

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

Copy to: First Name Last Name	City, State, Zip
-------------------------------	------------------

Copy to complete address for mailing:	<b>ICD Code(s) - REQUIRED INFORMATION</b>		
	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. Continued on page 2

**RBC Special Studies**

**Patient information and submission instruction for RBC Special Studies**

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): 1.5 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.  
4. Ship to: Stanford Anatomic Pathology & Clinical Laboratories, Attn: Specimen Processing  
3375 Hillview Ave., Palo Alto, CA 94304

✓ TEST REQUESTED	TEST CODE
<input type="checkbox"/> Hemoglobin Quantitation and Fractionation	LABHGBQ
<input type="checkbox"/> Hemoglobin F Quantitation Only	LABHGBFQ
<input type="checkbox"/> Hemoglobin S Quantitation Only	LABHGBSQ
<input type="checkbox"/> Unstable Hemoglobin Screen (Isopropanol Stability)	LABUNSHGB
<input type="checkbox"/> 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)]	LABRBCENZ
<input type="checkbox"/> Glucose-6-Phosphate Dehydrogenase (G6PD)	LABG6PDQT
<input type="checkbox"/> Glucose-6-Phosphate Dehydrogenase (G6PD) Female Carrier Status Panel ■	LABG6PDF
<input type="checkbox"/> Adenosine Deaminase	LABADAQ
<input type="checkbox"/> Purine Nucleoside Phosphorylase	LABPNPQ
<input type="checkbox"/> Osmotic Fragility, RBC <b>Note: BLOOD MUST BE FRESH (WITHIN 48 HOURS OF COLLECTION) AND CAN ONLY BE SENT OVERNIGHT MONDAY THROUGH WEDNESDAY</b>	LABOF
<input type="checkbox"/> EMA (Eosin-5-maleimide) for Spherocytosis by Flow Cytometry	LABEMA

**MOLECULAR PATHOLOGY**

<input type="checkbox"/> Alpha Thalassemia	LABATHAL
<input type="checkbox"/> Beta Thalassemia Sequencing	LABBTHSQ

■ Panel: see components on page 2

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

**G6PD Female Carrier Status Panel**

**Order Code : LABG6PDF**

**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.

Continued from page 1

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.

Patient's First Name: \_\_\_\_\_

Patient's Last Name: \_\_\_\_\_

Patient's MRN: \_\_\_\_\_

Or Affix Label Here



**Stanford**  
**HEALTH CARE**

**STANFORD MEDICINE**

## 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.

<b>I. Signature:</b>	<b>J. Date:</b>
----------------------	-----------------

**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](mailto: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.