# Versiti, Inc.

# Diagnostic Laboratories

## Requisitions

Requisitions preprinted with your name, address, and client number are available from Client Services at 800-245-3117, option 1. Blank requisitions are available for download on our website, www.versiti.org, by clicking the link to the Diagnostic Laboratories directory of services.

Please complete the appropriate requisition with the patient's name or unique identifier and a second identifier (e.g., Social Security number), date of birth, gender, sample draw date and time, requesting institution with complete address, and specimen type and anticoagulant. Provide as much detail as available to allow us to make a complete evaluation. Please see the tutorial on our website for more information on completing requisition.

You may also utilize Labtest, Versiti's online ordering and results viewing tool. For information on setting up an account, please contact Client Services at 800-245-3117, option 1, or email Labinfo@versiti.org.

## Unacceptable Specimens

Proper identification of specimens is essential to providing accurate laboratory results for the correct patient. The laboratory cannot accept unlabeled specimens, even when accompanied by paperwork bearing the patient's name. Incomplete or inaccurately labeled specimens will be evaluated to determine whether acceptable identification can be made and a report issued. If a sample is rejected for this reason, you will be notified by telephone and a report will be issued outlining the reason for rejection.

Sample integrity is crucial to accurate test results. Samples can be compromised due to conditions during collection, storage, or transportation. The most frequent causes of unacceptable samples are hemolysis, inappropriate transport temperature, incorrect sample type and sample age. If a sample is unacceptable for testing, you will be notified by telephone. A report will be issued documenting that the sample was rejected. In some instances testing will be performed on a suboptimal sample after consultation with you. If you have any questions, please contact Client Services at 800-245-3117, option 1.

## Shipping Requirements

Diagnostic samples and/or infectious substances must be packaged in compliance with Department of Transportation (DOT), International Air Transport Association (IATA), and the requirements of the overnight carrier used.

Frozen samples should be shipped on a minimum of 5 pounds of dry ice. Use only plastic tubes and cushion them to protect from breakage during shipment. Please be aware that dry ice is also considered a hazard for shipping and must be packaged in compliance with DOT, IATA, and the requirement of the overnight carrier used.

Refrigerated samples should be shipped on ice packs. Protect samples from freezing by wrapping them in paper toweling.

Samples should not be shipped on Saturday or the day before a holiday to ensure viability of the sample. While many samples are suitable for Saturday delivery, some may not be. Contact Client Services prior to sending for Saturday delivery to discuss stability. Ensure air bill is marked for Saturday delivery if applicable. If special circumstances arise, contact Client Services at 800-245-3117, option 1.

**Shipping Address:** Versiti Wisconsin/ Client Services
638 North 18th Street
Milwaukee, WI 53233-2121
Phone: 800-245-3117, option1

# Policies

## Test Turn-around Time (TAT)

Test turn-around times (TAT) listed are estimates, calculated from the time of sample receipt at Versiti, Wisconsin. Some tests are infrequently performed, which may result in extended TAT.

Please call if you need results by a specific date and time. We will do our best to meet your needs. Contact Client Services for special requests at 800-245-3117, option 1.

## STAT Testing

STAT testing is available for many of our assays. Some STAT tests require the approval of the laboratory director. Client Services or the appropriate laboratory will be able to advise you if STAT testing is available and what STAT charges will be applied.

## Test Cancellation

Tests and panels can be canceled without charge if the notification is received before the sample has been processed. Please call Client Services at 800-245-3117, option 1 to cancel an order. A final report will be issued to reflect the cancellation of the order.

## Results and Reports

Final test results are routinely sent to the referring institution by fax and/or secure email when all tests on a sample have been completed. This report includes interpretation of all test results. A complete interpretation of results is dependent on the clinical history that you include on the requisition.

Some test results are available as interim reports. This includes individual tests which are resulted while other tests are in progress. Interpretation of results will be included only on the final report. Please contact Client Services if you would like to receive interim results.

We now offer secure email as an option for receiving patient results. Please contact our Client Services team at 800-245-3117, option 1, or email at Labinfo@versiti.org for further details.

Test results are also available online. Contact Client Services at 800-245-3117, option 1 or email at Labinfo@versiti.org to enroll in Labtest, our online ordering and results viewing system.

### CPT and Order Codes

CPT and Order Codes are provided for reference purposes only and are subject to change. They are not intended as a guide for internal billing procedures. The sending institution is solely responsible for identification of the correct billing codes.

## Billing

### Financial Responsibility

Versiti does not bill insurers or other third party payers except as noted below. The institution submitting the specimen for testing is responsible for payment.

