

Ordering labs

1. All routine labs and ultrasounds are ordered through the OB Gestational order template
 - a. Initial OB visit
 - i. CBC
 - ii. Hemoglobinopathy profile (if not documented from previous pregnancy)
 - iii. Urine culture
 - iv. GC/chlamydia, DNA Probe
 - v. Type and Screen
 - vi. Antibody Screen
 - vii. Hepatitis B Antigen
 - viii. HIV Screen
 - ix. RPR
 - x. Rubella
 - xi. Carrier Screen panel (if not documented from previous pregnancy)
 - b. 12 weeks
 - i. First trimester serum screening-HCG, PAPP-A (unless patient meets criteria for NIPT)
 - ii. OB ultrasound Nuchal translucency
 - c. 15 weeks
 - i. AFP only
 - ii. AFP Quad (only if patient did not have first trimester screening)
 - d. 20 weeks
 - i. OB ultrasound anatomy
 - e. 28 weeks
 - i. CBC
 - ii. 1 hr glucose screen
 - iii. HIV (order here if patient is 28 weeks or beyond, Do not order here if under 28 weeks at the time of glucose screen)
 - f. 36 weeks
 - i. GBS culture (if patient is allergic to penicillin order GBS with sensitivities, there is an alert at the top of the OB gestational orders template to remind you, see screen shot below)
2. First select the appropriate diagnosis (ICD-10 code) in Today's Assessments
3. Highlight the Diagnosis Description in Today's Assessment

4. Click the Order All Badge. The Provider will need to select either Bioreference or Labcorp for patients electing to have the expanded carrier screen panel. All Horizon Blue Cross Blue Shield patients will need to have the carrier screen panel sent to Labcorp. All Cigna and United patients can have the panel sent to either Labcorp or Bioreference. (the Order All Badge and the Carrier Screen Panel are highlighted in the screen shot)

4. Click the Order All Badge. The Provider will need to select either Bioreference or Labcorp for patients electing to have the expanded carrier screen panel. All Horizon Blue Cross Blue Shield patients will need to have the carrier screen panel sent to Labcorp. All Cigna and United patients can have the panel sent to either Labcorp or Bioreference. (the Order All Badge and the Carrier Screen Panel are highlighted in the screen shot)

LMA OBGYN Gest Orders 8311

Today's Assessments: (Select a diagnosis to associate with the desired lab(s) below) [Add Common Assessment](#)

#	Diagnosis Description	Code
1	Encontr for suppon of normal first preg, first trimester	Z34.01

Penicillin Allergy

Working EDD: 11/01/2019
Vendor: LabCorp 2250 2510

Orders By Gestational Week: All Orders [Add](#) [Edit](#) [Remove](#)

Order labs for: [Order All](#) [Initial Visit](#) [12 Weeks](#) [15 Weeks](#) [20 Weeks](#) [28 Weeks](#) [35 Weeks](#) [Clear Orders](#) [Place Order](#)

Expected Test Date: 03/25/2019 04/19/2019 05/10/2019 06/14/2019 08/09/2019 09/27/2019 [Order Module Processing](#)

Diagnosis: Z34.01 Z34.81 Z34.82 Z34.82 Z34.83 Z34.83

Hematology

Initial	12	15	28	35
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Microbiology

Initial	12	15	28	35
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Tests

Initial	12	15	28	35
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Tests Continued

Initial	12	15	28	35
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Genetic Tests

Initial	12	15	28	35
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Tests/Ultrasounds

Initial	12	15	20	28	35
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Process Orders

Lab/Radiology Order	Side	Site	Code	DX Code	Timeframe	Special Instructions	Lab ID
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- The provider will then click the Place Order Badge (highlighted in yellow). The orders for today will be found in Order Module Processing which will be highlighted in pink.

