collection Updated	Date/Time 10/3/2017 1651 PDT	Mary Ulmschneider	LAB CORE	
1651	Order Sent To Instrument	Tests Lupus Inhibitor Evaluation	Mary Ulmschneider	LAB CORE	
651	Specimen Created	Requisition RQ4227 Destination LAB SIC	Mary Ulmschneider	LAB CORE	
0 17IM-276T00	02.3 LT BLUE-2.7mL - Heparin				Instrument ID:16562

6. Below the Tracking section you will see results for each test done on the specimen along with all the comments added, the ref ranges and the method (instrument) used to run the test. The green

 \checkmark indicates which components were sent to the chart. On the test level it indicates the test has been verified. The red 🎌 indicates there is an abnormal result and the arrow indicates whether

it was high or low	(If there were two exclamation	points this would indicate a result was critical):
it was ingli of low.	(in there were two exclumation	points this would maleate a result was childen.

													ſ	
upus In	nhibitor Evaluation													
es	Component	Value	Units	1	Δ	L	IE	R	Ref. Range	Method	Chart	PV		
	INTERPRETATION	Consistent With Lupus		1 E					Negative for Lupus Like	EVOLUTION B	✓			
		Like Inhibitor							Inhibitor					
	APTT PATIENT	63.7	sec	th .					26.0-36.0	EVOLUTION B	~			
	HEXAGONAL PL APTT	12.8	sec	th .					.0-<8.0	EVOLUTION B	×			
	DVVT	37.8	sec							EVOLUTION B	100 M	39.7		
	DVVC		sec							EVOLUTION B	100 A			
	HEX LA1	64.1	sec							EVOLUTION B	100 A			
	HEX LA2	51.3	sec							EVOLUTION B	×			
	STAT CHARGE									EVOLUTION B	N.			
	DRVV SCREEN RATIO	0.94							0.00-1.20	EVOLUTION B	~	10.00		
n ef in t	seconds longer than the upper limit of normal ffort to comply with the Clinical and Laborat the lupus panel, the dilute Russel's viper ve critive for samples received on or after 3/8/2	tory Standards Institute anom (dRVV) arm of lupus t	testing wi	ll be repo	rted as	a normali	ized ratio	(not a	a time in seconds) f	or both the dRVV screen	ing and confi	rmatory pha	ses. These cha	nge
an ef hin t effe prese ting IT, d miti nal i	ffort to comply with the Clinical and Laborat the lupus panel, the dilute Russel's viper ve	cory Standards Institute enom (dRVV) arm of lupus to 2017 and tested on or after the a patient is on anticor- the effects of standard he s, including low moleculas the an abnormal dRVVC rat	agulation t eparin with r weight he tio is sugg	11 be repo 17. A dRVV therapy be nin the as eparins. C gestive of	cause h say, an a lupu	a normali ing test w eparins, d agent is may eleva s inhibito	ized ratio will refle direct Xa added to ate the di or, howeve	(not a x to th inhibit the tes VVS rat r warfs	a time in seconds) f the dRVV confirm test cors, warfarin, and st system which may blo due to its effec rin effects cannot	or both the dRVV screer if the ratio is >1.2. direct thrombin inhibit abate standard heparin t on Factors II and X, be entirely excluded.	ing and confi The dRVV conf cors variably at concentrat but the DVV c Direct Xa inh	rmatory pha irm test su confound th ions up to onfirm rati	ses. These cha ggests an inhi e parent test 0.8 U/mL, but o (dRVVC) may	nges bito syst does be
an ef thin t e effe prese sting PTT, d t miti rmal i ixaban peat t plicat evalu	fort to comply with the Clinical and Laborat the lupus panel, the dilute Russel's viper ve coiter for amaples received on or after 3/6/2 mt when the dRVV confirm ratio is >1.19. for lupus inhibitors is not recommended whi STVT, FT, and mixing studies]. To mitigate t (gate against effects of other antioaguiants in this situation. An elevated GRVS ratio wi , will variably affect FTT and FT mixing stu- cesting of initial whormal studies is recomm ions or require the same treatment as chroni ating anti-phospholipid syndrome (APS). For	cory Standards Institute enom (dRVV) arm of lupus s 2017 and tested on or afte le a patient is on anticor- the effects of standard ha- , including low molecular than abnormal dRVVC rat didee often leading to ppy mended after at leads 12 s to LA's of extended durati c comprehensive APS evalue	testing will er 3/13/202 eparin will r weight he tio is suge urious resu weeks, sine ion. The 1 