
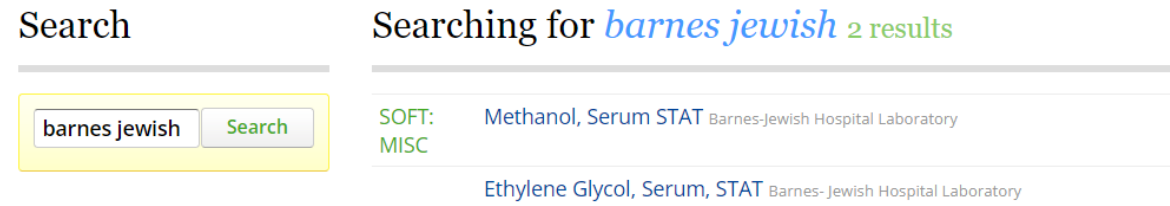
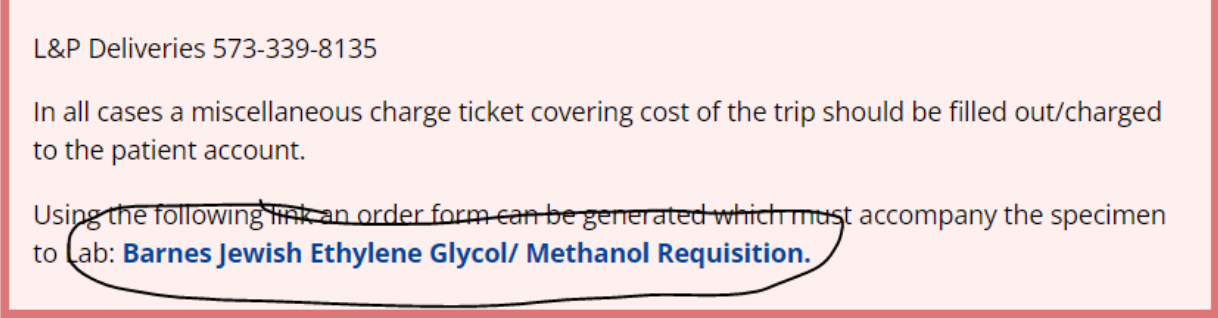


## SENDING SPECIMENS TO BARNES JEWISH LAB

**Purpose:** Sending Ethylene Glycol and Methanol specimens to Barnes Jewish Lab.

**Procedure:** Ordering and sending specimens to Barnes Jewish Lab are shipped Monday-Sunday.

Step	Action
1.	<p>If doctor has not provided requisition Type “Barnes Jewish” into the Directory of services to access test info.</p> <p><b>Search</b></p> 
2.	Click “Enter” on Keyboard
3.	<p>Click “SOFT: MISC” to pull up Barnes Jewish testing.</p> 
4.	<p>Click the link circled to pull up the correct test requisition.</p> 

5. When the form is open, print the requisition.

May 22, 2013-11:07AM BARNES JEWISH LABORATORY No. 3135 P. 2  
 DEPARTMENT OF LABORATORIES PHONE: (314) 362-1470  
 St. Louis, Missouri 63110 FAX: (314) 362-5735

**PATIENT INFORMATION**  
 NAME: St. Francis Medical Center  
 ADDRESS: 211 St. Francis Dr.  
 Laboratory  
 Cape Girardeau, MO 63701

**PATIENT INFORMATION**  
 PATIENT'S NAME (LAST, FIRST, MIDDLE) [REDACTED]  
 BACK (PREVIOUS) [REDACTED]  
 PATIENT'S ADDRESS [REDACTED]

**RESPIR PARTY**  
 RELATIONSHIP TO RESPONSIBLE PARTY: 1. SELF 2. SPOUSE 3. CHILD 4. OTHER  
 NAME OF RESPONSIBLE PARTY (IF DIFFERENT FROM PATIENT): [REDACTED]  
 ADDRESS OF RESPONSIBLE PARTY [REDACTED]  
 CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

**INSURANCE INFORMATION**  
 MEDICARE # [REDACTED] STATE [REDACTED] MEDIGAP # (INCLUDE POLICY/PLAN) [REDACTED]  
 PRIMARY [REDACTED] SECONDARY [REDACTED]  
 MEDICARE ATTENDMENT OR PROBABILITY DATE [REDACTED]

**INSURANCE COMPANY INFORMATION**  
 INSURANCE COMPANY NAME [REDACTED] CARRIER CODE [REDACTED]  
 SUBSCRIBER / MEMBER [REDACTED] GROUP # [REDACTED]

**INSURANCE ADDRESS**  
 INSURANCE ADDRESS [REDACTED] PHYSICIAN'S PROVIDER # [REDACTED]  
 CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

**EMPLOYER INFORMATION**  
 EMPLOYER'S NAME OR NUMBER [REDACTED] WORKER'S COMP [REDACTED]

**TESTS**

DC CODE	ALPHABETICAL TESTS CONT	DC CODE	ALPHABETICAL TESTS CONT	DC CODE	ALPHABETICAL TESTS CONT	DC CODE	ALPHABETICAL TESTS CONT
80081	ETHANOL	80010	FORMALIN	84132	PEAK	80166	TRYPAN
80049	ETHANOL	80238	FORMALIN	84144	LAST DOSE	80168	TRYPAN
80043	ETHANOL	80748	FORMALIN	84146	DATE	80169	TRYPAN
80016	ETHANOL	80891	FORMALIN	84159	DATE	80170	TRYPAN
80048	ETHANOL	80947	FORMALIN	84165	DATE	80171	TRYPAN
80074	ETHANOL	80990	FORMALIN	84170	DATE	80172	TRYPAN
80081	ETHANOL	80990	FORMALIN	84170	DATE	80173	TRYPAN

6. Go back to the previous page.

7. **Specimen Requirements**

Click on the circled link to determine what tubes are needed for each specific test.

