

**Suggested Electronic Clinical Template Elements  
for a Home Oxygen Lab Results Template  
DRAFT v1.0 (07/28/2016)**

**A. Patient and Medical Provider Information**

- A1. Patient's first and last name.
- A2. Patient's date of birth.
- A3. Name of the Medicare Physician or the Medicare allowed Non-Physician Practitioner (NPP)
- A4. The Medicare Physician or NPP's NPI#.

**B. Name of Laboratory and person performing testing (if applicable):**

- B1. Name of Laboratory
- B2. Laboratory NPI#
- B3. Name of Tester
- B4. Tester's Credentials

**C. Laboratory Test Result Elements**

- C1. Test Date.
- C2. Date of Face to Face Encounter
- C3. Was the patient receiving oxygen while the test was being performed?
  - C3a. If yes, then document the Oxygen Flow Rate in either Liters Per Minute (LPM) or Oxygen Percentage. (e.g. 98% O2)
  - C3b. Document "No" if the patient was not receiving oxygen while the test was being performed.
- C4. Was the test performed at rest?
  - C4a. If yes, provide Arterial Blood Gas results: PH\_\_PaO2\_\_PaCO2\_\_HCO3\_\_Oxygen Saturation \_\_% or if applicable, provide the patient's Oxygen Saturation Percentage level. (e.g. 95% O2 Sat)
  - C4b. Document "No" if the patient was not at rest when the test was being performed.
- C5. Was the test performed during sleep?
  - C5a. If yes, provide Overnight Pulse Oximetry percentage. \_\_% (*lowest value reached during testing period*)
  - C5b. Document "No" if the test was not performed during sleep.
- C6. Was the test performed during exercise?
  - C6a. If yes, provide Oxygen Saturation results at rest without Oxygen \_\_%
  - C6b. If yes, provide Oxygen Saturation results during exercise without Oxygen \_\_%
  - C6c. If yes, provide Oxygen Saturation results during exercise with Oxygen applied \_\_%
  - C6d. Document "No" if the test was not performed during exercise.