

STANFORD SPECIMEN REQUIREMENTS

For Specimen collection questions you may call the testing laboratory at the phone number listed next to the department name or contact our Customer Service department at 1-877-717-3733. Specimen requirements can also be found on www.stanfordlab.com.

First sample collected should always be a green top (sodium heparin) tube when Chromosome Analysis is requested.

FLOW CYTOMETRY

Lab Phone Number: (650) 724-2250

Whole Blood	<ul style="list-style-type: none"> · Minimum 4 mL · Lavender-top (EDTA) tube · Maintain specimen at room temperature · Peripheral blood smear requested but not required
Bone Marrow	<ul style="list-style-type: none"> · Minimum 2 mL · Lavender-top (EDTA) tube or green-top (sodium heparin) tube · Maintain specimen at room temperature · Aspirate smear requested but not required
Core Biopsy or Fresh Tissue	<ul style="list-style-type: none"> · 0.5-1 cm³ tissue · Sterile tube containing RPMI cell media · Maintain specimen at room temperature
Fluid (pleural, effusion, ascites etc.)	<ul style="list-style-type: none"> · Minimum 7 mL · Lavender-top (EDTA) tube or sterile tube · Maintain specimen at room temperature

CHROMOSOME ANALYSIS & FLUORESCENCE IN SITU HYBRIDIZATION (FISH)

Lab Phone Number (650) 725-6396

Chromosome Analysis and FISH testing can be performed from a single patient sample if volume is adequate

Whole Blood	<ul style="list-style-type: none"> · Minimum 4 mL · Green-top (sodium heparin) tube · Maintain specimen at room temperature · Blood must have circulating blasts when bone marrow is unobtainable
Bone Marrow	<ul style="list-style-type: none"> · Minimum 1-2 mL · Green-top (sodium heparin) tube · Maintain specimen at room temperature
Tissue	<ul style="list-style-type: none"> · 0.5-1 cm³ tissue · Sterile tube containing RPMI cell culture media, Sterile saline acceptable if media unavailable · Paraffin embedded tissue (FISH)

MOLECULAR PATHOLOGY

Lab Phone Number (650) 723-6574

Specimens with suspected acute leukemia or myeloid neoplasms must be shipped on cool packs.

Whole Blood Provide % blast or lymphoma cells in sample submitted	<ul style="list-style-type: none"> · Minimum 4 mL · Lavender-top (EDTA) tubes · RNA Studies –ship on wet ice, DNA Studies ship at room temperature
Bone Marrow Provide % blast or lymphoma cells in sample submitted	<ul style="list-style-type: none"> · Minimum 1-2 mL · Lavender-top (EDTA) tubes · Maintain specimen at room temperature
Tissue Enclose a copy of the patient's Pathology Report	<ul style="list-style-type: none"> · FFPE tissue · Maintain specimen at room temperature ● Provide % tumor in sample submitted or H & E stained slide of block submitted
Fluid	<ul style="list-style-type: none"> · Volume varies, contact laboratory · Sterile tube · Maintain specimen at room temperature

Ship to:	Stanford Anatomic Pathology and Clinical Laboratory
If shipping Friday check for Saturday delivery	Attn: Specimen Processing
Phone: 1(877) 717-3733	3375 Hillview Ave
Fax delivery notification to: (650) 724-4758	Palo Alto, CA 94304

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.

* ICD Code(s) based on present CMS guidelines.



Patient's First Name: _____

Patient's Last Name: _____

Patient's MRN: _____

Or Affix Label Here

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.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

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:
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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.

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