ation follo	<pre>il be repo if. A dRVV therapy be hin the as eparins. C gestive of alts, most ce transie Lupus Inhi</pre>	cause h scause h say, an coumadin a lupu common ent LA's bitor p	a normali ing test w eparins, d agent is may elevas s inhibito ly appeari (often as anel does	ized ratio will refle added to ate the dB or, howeve ing as an associated not inclu	(not a x to th inhibit the tes VVS rat r warfs incomp) with in de sero	a time in seconds) [the dRVV confirm test cors, warfarin, and tt system which may io due to its effect trin effects cannot lete correction of t ifection or medicati plogic studies (anti	or both the dBVV screer if the ratio is >1.2. direct thrombin inhibit makes standard heparin to n Factors II and X, be entirely excluded. he mix, among other land X, he mix, among other of the mix, on effect) are common a -cardiolipin and anti-h	ing and confi The dRVV conf cors variably at concentrat but the DVV c Direct Xa inh cerferences. and may not ha	rmatory pha irm test su confound th ions up to onfirm rati lbitors, su ve the same	ses. These cha ggests an inhi e parent test 0.8 U/mL, but o (dRVVC) may ch as rivaroxa clinical	nges bito syst does be ban
an ef thin t e effe prese sting PTT, d t miti rmal i ixaban peat t plicat evalu thod: EV	fort to comply with the Clinical and Laborat the lupus panel, the dilute Russel's viper ve coiter for amaples received on or after 3/6/2 mt when the dRVV confirm ratio is >1.19. for lupus inhibitors is not recommended whi SRVT, FT, and mixing studies]. To mitigate t (gate against effects of other antioagulants in this situation. An elevened GRVS ratio wi , will variably affect FTT and FT mixing stu- cesting of initial abnormal studies is recomm ions or require the same treatments a chroni	ory Standards Institute nom (dXVV) arm of lupus 2017 and tested on or after le a patient is on anticor- the effects of standard he, , including low molecular than abnormal dXVVC rat ddee often leading to spi mended after at least 12 vi c LA's of extended durat:	testing will er 3/13/202 eparin will r weight he tio is suge urious resu weeks, sine ion. The 1 ation follo	<pre>il be repo if. A dRVV therapy be hin the as eparins. C gestive of alts, most ce transie Lupus Inhi</pre>	cause h scause h say, an coumadin a lupu common ent LA's bitor p	a normali ing test w eparins, d agent is may elevas s inhibito ly appeari (often as anel does	ized ratio will refle added to ate the dB or, howeve ing as an associated not inclu	(not a x to th inhibit the tes VVS rat r warfs incomp) with in de sero	a time in seconds) f te dRVV confirm test cors, warfarin, and st system which may clo due to its effec trin effects cannot lete correction of t infection or medicati	or both the dBVV screer if the ratio is >1.2. direct thrombin inhibit makes standard heparin to n Factors II and X, be entirely excluded. he mix, among other land X, he mix, among other of the mix, on effect) are common a -cardiolipin and anti-h	ing and confi The dRVV conf cors variably at concentrat but the DVV c Direct Xa inh cerferences. and may not ha	rmatory pha irm test su confound th ions up to onfirm rati lbitors, su ve the same	ses. These cha ggests an inhi e parent test 0.8 U/mL, but o (dRVVC) may ch as rivaroxa clinical	nges bito syst does be ban sefu
an ef hin t effe prese TI, d miti mal i xaban eat t blicat evalu hod: EV	fort to comply with the Clinical and Laborat the lupus panel, the dilute Russel's viper ve corine for samples received on or after 3/6/2 mm when the dRVV confirm ratio is >1.19. for lupus inhibitors is not recommended whil SRVT, FT, and mixing studies). To mitigate t igate against effects of other antioaquiants in this situation. An elevanet dRVVS ratio wi , will variably affect FTT and FT mixing stu- testing of initial abnormal studies is recomm isons or require the same treatment as chroni lating anti-phospholipid syndrome (AFS). For VOLUTION 8 , Either Std/Lmw	cory Standards Institute enom (dRVW) arm of lupus mo 2017 and tested on or after le a patient is on anticol- the effects of standard h , including low molecular