

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	
Submitter ID	Unique ID or MRN	DOB-Required	Sex M F
		Responsible Party (Please Print)	

Patient's Phone Number ()	Collection Date & Time	Collection by- Required	Address
Copy to: First Name	Last Name		City, State, Zip

Copy to complete address for mailing:	ICD Code(s) - REQUIRED INFORMATION
	Physician Signature: Date:

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. Continued on page 2

PATIENT INFORMATION

- White Black Asian/Pacific American Indian/Alaskan Native Hispanic Other: _____
- Medication (s): _____
- Transfusion within last three months? No Yes **If yes, call lab prior to sending. Lab phone #: (650) 723-5235**

- Instructions: 1. Draw whole blood, Lavender-top tube (EDTA): 3-5 mL, minimum volume (pediatric): 1 mL
2. Enclose a recent CBC report (WBC, RBC, HgB, MCV, Plt, diff, retic), and 2 stained slides
3. Refrigerate until sent, then send room temperature, overnight delivery to:
Stanford Anatomic Pathology & Clinical Laboratories
Attn: Specimen Processing
3375 Hillview Ave
Palo Alto, CA, 94304
1-(877) 717-3733
4. If ordering RBC enzymes or Osmotic Fragility please phone the lab at **(650)723-5235**, Fax: (650) 724-9970 or e-mail, RBCLAB@stanfordmed.org, any pertinent information and to alert the lab that a specimen is on its way.

TEST REQUESTED

TEST CODE

- | | |
|---|---------------|
| <input type="checkbox"/> Hemoglobin Quantitation and Fractionation | HGBQ |
| <input type="checkbox"/> Hemoglobin F Quantitation Only | HGBFQ |
| <input type="checkbox"/> Hemoglobin S Quantitation Only | HGBSQ |
| RBC ENZYMES | |
| <input type="checkbox"/> RBC Enzyme Panel [may include Glucose-6-Phosphate Dehydrogenase (G6PD), Pyruvate Kinase (PK), Glucose Phosphate Isomerase (GPI), Hexokinase (HK), Adenosine Deaminase (ADA), Pyrimidine 5' Nucleotidase Screen (P5'N), Reduced Glutathione (GSH)] | RBCENZ |
| <input type="checkbox"/> Glucose-6-Phosphate Dehydrogenase | G6PDQT |
| <input type="checkbox"/> Adenosine Deaminase | ADAQ |
| <input type="checkbox"/> Purine Nucleoside Phosphorylase | PNPQ |
| <input type="checkbox"/> Osmotic Fragility, RBC - Note: BLOOD MUST BE FRESH (WITHIN 48 HOURS OF COLLECTION) AND CAN ONLY BE SENT OVERNIGHT MONDAY THROUGH WEDNESDAY | OF |

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.

Specimen Requirements can be found at www.stanfordlab.com

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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.