[Specimen Requirements](#)

[Barnes Jewish Ethylene Glycol and Methanol Specimen Requirements](#)

8. Click the printer icon to print the test requirement and shipping temp page.

### Ethylene Glycol and Methanol

Send to Barnes Jewish Lab- Chemistry 314-362-1522 ( Core Lab)

#### Address

Barnes Jewish Hospital Plaza Drive  
425 South Euclid 4<sup>th</sup> floor Institute of Health Building- Core Lab  
Saint Louis, MO 63110

#### Specimen Requirements

2 red top tubes  
2ml of serum  
Separate- send serum on ice pack to keep cool  
Keep Refrigerated

Turnaround time- 8 hrs

9. Order a "MISC" lab under "Order Entry" in SOFTLAB. Make sure the desired test is documented in "Order Comments."

The screenshot shows the SOFTLAB Order Entry interface. The main window displays order details for a 'MISC' lab. A table titled 'Ordered (1)' shows the following data:

Type	ID	Priority	Cycled	Name
1	MISC			Miscellaneous Lab

An 'Order Comments' dialog box is open, showing the following text:

Tech: 11/02/2021 14:32 10344  
Ethylene Glycol/Methanol to Barnes Jewish

The dialog box also includes a 'Comment' field, 'Internal Notes', 'History', and 'Tags' tabs, and buttons for 'CanMsg (F5)', 'Date (F6)', 'Time (~F6)', 'Spell (F11)', 'OK', and 'Cancel'.

10. Draw two full red tubes (all testing requires 2ml SERUM).

11. Collect & receive the specimen.

12. Centrefuge the specimens after they have properly clotted.

13. Aliquot the red tubes' serum into labeled pour off tubes.

14.

Place a SOFTID Bar Code label on the req in this spot. Make sure the highlighted area's below are filled out.

May 22, 2013-11:07AM BARNES JEWISH LABORATORY DEPARTMENT OF LABORATORIES No. 3135 P. 2  
 PHONE: (314) 362-1470 FAX: (314) 362-5735

ACCOUNT INFORMATION  
 NAME: St. Francis Medical Center  
 ADDRESS: 211 St. Francis Dr.  
 CITY: Cape Girardeau, MO 63701

PATIENT INFORMATION  
 PATIENT NAME: Bill  
 DATE OF BIRTH: [REDACTED]  
 SEX: M MARITAL STATUS: M  
 ADDRESS OF RESPONSIBLE PARTY: [REDACTED]  
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

RESURVEY INFORMATION  
 REASON # [REDACTED] DATE [REDACTED]  
 INURANCE COMPANY NAME: Institution  
 SUBSCRIBER # [REDACTED] MEMBER # [REDACTED]  
 INURANCE ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

TESTS INFORMATION  
 ORDERED BY: [REDACTED]  
 CLINICAL USE: [REDACTED]

TEST CODE	TEST NAME	TEST CODE	TEST NAME	TEST CODE	TEST NAME
8000	FASTING GLUCOSE	8001	FASTING BUN	8002	FASTING CREATININE
8003	FASTING HEMOGLOBIN A1C	8004	FASTING TBL	8005	FASTING TBL
8006	FASTING TBL	8007	FASTING TBL	8008	FASTING TBL

STAT  
 STAT  
 STAT

15.

**Billing information**

Write "Bill institution" in big words down in the Patient information area.

16.

Make a copy of the completed Req.

17.

Log the specimen into the Specimen Mailout Log Book and place the copy of the completed Req into the "Copy of Req" tray located by the Mayo refrigerator in processing.

18.

Locate a biohazard bag, and a frozen ice pack.

19.

See "Shipping Temp" from the print out from the Directory of Services "Specimen Requirements.

20.

Place the labeled tubes into the biohazard bag along with the frozen ice pack and place the requisition in another bio bag so the req does not get wet , then put it in the same bio bag as the specimen and frozen pack.

21.	<p><b>Calling for Specimen Pickup Instructions</b></p> <p>TAT Availability</p> <p>This test is usually ordered stat and requires a stat courier pickup Monday- Sunday</p> <p>1. Call before 4pm for stat pickup (Hot Shot) Regional Express, LLC.</p> <p>Contact- Terry Bozzy</p> <p>Office- 573-803-1555</p> <p>Address- 297 N. Broadview ST Cape Girardeu, MO 63701</p> <p>Tim- 573-620-1774</p> <p>If on a weekend, please call cell phone 275-1041</p> <p>2. Regional Express can only perform one pickup per day and prior to 4pm. L&amp;P or other couriers can also perform this duty if Regional Express cannot.</p> <p>L&amp;P Deliveries 573-339-8135</p> <p>In all cases a miscellaneous charge ticket covering cost of the trip should be filled out/charged to the patient account.</p>
22.	Keep Refrigerated till pickup.
23.	Fill out a "MISC Charge slip" (located in Regional lab area) and place in blue "Credit/Charge" bucket in processing.