### Medicaid and Medicare

Versiti bills the referring institution unless the patient is an outpatient Medicare enrollee or a Medicaid recipient from Wisconsin. If applicable, please complete the Medicare Beneficiary form, available at versiti.org/medical-professionals/products-services/requisitions

### Patient Direct Payment

If Versiti does not contract with your facility or the patient's insurer for laboratory testing services, we can offer the option for your patient to pay directly for laboratory testing. We will accept a check, money order, VISA, or MasterCard as advance payment. A paid invoice will be issued to the patient when the testing is completed. If testing is canceled prior to performance, Versiti will issue a refund to the patient. Please find the Diagnostic Labs Patient Billing Information Form at: Versiti.org/medical-professionals/products-services/forms.

**Important Information for Private Pay Patients**

If your current healthcare provider does not have a service contract with Versiti, you may be required to pay out-of-pocket for laboratory testing services. This means that you, not your health insurer, will pay Versiti for the services.

Before you agree to pay for laboratory testing services, it is very important that you understand that your health insurance company may not reimburse you at all, or may only reimburse you a fraction of the amount you pay to Versiti.

If you have health insurance, typically your insurance provider will pay for services you receive from certain providers that are within the insurer's network. These providers are usually called "in-network providers". Your insurance plan may also offer some coverage for services that you receive from "out-of-network providers" such as Versiti. Out-of-network providers usually do not have contracts with your insurance company and therefore do not submit bills directly to your insurance company. This means that you must pay Versiti back directly, and then ask your insurance company to pay you back. Depending on what your policy says, your insurance company may not pay you back, or may only pay you back a small percentage of what you paid to Versiti.

## Tricare
If your insurer is Tricare ***and*** you are a member of the military, please find the Diagnostic Labs Patient Billing Information Form – Tricare, at Versiti.org/medical-professionals/products-services/forms.

## International Customers
International customers may contact Versiti via phone or email to obtain wire transfer documents to utilize credit card payments.

## Invoices
Invoices are issued on a weekly basis and are sent when a test has been completed. The institution referring the specimen is responsible for payment. Please submit all information for payment, including a purchase order number if required and billing address on the requisition that is sent with the sample.

## Licenses
You may view and download copies of our licenses at our website, Versiti.org/about-us/licenses-accreditations.

**Laboratories Accreditation**
AABB: 006090  Expiration date: 3/31/2021
ASHI: 11-4-WI-04-1  Expiration date: 8/31/2021
California: CDS00800214  Expiration date: 2/28/20201
CAP: 1780801
CLIA: 52D1009037  Expiration date: 1/30/2021
Maryland: 954
New York: 4987  Expiration date: 6/30/2020
NPI: 1124098330
Pennsylvania: 028864A  Expiration date: 8/15/2020

Employer Identification Number (Federal Tax I.D.): 39-0807-235
National Provider Identifier: 1124098330
D&B ® D-U-N-S ® Number: 05-716-3172

## Special Processing Instructions
Proper specimen collection and preparation is essential in order for us to provide a timely, accurate test result and interpretation. Please follow the sample collection requirements found in this directory of services. Follow detailed drawing and processing instructions on page 14 for all Hemostasis tests requiring frozen citrated plasma. If you have any questions, please contact Client Services at 800-245-8113, option 1.

- Label each specimen tube or aliquot tube with the patient's name and a unique identifier (e.g., date of birth) and sample draw date and time. Please indicate on the tube if the sample is a bone marrow aspirate.

- Follow manufacturer instructions for proper use of drawing supplies. Pay careful attention that anticoagulated samples are properly mixed and are not hemolyzed.
- Use only plastic tubes when preparing samples that will be shipped on dry ice.
- Use black permanent markers or freezer tolerant labels for samples that will be stored or shipped at frozen temperatures.
- The use of serum separator tubes for clot samples is not recommended for the types of testing we perform.

# Special Specimen Collection and Processing Instructions for Hemostasis Reference Laboratory Testing

Specimen collection, processing, storage, and shipping are critical to obtain accurate results for hemostasis tests. **Please follow these instructions for all tests requiring frozen citrated plasma for the Hemostasis Reference Laboratory.** See individual test entries in the Versiti test catalog for specific requirements.

## Drawing Samples Anticoagulant

Collect blood in citrate (light blue top) vacuum tubes. The anticoagulant used for coagulation assays should be 105-109 mmol/L, 3.13% to 3.20% (commonly described as 3/2%) of the dihydrate form of trisodium citrate. $Na_3C_6H_5O_7 \bullet 2H_2O$), buffered or not buffered (light blue top vacuum tube.)

