Clinical Staff Employee Health Requirements: A Reference Guide for Managers

- **Tuberculosis Screening:**
  - TB symptom survey documented in K-Health
  - 2-step Tuberculin Skin Test (TST)

  *If employee has a history of BCG vaccination and/or recurrent positive TST, contact EH for next steps.

  *If EH indicates employee needs a QuantiFERON Gold TB blood test, employee must be sent to LabCorp with a LabCorp requisition. The requisition sheet must indicate the test (QuantiFERON Gold TB test) and check the NKC account box (#46036620).
- **Hepatitis B Immunity Screen:**
  - Hepatitis B labs: Hepatitis B surface antigen, Hepatitis B surface antibody quantity, Hepatitis B core antibody.
  - Hepatitis B vaccine series uploaded to K-Health

  * For Hepatitis B labs, draw blood at clinic (1 gold and 1 lavender top tubes) and send to LabCorp via Delivery Express courier to LabCorp. Ensure LabCorp requisition sheet indicates these 3 tests and the NKC account box is check (#46036620). See next page for details.

  *If employee cannot acquire their Hepatitis B vaccine records, contact EH.
- **Color Blindness Screening:**

  - Completed at the clinic by the manager/delegate and documented in K-health.
- **MMR/Tdap/Varicella vaccinations** (for Hospital Services only)
- **Fit tested for N95 respirator:** Completed in NEO and documented by Clinical Education. Then annually (at regional fit testing or by manager).

  *If clinical education is unable to document or the employee failed the fit test, education will contact the manager.
- **COVID-19 Vaccination:** Documented by Employee Health in K-Health at start date.
- **Annual Influenza Vaccination** (or compliance with the program through medical contraindication or declination)

  - Given at the clinic (when flu vaccine is available) or documented in K-Health if given elsewhere.

STAFF-Hepatitis B Vaccine Series and Titer Draw

Draw new employee and send to LabCorp via Delivery Express.

EMPLOYEE LABS
Complete LabCorp Requisition:
Select Hb sAg, Anti-HBs Quant, Anti-HBc. Use a Gold & Lavender Top Tube.
SEND TO LABCORP via Delivery Express.

If indicated by EH, begin Hepatitis B vaccine series.

Initial Dose
Give Hepatitis Vaccination #1 to the employee.

EMPLOYEE Hepatitis B Vaccine Dose:
Engerix-B 20 mcg IM per vaccine.

2nd Dose of the Series
Give at 1 month after the initial dose.

3rd Dose of the Series
Give 4 months **AFTER** the 2nd dose.

TITER
Draw the titer 1-2 months after the series completion.

EMPLOYEE LABS
Complete LabCorp Requisition:
Select Hepatitis B Surf Ab Quant if only titer recheck and use a Gold Top Tube.
SEND TO LABCORP via Delivery Express

Call Delivery Express courier: (425) 251-3533 or (888) 895-1005

NKC Account Number 113497

Instruct courier to deliver to LabCorp at
550 17th Ave
Suite 200
Seattle, WA 98122

NORTHWEST Kidney Centers

labcorp

To find the nearest patient service center, visit www.Labcorp.com or call 888-Labcorp (888-522-2677).

NKC Employee Health
1903 South 128th St
Seattle WA 98168
206-901-8713 WAA

46036620-0

☐ Fax
☐ Call

Send additional copy of report to:

Client Number/Physician Name | Phone/Fax Number

0703.36

Last, First
FP946036620 FP946036620 FP946036620
[redacted] DoB
FP946036620 FP946036620 FP946036620

FP946036620

Sample for New Employee Labs

CIRCLE ONE
1750398255-WATNICK, SU

CIRCLE ONE
03 ~~X~~ ACCOUNT BILL

Patient's Legal Name (Last, First, MI)	Sex	Date of Birth (MO DAY YR)	Collection Time	Fasting	Collection Date (MO DAY YR)	Urine hrs/vol
Last, First	M/F	05 10 75	11:00	☐ Yes ☐ No	05 10 23	___ hrs ___ vol

NPI	Physician's ID #	Patient's ID #	Hospital Patient Status:
			☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Physician's Name (Last, First): Watnick, Suzanne
Physician/Authorized Signature: x

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service

PATIENT

Patient's Address | Phone
City | State | ZIP

RESP. PARTY

Name of Policy Holder (If different from patient)
Address of Policy Holder | APT #
City | State | ZIP

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
*If Medicaid State / Physician's Provider #	Workers Comp ☐ Yes ☐ No

