

For Lab Use Only	Facility Name	Ordering Physician Name Last First
	Address	Physician NPI No.
	City, State, Zip	Physician Phone No. ( )
	Facility Phone Number ( )	Report Fax Number ( )

Patient Name (Last) (First)		Insurance Info: Attach a copy of front & back of Insurance card or face sheet <input type="checkbox"/> Private Ins/PPO <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Patient <input type="checkbox"/> Client	
Unique ID or MRN	DOB-Required	Sex M F	Responsible Party ( Please Print)

Patient's Phone Number ( )	Collection Date & Time	Collection by- Required	Address
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Copy to: First Name Last Name	City, State, Zip
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Copy to complete address for mailing:	ICD Code(s) - REQUIRED INFORMATION
	Physician Signature: Date: Time:

Each individual test and CMS approved panel must have ICD code(s) to indicate the medical necessity of the test requested. Please provide all applicable ICD code(s) for the tests ordered. @ Tests for Medicare Patients Must be screened to determine if an Advanced Beneficiary Notice (ABN) is required. An ABN must be provided to the Medicare patient if there is a reason to believe Medicare will deny the test. Medicare may deny tests due to frequency. Medicare does not generally cover routine screening tests. Section 1862(a) (1)(A) of the Social Security Act states, "no payment may be made under Part A or Part B for any expense incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of any illness or to improve the functioning of a malformed body member." Tests submitted for Medicare reimbursement must meet program requirements or the claim may be denied. @ This test is subject to Medicare NCD or LCD, coverage is limited to certain diagnoses that support medical necessity.

Test Name and Description	Test Code
<input type="checkbox"/> <b>Bacterial ID by sequencing from specimen</b> <i>For detection and identification of bacteria from a fresh sterile source and paraffin-embedded tissue using universal 16S rRNA primers.</i>	<b>BACIDS</b>
<input type="checkbox"/> <b>Bacterial ID from isolate</b> <i>For identification of bacterial isolate using MALDI-TOF MS and DNA sequencing.</i>	<b>BACIDI</b>
<input type="checkbox"/> <b>M. tuberculosis detection by PCR from specimen</b> <i>For detection of Mycobacterium tuberculosis from a fresh sterile specimen and paraffin-embedded tissue.</i>	<b>TBPCRS</b>
<input type="checkbox"/> <b>AFB ID by PCR and sequencing from isolate</b> <i>For identification of a mycobacterial isolate from an infected source.</i>	<b>AFBPC</b>
<input type="checkbox"/> <b>Fungal ID by sequencing from specimen</b> <i>For detection and identification of fungi from a fresh sterile specimen and paraffin-embedded tissue using universal ribosomal primers.</i>	<b>FUNIDS</b>
<input type="checkbox"/> <b>Fungal ID from isolate</b> <i>For identification of fungal isolate using MALDI-TOF MS and DNA sequencing.</i>	<b>FUNIDI</b>
<input type="checkbox"/> <b>Other:</b> _____	

Specimen requirements can be found at [www.stanfordlab.com](http://www.stanfordlab.com)

Ship to:  
**Stanford Anatomic Pathology and Clinical Laboratory**  
Attn: Specimen Processing  
3375 Hillview Ave  
Palo Alto, CA 94304  
Phone: 1 (877) 717-3733  
If shipping Friday check for Saturday delivery

Shipper's Responsibility: The shipper is required to comply with the rules and guidelines for transport of medical specimens as set forth by the United States government, the government of the country of origin and international regulatory agencies. Failure to follow instructions for packaging and shipping specimens can result in the delay, loss or destruction of your specimens. Stanford University Medical Center Clinical Laboratories will not be held responsible for any liability attributable to the shipper's improper actions or failure to comply with regulations.