## Blood/Anticoagulant Ratio

The proportion of blood to the sodium citrate anticoagulant volume is 9:1. Inadequate filling of the collection tube will decrease this ration, and may lead to inaccurate results.

The final citrate concentration in the blood should be adjusted in patients who have hematocrit values above 55%. For hematocrits below 20%, there are no current data available to support a recommendation for adjusting the citrate concentration. Use the chart below to determine the amounts of anticoagulant.

| | ml of Citrate for: | |
|---|---|---|
| Hct % | 5 ml Sample | 10 ml Sample |
| 10-14 | 0.75 | 1.5 |
| 15-19 | 0.70 | 1.4 |
| 20-55 | 0.50 | 1.0 |
| 56-58 | 0.40 | 0.80 |
| 59-61 | 0.37 | 0.75 |
| 62-64 | 0.35 | 0.70 |
| 65-67 | 0.32 | 0.65 |
| 68-70 | 0.30 | 0.60 |

Example: If Hct=58%, put 0.80 ml of anticoagulant into a plastic tube, draw blood and transfer 9.2 ml to the tube for a total sample volume of 10 ml. Or, fill syringe with 0.80 ml of anticoagulant and draw blood to the 10 ml mark.

## Sample Collection

We prefer that the first tube drawn not be utilized for hemostasis testing. The venipuncture must not be traumatic or slow flowing; avoid leaving the tourniquet on for an extended time. Allow evacuated tubes to fill by vacuum completely. Invert tubes gently at least 4 times to mix. Keep samples capped and process immediately. Whole blood specimens should be transported and kept at room temperature. (Transportation of whole blood specimens on ice is not recommended for most coagulation assays.) Centrifuge sample, at room temperature, remove plasma, and freeze within 4 hours from the time of specimen collection. Hemolyzed or clotted specimens are unacceptable.

## Processing

To obtain a plasma sample, the capped specimen tube should be centrifuged at a speed and time required to consistently produce platelet-poor plasma with a platelet count $<10 \times 10^9$/L (10,000/uL). This may be accomplished by centrifuging at 1,500 g for no less than 15 minutes at room temperature. If necessary, transfer plasma to a plastic tube and re-centrifuge to remove platelets. Removal of platelets before freezing is critical for the detection of lupus anticoagulants. Do not filter the plasma to remove platelets, as filtering removes high molecular weight von Willebrand factor.

Using a plastic pipette, remove the top 2/3 plasma, transfer to a labeled plastic tube and cap. Do not use glass tubes, as glass activates the hemostatic mechanism. Refer to individual test entries for sample volume and number of aliquots required for each test. Freeze plasma within 4 hours of specimen collection. Specimens stored at -80°C are stable for 1 year. Samples stored at -20°C are stable for 14 days. Consumer grade freezers that undergo automatic freeze/thaw cycles are not acceptable.

Specimens must remain frozen during storage and shipment. Ship on dry ice with guaranteed overnight delivery. Refer to shipping instructions for more information.

## Storage

The Hemostasis Reference Laboratory retains samples for 2 months following testing. Please call if additional testing is needed to determine if stored aliquots are available for additional testing.

*Portions of the above procedures are reproduced with permission from Clinical and Laboratory Standards Institute Publication. H21-A5 – Collection, Transport, and Processing of Blood Specimens for Testing Plasma-Based Coagulation Assays and Molecular Hemostasis Assays; Approved Guideline-Fifth Addition (ISBN 1-56238-657-3). Copies of the current edition may be obtained from Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898, USA.*

## Histocompatibility Pediatric Sample Requirements

### ABO/Rh, HLA-A, B, C, DP, DR, DQ Typing

| Patient Age | Tube Type | Typing |
|---|---|---|
| 0 – 1 year | 3cc in lavender top / 3-4 buccal swabs<br>2cc in red top | A, B, C, DP, DQ, DR low, int, or high res (DNA)<br>ABO/Rh |
| 1 – 5 years | 5cc in lavender top / 3-4 buccal swabs<br>2cc in red top | A, B, C, DP, DQ, DR low, int, or high res (DNA)<br>ABO/Rh |
| 5 – 10 years | 7cc in lavender top / 3-4 buccal swabs<br>3cc in red top | A, B, C, DP, DQ, DR low, int, or high res (DNA)<br>ABO/Rh |
| > 10 years | 14cc in lavender top / 3-4 buccal swabs<br>5cc in red top | A, B, C, DP, DQ, DR low, int, or high res (DNA)<br>ABO/Rh |