Stanford HEALTH CARE
STANFORD MEDICINE

Anatomic Pathology and Clinical Laboratories
Customer Service Toll Free (877) 717-3733

Special Coagulation
Molecular Pathology

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 ☐Private Ins/PPO ☐ Medicare ☐ Medi-Cal ☐ Patient ☐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:			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. Continued on page 2.

Required Hx: Is the patient currently on the following or alternative drugs: ☐Apixaban ☐Coumadin ☐Dabigatran ☐Rivaroxaban ☐Other(please specify):_____

√	Test Name		Specimen Type	√	Test Name		Specimen Type
☐	Activated Protein C Resistance Assay	APC	*	☐	LMWH Activity by Anti-Xa Activity	ANTIXA	*
☐	ADAMTS-13 Profile, Activity & Inhibitor	ADAMTS	*	☐	Heparin Induced Thrombocytopenia Panel w/Reflex ▯	HITPNL	▲
☐	Anti-Phospholipid Ab Panel ▯	APHSA2	*	☐	Heparin Platelet Factor 4 Antibody	HITAB	▲
☐	Antithrombin III, Activity	AT3	*	☐	HIT Functional by Impedance Aggregometry	HITIA	▲
☐	Beta-2 Glycoprotein 1	B2GP1	▲		***Required Information:*** Thrombosis ☐ Yes ☐ No		
☐	Cardiolipin Ab, IgG & IgM, Serum	ACA	▲		Date Heparin Started:_____ Platelet Count:_____		
☐	Dabigatran	DBGT	*	☐	Lupus Anticoagulant	LUPUS	*
☐	Dilute Russell Viper Venom Time	DRVVTP	*	☐	Phosphatidylserine / Prothrombin Antibodies	APSPT	▲
☐	Euglobulin Clot Lysis	ECL	*	☐	Plasminogen	PLASMN	*
☐	Factor II	FACT2	*	☐	Protein C, Antigen, Total	TOTALC	*
☐	Factor V	FACT5	*	☐	Protein C, Activity, Plasma	PROTC	*
☐	Factor VII	FACT7	*	☐	Protein S, Antigen, Total	TOTALS	*
☐	Factor VIII	FACT8	*	☐	Protein S, Activity, Plasma	PROTS	*
☐	Factor VIII Inhibitor	F8INH	*	☐	Free Protein S	PROTSF	*
☐	Factor IX	FACT9	*	☐	PT Inhibitor Screen @	PTINH	*
☐	Factor X	FACT10	*	☐	PTT Inhibitor Screen @	PTTINH	*
☐	Factor XI	FACT11	*	☐	Rivaroxaban	RVXN	*
☐	Factor XII	FACT12	*	☐	Von Willebrand Activity	VWACT	*
☐	Factor XIII Screen	FACT 13	*	☐	Von Willebrand Antigen	VWAG	*
☐	Heparin Activity Level	HEPAR	*	☐	Von Willebrand Disease Screen ▯	VWSCN	*
☐	Arixtra (Fondaparinux)	ARIX	*				
Molecular Pathology							
☐	Prothrombin-20210A Mutation	P20210	L		Other:		
☐	Factor V Leiden	LEID	L				

Specimen Types

* = Frozen, Platelet Poor Plasma ▲=Frozen - Serum, Red-top tube; allow 1 hr to clot before spinning ▯ Panel: see components on page 2

L=Lavender top (EDTA) tube, Room Temp

Specimen Requirements can be found on www.stanfordlab.com

(10/2017)

Anti-Phospholipid Ab Panel **Test Code: APHSA2**
Components may be ordered individually:

Beta-2 Glycoprotein 1	Test Code: B2GP1
Cardiolipin Ab, IgG & IgM, Serum	Test Code: ACA
Lupus Anticoagulant	Test Code: LUPUS
Dilute Russell Viper Venom Time	Test Code: DRVVTP
Phosphatidylserine/Prothrombin Antibodies	Test Code: APSPT

Heparin Induced Thrombocytopenia Panel w/ Reflex **Test Code: HITPNL**
Reflex to HIT Functional by Impedance Aggregometry if Heparin Platelet Factor 4 Antibody is positive.
Complete Required Information listed under HIT Functional Assay
Components may be ordered individually:

Heparin Platelet Factor 4 Antibody	Test Code: HITAB
HIT Functional by Impedance Aggregometry	Test Code: HITIA

Von Willebrand Screen **Test Code: VWSCN**
Components may be ordered individually:

Von Willebrand Factor Activity	Test Code: VWACT
Von Willebrand Antigen	Test Code: VWAG
Factor VIII	Test Code: FACT8

Ship to:
Stanford Anatomic Pathology and Clinical Laboratories
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 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.

I. Signature:	J. Date:

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