than ahormal dRVWC rat dides often leading to spu mended after at leading to spu mended after at leading to spu comprehensive AFS evalue Last received: 10/3/20	testing wil er 3/13/201 agulation t epparin will r weight h tio is sug uricus resu weeks, sin ion. The l ation folk M7 1652	<pre>il be repo if. A dRVV therapy be hin the as eparins. C gestive of alts, most ce transie Lupus Inhi</pre>	steed as scause h say, an coumadin : a lupu : common ent LA's bitor p bideline	a normali ing test w eparins, d agent is may elevas s inhibito ly appeari (often as anel does	ized ratic fill refle iirect Xa added to ate the di or, however ing as an associated not inclu	(not a x to th inhibit the tes VVS rat r warfs incomp) with in de sero ast verifie	<pre>a time in seconds) f ise dRVV confirm test cors, warfarin, and tr system which may to due to its effect tin effects cannot lete correction of t affection or medicati logic studies (anti ad: 10/3/2017 1700 by Mar control of the second second second det control of the second second det control of the second second det control of the second second second second second det control of the second second second second second second det control of the second second second second second second det control of the second secon</pre>	or both the dBVV screen if the ratio is >1.2. direct through inhibit batts standard heparin t on Factors II and X. be mix-q weaklowed be entirely excluded. he mix, among other in on effect) are common r -cardiolipin and anti-h y Ulmschneider	ing and confi The dRVV conf cors variably at concentrat but the DVV c DIrect Xa inh- erferences. and may not ha meta 2 glycopr	rmatory pha irm test su confound th ions up to onfirm ration libitors, su ve the same otein 1) wh	ses. These cha ggests an inhi e parent test 0.8 U/mL, but o (dRVVC) may ch as rivaroxa clinical	nges bito syst does be ban sefu
an ef hin t : effe prese ting TT, d : miti mal i :xaban eeat t !licat evalu hod: EV	fort to comply with the Clinical and Laborat the lupus panel, the dilute Russel's viper ve coive for samples received on or after 3/6/2 mm when the dRVV confirm ratio is >1.19. for lupus inhibitors is not recommended whil SRVT, FT, and mixing studies). To mitigate t iqute against effects of other antioaquiants in this situation. An elevaned GRVS ratio wi , will variably affect FTT and FT mixing stu- ceating of initial abnormal studies is recomm inson or require the same treatment as chroni ating anti-phospholipid syndrome (AFS). For VOLUTION 8	cory Standards Institute enom (dRVV) arm of lupus s 2017 and tested on or afte le a patient is on anticor- the effects of standard ha- , including low molecular than abnormal dRVVC rat didee often leading to ppy mended after at leads 12 s to LA's of extended durati c comprehensive APS evalue	testing will er 3/13/202 eparin will r weight he tio is suge urious resu weeks, sine ion. The 1 ation follo	<pre>il be repo if. A dRVV therapy be hin the as eparins. C gestive of alts, most ce transie Lupus Inhi</pre>	cause h scause h say, an coumadin a lupu common ent LA's bitor p	a normali ing test w eparins, d agent is may elevas s inhibito ly appeari (often as anel does	ized ratio will refle added to ate the dB or, howeve ing as an associated not inclu	(not a x to th inhibit the tes VVS rat r warfs incomp) with in de sero	a time in seconds) [the dRVV confirm test cors, warfarin, and tt system which may io due to its effect trin effects cannot lete correction of t ifection or medicati plogic studies (anti	or both the dBVV screer if the ratio is >1.2. direct thrombin inhibit makes standard heparin to n Factors II and X, be entirely excluded. he mix, among other land X, he mix, among other of the mix, on effect) are common a -cardiolipin and anti-h	ing and confi The dRVV conf cors variably at concentrat but the DVV c Direct Xa inh cerferences. and may not ha	rmatory pha irm test su confound th ions up to onfirm ration libitors, su ve the same otein 1) wh	ses. These cha ggests an inhi e parent test 0.8 U/mL, but o (dRVVC) may ch as rivaroxa clinical	nges bito syst does be ban

