

Patient Information				BILL TO: ABN is Located on Last Page	
Patient Name (Last) (First)		Date of Birth		<input type="checkbox"/> Patient <input type="checkbox"/> PPO <input type="checkbox"/> HMO* <input type="checkbox"/> Client <input type="checkbox"/> Medicare <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient	
Referring Facility MRN		Sex M F	Patient's Phone Number ()		
Patient Address		City	State	Zip Code	
Collection Date: (REQUIRED)					
Requestor Information					
Practice/Facility Name & Address					
Phone No.		Fax No.			
Each CMS approved test and panel must have ICD code(s) to indicate the medical necessity of the test requested. 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.			For Lab Use Only		
Shippers Responsibility: The shipper is required to comply with the rules for transport of medical specimens 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 will not be held responsible for any liability attributable to the shipper's improper actions or failure to comply with regulations.					
Submission of samples constitute the acceptance of the Terms and Conditions for Stanford Clinical Laboratory Testing and Anatomic Pathology Services. Terms & Conditions can be referenced on www.stanfordlab.com.					
REQUIRED INFORMATION		ICD Codes(s)			

Requesting Physician

Physician Name	Date	Physician NPI #:	Physician Signature - REQUIRED
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COPY TO: (Name & Address, Fax & Phone)

TESTING REQUESTED
For assay details and specimen requirements, refer to next page and www.stanfordlab.com

	SAMPLE TYPE	TESTING REQUESTED	CODE
Specimen 1	Referring Facility Specimen ID: _____		
<input type="checkbox"/>	Fresh Tissue - <i>Source:</i> _____ <small>Accepted for: BACIDS, TBPCRS, FUNIDS, MOLDP, ASPPCR, MUCPCR, DMFPCR, CANPCR</small>	<input type="checkbox"/> Bacterial ID by Sequencing from Specimen <input type="checkbox"/> Bacterial ID from Isolate <input type="checkbox"/> Mycobacterium tuberculosis PCR from Specimen	BACIDS BACIDI TBPCRS
<input type="checkbox"/>	Paraffin embedded tissue (block/scrolls) <i>Please attach a copy of the pathology report.</i> <small>Accepted for: BACIDS, TBPCRS, FUNIDS, MOLDP, ASPPCR, MUCPCR, DMFPCR, CANPCR</small>		
	<i>Source:</i> _____ <i>Block #:</i> _____		
<input type="checkbox"/>	Sterile Body Fluid <i>Source:</i> _____ <small>Accepted for: BACIDS, TBPCRS, FUNIDS, MOLDP, ASPPCR, MUCPCR, DMFPCR, CANPCR</small>	<input type="checkbox"/> Fungal ID by Sequencing from Specimen <input type="checkbox"/> Fungal ID from Isolate <input type="checkbox"/> Mold Panel PCR <input type="checkbox"/> Aspergillus species PCR <input type="checkbox"/> Mucorales Agents PCR <input type="checkbox"/> Dimorphic Fungi PCR <input type="checkbox"/> Candida species PCR <input type="checkbox"/> Pneumocystis jirovecii PCR	FUNIDS FUNIDI MOLDP ASPPCR MUCPCR DMFPCR CANPCR PJPCR
<input type="checkbox"/>	Plasma <small>Accepted for: BACIDS, TBPCRS, FUNIDS, MOLDP, ASPPCR, MUCPCR, DMFPCR, CANPCR, PJPCR</small>		
<input type="checkbox"/>	Bronchoalveolar lavage <small>Accepted for: TBPCRS, ASPPCR, DMFPCR, MUCPCR, PJPCR</small>		
<input type="checkbox"/>	Sputum <small>Accepted for: TBPCRS, PJPCR (INDUCED ONLY)</small>		
<input type="checkbox"/>	Isolated colony on an agar slant <small>Accepted for: FUNIDI, BACIDI</small>		
Specimen 2	Referring Facility Specimen ID: _____		
<input type="checkbox"/>	Fresh Tissue - <i>Source:</i> _____ <small>Accepted for: BACIDS, TBPCRS, FUNIDS, MOLDP, ASPPCR, MUCPCR, DMFPCR, CANPCR</small>	<input type="checkbox"/> Bacterial ID by Sequencing from Specimen <input type="checkbox"/> Bacterial ID from Isolate <input type="checkbox"/> Mycobacterium tuberculosis PCR from Specimen	BACIDS BACIDI TBPCRS
<input type="checkbox"/>	Paraffin embedded tissue (block/scrolls) <i>Please attach a copy of the pathology report.</i> <small>Accepted for: BACIDS, TBPCRS, FUNIDS, MOLDP, ASPPCR, MUCPCR, DMFPCR, CANPCR</small>		
	<i>Source:</i> _____ <i>Case ID:</i> _____		
<input type="checkbox"/>	Sterile Body Fluid <i>Source:</i> _____ <small>Accepted for: BACIDS, TBPCRS, FUNIDS, MOLDP, ASPPCR, MUCPCR, DMFPCR, CANPCR</small>	<input type="checkbox"/> Fungal ID by Sequencing from Specimen <input type="checkbox"/> Fungal ID from Isolate <input type="checkbox"/> Mold Panel PCR <input type="checkbox"/> Aspergillus species PCR <input type="checkbox"/> Mucorales Agents PCR <input type="checkbox"/> Dimorphic Fungi PCR <input type="checkbox"/> Candida species PCR <input type="checkbox"/> Pneumocystis jirovecii PCR	FUNIDS FUNIDI MOLDP ASPPCR MUCPCR DMFPCR CANPCR PJPCR
<input type="checkbox"/>	Plasma <small>Accepted for: BACIDS, TBPCRS, FUNIDS, MOLDP, ASPPCR, MUCPCR, DMFPCR, CANPCR, PJPCR</small>		
<input type="checkbox"/>	Bronchoalveolar lavage <small>Accepted for: TBPCRS, ASPPCR, DMFPCR, MUCPCR, PJPCR</small>		
<input type="checkbox"/>	Sputum <small>Accepted for: TBPCRS, PJPCR (INDUCED ONLY)</small>		
<input type="checkbox"/>	Isolated colony on an agar slant <small>Accepted for: FUNIDI, BACIDI</small>		

Clinical History and Suspected Diagnosis:

Block Returns:	Facility:	
	Address:	