Patient information and submission instruction for RBC Special Studies

- White ☐ Black ☐ Asian/Pacific ☐ American Indian/Alaskan Native ☐ Hispanic ☐ Other: 
- Transfusion within last three months? ☐ No ☐ Yes If yes, call lab prior to sending. Lab phone #: (650) 723-5235
- Medication(s): 
- Instructions: 
  1. Draw whole blood, Lavender-top tube (EDTA): 3-5 mL, minimum volume (pediatric): 1.5 mL
  2. Enclose a recent CBC report (WBC, RBC, Hgb, MCV, PR, diff, retic), and 2 stained slides
  3. Refrigerate until sent, then send room temperature, overnight delivery
  4. Ship to: Stanford Anatomic Pathology & Clinical Laboratories, Attn: Specimen Processing 3375 Hillview Ave., Palo Alto, CA 94304

TEST REQUESTED

- Hemoglobin Quantitation and Fractionation
- Hemoglobin F Quantitation Only
- Hemoglobin S Quantitation Only
- Unstable Hemoglobin Screen (Isopropanol Stability)
- RBC Enzyme Panel [may include Glucose-6-Phosphate Dehydrogenase (G6PD), 6-Phosphogluconate Dehydrogenase (6PGD), Quantitative, Pyruvate Kinase (PK), Glucose Phosphate Isomerase (GPI), Hexokinase (HK), Adenosine Deaminase (ADA), Pyrimidine 5’ Nucleotidase Screen (P5’N), Reduced Glutathione (GSH)]
- Glucose-6-Phosphate Dehydrogenase (G6PD)
- Glucose-6-Phosphate Dehydrogenase (G6PD) Female Carrier Status Panel
- Adenosine Deaminase
- Purine Nucleoside Phosphorylase
- Osmotic Fragility, RBC: Note: BLOOD MUST BE FRESH (WITHIN 48 HOURS OF COLLECTION) AND CAN ONLY BE SENT OVERNIGHT MONDAY THROUGH WEDNESDAY
- EMA (Eosin-5-maleimide) for Spherocytosis by Flow Cytometry

MOLECULAR PATHOLOGY

- Alpha Thalassemia
- Beta Thalassemia Sequencing

Panel: see components on page 2
Specimen Requirements can be found at www.stanfordlab.com

G6PD Female Carrier Status Panel

Components include:
Glucose-6-Phosphate Dehydrogenase(G6PD), Quantitative
6-Phosphogluconate Dehydrogenase (6PGD), Quantitative
6-PGD/G6PD Ratio

Shipping Address:
Stanford Anatomic Pathology & Clinical Laboratories
Attn: Specimen Processing
3375 Hillview Ave.
Palo Alto, CA, 94304
1-(877) 717-3733

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 Health Care Clinical Laboratories will not be held responsible for any liability attributable to the shipper’s improper actions or failure to comply with regulations.

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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.
Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn’t pay for D. ______________________ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. ______________________ below.

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<th>D.</th>
<th>E. Reason Medicare May Not Pay:</th>
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WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. ______________________ listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- **OPTION 1.** I want the D. ______________________ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn’t pay, I am responsible for payment, but I **can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

- **OPTION 2.** I want the D. ______________________ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I **cannot appeal if Medicare is not billed.**

- **OPTION 3.** I don’t want the D. ______________________ listed above. I understand with this choice I am **not** responsible for payment, and I **cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature: J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: **1-800-MEDICARE** or email: **AltFormatRequest@cms.hhs.gov.**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.