7. As you scroll through Specimen Inquiry you will see sections that display Flags&Holds, Contacts, Order Details as well as sections showing where, when & to whom results were sent. You can also create a report to fax on request from the **Create New Report** section.

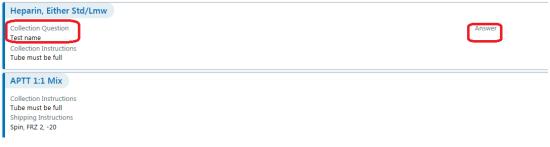
🗟 Specimen Inquiry						
	Print Details					
CC Recipients for Orders on 17IM-276T0002 Modify	Create New Rep					
UPUS INHIBITOR EVALUATION, PLASMA	Create New Rep	Jon				
None Listed	Select recipier	nts [<u>1]</u>				
HEPARIN, EITHER STANDARD / LMW, BLOOD None Listed	Filters:					
APTT 1:1 MIX. PLASMA		Print Re	cipient	Туре	Fax #	Device
None Listed	1	E Be	aker, Leo	Patient		
	2	Th	omas Yackel, MD	Primary Care Physician		DHB7065P
Results Sent Via Interface	3	Pi	EACE HEALTH LABOR	ATOF Submitter		DHB7065P
OHS LAB RES OUT Interface	Select All	Cle	ar All			
OHS LAB RES OUT Interface OHS LOINC RES OUT Interface			ar All mas Yackel, MD [2]—			
OHS LAB RES OUT Interface OHS LOINC RES OUT Interface		for recipient Tho	mas Yackel, MD [<u>2]</u> —	Procedure		Status
OHS LAB RES OUT Interface OHS LOINC RES OUT Interface Create New Report	Select orders f	for recipient Tho t Date/T	mas Yackel, MD [<u>2]</u> —	Procedure LUPUS INHIBITOR EVALUAT	10N REFLEX TO APTT MIX	Status Final result
OHS LAB RES OUT Interface OHS LOINC RES OUT Interface Create New Report	Select orders f	for recipient Tho nt Date/T 10/03/	mas Yackel, MD [<u>2]</u> —			
OHS LAB RES OUT Interface OHS LOINC RES OUT Interface Create New Report %Create requisition report %Create specimen report Printed Labels and Documents	Select orders f	for recipient Tho nt Date/T 10/03/ 10/03/	mas Yackel, MD [<u>2</u>] ime 2017 1651 2017 1651	LUPUS INHIBITOR EVALUAT		Final result
OHS LAB RES OUT Interface OHS LAB RES OUT Interface OHS LOINC RES OUT Interface Create New Report %Create requisition report %Create specimen report Printed Labels and Documents Type Specimen Label OHS/UBJ Zebra aliquot label Socieme Label	-Select orders f	for recipient Tho nt Date/T 10/03/ 10/03/	mas Yackel, MD [2] ime 2017 1651	LUPUS INHIBITOR EVALUAT		Final result

8. The Printed Labels & Documents section has details about where labels printed and when. The **Charge Summary** section shows a list of all the charges for each test on the specimen. You can click

on these charges to see more detail about them.

Printed Labels and Documents *									
Туре	Printer			Printed					
Specimen Label	DHBA318P LAE	ELS		10/03/2017 1653	by Mary Ulmsch	nneider		5 Reprint	
OHSUlab Zebra aliquot label									
Specimen Label	DHBA318P LAE	ELS		10/03/2017 1651	by Mary Ulmscl	nneider		5 Reprint	
OHSUlab Zebra aliquot label									
Charge Summary									
Lupus Inhibitor Evaluation 17IM-276T0002									*
Proposed Charges	Qty		Billed Charges		Qty	Mod	Svc Date	Status	
85730 (CPT®) [HB-LAB APTT]	1		85730 (CPT®) [HB-LAB APTT]		1		10/03/2017	Filed to Resolute Hospital Billing	
85613 (CPT®) [HB-LAB DVVT]	1		85613 (CPT®) [HB-LAB DVVT]		1		10/03/2017	Filed to Resolute Hospital Billing	
85598 (CPT®) [HB-LAB HEXAGONAL PL APTT]	1		85598 (CPT®) [HB-LAB HEXAGONAL PL APTT]		1		10/03/2017	Filed to Resolute Hospital Billing	
tivity meparin, Either Std/Lmw 17IM-276T0002									*
Proposed Charges	Qty		Billed Charges		Qty	Mod	Svc Date	Status	
85520 (CPT®) [HB-LAB HEPARIN, EITHER STD/LMW]	1		85520 (CPT®) [HB-LAB HEPARIN,EITHER STD/LMW]		1		10/03/2017	Filed to Resolute Hospital Billing	
APTT 1:1 Mix 17IM-276T0002									~

9. At the end of the report are details about the collection of the specimen, showing what instructions appear at collection as well as any questions and the corresponding answers entered at collection.



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