

30-32 (1) FORM NUMBER

33 (2) VERSION

40 (518) SEQUENCE

RECEIPT OF ALERT LEVEL FROM CENTRAL LABORATORY

To be completed upon receipt of abnormal laboratory test result from the Central Laboratory.

1. SHEP ID: (3) 22-23 (4) 24-27 (5) 28-29 (6) 41-46
[] [] - [] [] [] [] - [] [] Acrostic: [] [] [] [] [] []

3. Date of clinic visit: (7) 34-39 (8) 47-48
[] [] [] [] [] [] [] [] [] []
Month Day Year Sequence #: [] []

5. Date test result received: (9) 49-54
[] [] [] [] [] []
Month Day Year

6. Date result received by clinician: (10) 55-60
[] [] [] [] [] []
Month Day Year

7. Result (check all that apply)
a. (11) 61 1 Potassium → b. (12) 62-63 [] [] mEq/l
c. (13) 64 1 Uric acid → d. (14) 65-67 [] [] [] mg/dl
e. (15) 68 1 Other → Describe: _____

8. Signature of person receiving result: _____ (16) 69-70 [] [] Code

9. Signature of clinician reviewing result: _____ (17) 71-72 [] [] Code

73 (18) RECORD TYPE
74-79 (19) DATE RECEIVED
80-82 (20) UPDATE NUMBER
83-88 (21) DATE LAST PORCESSED
89 (22) PAPER COPY
3-8 (514) BATCH DATE
11-16 (515) DATE MODIFIED
17-20 (516) TIME MODIFIED
21 (517) EDIT STATUS