I hereby authorize the release of medical information related to the service(s) described herein and authorize payment directly to Labcorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X
Patient's Signature | Date

MEDICARE ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR UV	WRITTEN
☐ 990074	☐ 990202	☐ 990249	☐ 991450	☐ 991451	☐ 991452	☐ 990309	

EMPLOYEE:
182879 [ ] QuantiFERON-TB Gold Plus
006510 [X] HBsAg Screen (GEL)
006530 [X] Hepatitis B Surf Ab Quant (GEL)
006718 [X] Hep B Core Ab, Tot (GEL)
058495 [ ] Measles/Mumps/Rubella Immunity (GEL)
096206 [ ] Varicella-Zoster V Ab, IgG (GEL)
140659 [ ] HCV Antibody (GEL)
322755 [ ] Hepatic Function Panel (7) (GEL)
139900 [ ] SARS-CoV-2, NAA (GEL)
HIV 1/0/2 4TH GENERATION
083935 [ ] HIV Ab/p24 Ag with Reflex
OTHER:______________________________

PATIENT
006510 [ ] HBsAg Screen (GEL)
006530 [ ] Hepatitis B Surf Ab Quant (GEL)
550090 [ ] HCV RNA by PCR, Qn Rfx Geno (GEL)
165350 [ ] HIV 1/2 by OraQuick Advance (LAV)
OTHER:______________________________

HIV PROPHYLAXIS PROTOCOL
004036 [ ] Pregnancy Test, Urine (URINE)
028142 [ ] CBC, Platelet, No Differential (LAV)
322000 [ ] Comp. Metabolic Panel (14) (GEL)

labcorp

To find the nearest patient service center, visit www.Labcorp.com or call 888-Labcorp (888-522-2677).

NKC Employee Health
1903 South 128th St
Seattle WA 98168
206-901-8713 WAA

46036620-0

☐ Fax
☐ Call

0703.36

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FP846036620 FP846036620 FP846036620

FP846036620

Sample for Employee QuantiFERON Gold TB

CIRCLE ONE
[redacted]-WATWICK, SUZ

CHECK ONE
03 ☒ ACCOUNT BILL

Patient's Legal Name (Last, First, MI): Last, First | Sex | Date of Birth: 4/F 05 10 75 | Collection Time | Fasting ☐ Yes ☐ No | Collection Date | Urine hrs/vol

NPI | Physician's ID # | Patient's ID # | Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Physician's Name (Last, First) | Physician/Authorized Signature

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service

PATIENT: Patient's Address | Phone | City | State | ZIP

RESP. PARTY: Name of Policy Holder (if different from patient) | Address of Policy Holder | APT # | City | State | ZIP

I hereby authorize the release of medical information related to the services described herein and authorize payment directly to Labcorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X Patient Signature | Date

MEDICARE ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name

* If Medicaid State: Physician's Provider # | Workers Comp ☐ Yes ☐ No

STAT | VENIPUNCTURE | NON LABCORP | VERBAL ORDER | CHART ORDER | HANDWRITTEN | 24 HR TAT | PSYTEC #

EMPLOYEE:

182879	☒	QuantiFERON-TB Gold Plus	(GEL)
006510	[ ]	HBsAg Screen	(GEL)
006530	[ ]	Hepatitis B Surf Ab Quant	(GEL)
006718	[ ]	Hep B Core Ab, Tot	(GEL)
058495	[ ]	Measles/Mumps/Rubella Immunity	(GEL)
096200	[ ]	Varicella-Zoster V Ab, IgG	(GEL)
140659	[ ]	HCV Antibody	(GEL)
322755	[ ]	Hepatic Function Panel (7)	(GEL)
139900	[ ]	SARS-CoV-2, NAA	(GEL)

HIV 1/0/2 4TH GENERATION

083935	[ ]	HIV Ab/p24 Ag with Reflex	

OTHER: _____

PATIENT

006510	[ ]	HBsAg Screen	(GEL)
006530	[ ]	Hepatitis B Surf Ab Quant	(GEL)
550090	[ ]	HCV RNA by PCR, Qn Rfx Geno	(LAB)
165350	[ ]	HIV 1/2 by Qualitick Advance	

OTHER: _____

HIV PROPHYLAXIS PROTOCOL

004036	[ ]	Pregnancy Test, Urine	URINE (LAB) (GEL)
028142	[ ]	CBC, Platelet, No Differential	
322000	[ ]	Comp. Metabolic Panel (14)	

Note: We Cannot draw QB Gold at our clinics Employee must take this requisition to a LabCorp location.