Appendix Table 4. Institutional Cost Savings				
Lab Test	Direct Variable Labor & Benefits Cost		Direct Variable Supplies Cost	
Complete blood count (CBC)	\$7.42		\$0.28	
Basic metabolic panel (BMP)	\$3.99		\$4.02	
CBC	Total patient days	Total lab draws	Ratio (total lab draws/total patient days)	Cost
Pre-intervention observed (a)	26,108	13,797	0.5285	\$106,236
Post-intervention observed (b)	24,843	9,842	0.3962	\$75,782
Post-period expected (if no intervention took place) (c)	24,843	13,128	0.5285	\$101,088
*Actual cost savings observed (b-a)				\$30,454
**Estimated cost savings (c-b)				\$25,306
BMP	Total patient days	Total lab draws	Ratio (total lab draws/total patient days)	Cost
Pre-intervention observed (x)	26,108	13,040	0.4995	\$104,487
Post-intervention observed (y)	24,843	9,318	0.3751	\$74,663
Post-period expected (if no intervention took place) (z)	24,843	12,408	0.4995	\$99,424
^Actual cost savings observed (x-y)				\$29,824
^^ Estimated cost savings (z-y)				\$24,761

*Cost savings are the difference between a and b

**Estimated cost savings (based on pre-intervention ratio) is the difference between c and b

^Cost savings are the difference between \boldsymbol{x} and \boldsymbol{y}

^^ Estimated cost savings (based on pre-intervention ratio) is the difference between y and z

Appendix Table 4. Institutional costs and savings are shown. The pre-intervention time period is defined as 7/1/2017-2/28/2018 and the post-intervention time period is 3/1/2018-11/2/2018. The table reports two different cost-savings for CBC and BMP. The ratio of total lab draws/patient day is utilized to correct for the difference in patient days in the post-intervention period compared to pre-intervention. The "post-period expected (if no intervention took place)" depicts the number of CBCs and BMPs that would have been drawn in the post-intervention time period had we not launched our intervention (thereby making the ratio of total lab draws to total patient days equivalent in the pre and post-intervention time periods). We see that our institution saved money both because of the fewer number of patient days in the post-intervention time period (which is not directly linked to our intervention) as well as because of fewer lab draws post-intervention (which is linked to our intervention).