LMA OBGYN Gest Orders 8311

Labs | Diagnostics | Referrals | Office Procedures | Cosign Orders

Today's Assessments: (Select a diagnosis to associate with the desired lab(s) below.) [Add Common Assessment](#)

#	Diagnosis Description	Code
1	Encntr for suprvsn of normal first pregnancy, unsp trimester	Z34.00

Working EDD: 07/25/2019
Vendor: 2510

Orders By Gestational Week | All Orders | Add | Edit | Remove

Order labs for: Order All | Initial Visit | 12 Weeks | 15 Weeks | 20 Weeks | 28 Weeks | 35 Weeks | Clear Orders | Place Order

Expected Test Date: 12/13/2018 | 01/10/2019 | 01/31/2019 | 03/07/2019 | 05/02/2019 | 06/20/2019 | Order Module Processing

Diagnosis: Z34.00 | Z34.81 | Z34.82 | Z34.82 | Z34.83 | Z34.83

Initial	12	15	28	35	Test Name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hematology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CBC w/ diff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hematocrit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HGB/HCT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemoglobinopathy profile
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemoglobin A1c
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microbiology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Culture, Genital
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Culture, Urine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chlamydia/GC, DNA Probe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaginal GBBS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group B strep/sensitivity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Tests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type and screen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antibody screen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Tests Continued
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CMV antibodies, IgG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CMV antibodies, IgM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glucose blood test (non-fasting)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 hr GTT (OB screen)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 hr GTT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HepBsAg
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV screen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ParvoB19
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RPR, Qual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubella
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxoplasmosis IgM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TSH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UA w/ micro
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicella, IgG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genetic Tests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alpha-Fetoprotein (AFP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alpha-Fetoprotein (AFP) Quad
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystic Fibrosis w/ reflex
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fragile X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preg. HCG Quant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAPP-A/ HCG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spinal Muscular Atrophy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrier Screen Panel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jewish Panel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jewish Panel Add'l
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Tests/Ultrasounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OB Ultrasound Nuchal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OB Ultrasound Anatomic

Process Orders

Gestational Week Pregnancy Orders

- The MA or lab tech will need to send the labs to the preferred lab for each insurance carrier. Please see the list attached to this document for appropriate processing
- All ordered labs, today's and future labs will be visualized under the Gestational Week Pregnancy Orders.

Gestational Week Pregnancy Orders

Current Orders: [Order Management Console](#)

Status	Ordered	Code	Test Name	Expected Test Date	Obtained/Placed
ordered	12/13/2018	NG005009	CBC w/diff	12/13/2018	/ /
ordered	12/13/2018	NG121679	Hemoglobinopathy Profile	12/13/2018	/ /
ordered	12/13/2018	NG008847	Urine Culture, Routine	12/13/2018	/ /
ordered	12/13/2018	NG183194	Chlamydia/GC Amplification	12/13/2018	/ /
ordered	12/13/2018	NG006040	ABO Grouping and Rho(D) Typing	12/13/2018	/ /

Future Orders:

All Labs Radiology Imm. Scheduled Expired Future Ord... 1 day ago ... 2 day ago ... 3 day ago ... 5 day ago ... 10 day ago ... Manage Filters...

New... Refresh Sign-off... Update... Cancel... Delete Print Fax... Send Tracking...

Order#	Encounter Date	NextGen Status	Provider Name	Description
PRO4419042	10/01/2018 12:51 PM	Sent	Magaril MD, Rhona	Tay-Sachs, DNA Analysis, Gaucher Disease, Canavan Disease, DNA, Fanconi Anemia C, Cystic Fibrosis Extended Panel, Tay-Sachs Biochemical Leukocytes, Glycogen Storage Disease 1a Carrier Testing, DNA, Niemann-Pick Disease, Familial Dysautonomia, DNA, Mucopolidosis 1 Mutation, Bloom Syndrome, DNA Analysis
PRO4418380	10/01/2018 12:51 PM	Sent	Magaril MD, Rhona	CBC w/diff, Antibody Screen, ABO Grouping and Rho(D) Typing, Urine Culture, Routine, RPR, Qual, HIV Screen, Inherited Comprehensive Panel, NGS
PRO4418379	10/01/2018 12:51 PM	Ordered	Magaril MD, Rhona	OB Ultrasound Anatomic