SPECIALTY LABORATORIES
27027 Tourney Road 800•421•7110
Valencia, CA 91355 www.specialtylabs.com

☐ Client Account Billing ☐ Patient Billing ☐ Insurance ☐ Medicaid/Cal Billing
☐ Medicare – Hospitals please see "Medicare Hospital Bundling Rules" on back of form

PATIENT NAME (Last) (First) (MI)			Sex M F	PATIENT ADDRESS (Street Address, Apt #)			
DATE OF BIRTH	AGE	RACE	PATIENT SOC SEC #	(City)	(State)	(Zip)	Phone
PATIENT ID #	Specimen ID #	DRAW DATE	DRAW TIME AM PM	INSURANCE NAME	Please attach copy of card		
PHYSICIAN NAME (Last) (First) (MI)			UPIN#	(Address)	(City)	(State)	(Zip)
CLIENT REPORT NOTE (25 Character Max)	PATIENT INFO/CLINICAL DIAGNOSIS			SUBSCRIBER NAME	RELATIONSHIP ☐ Self ☐ Spouse ☐ Dependent		
Specialty PREVIOUS SPECIMEN #				GROUP POLICY #	SUBSCRIBER/MEDICARE/MEDICAID #		

Patient Signature Requested for Third Party Billing

I authorize release of any medical or other information necessary to process my claim and authorize payment of my medical benefits to Specialty Laboratories.

Signature Date

ABN **(Advance Beneficiary Notice Medicare**)
1. Do any of the tests you ordered require Advance Beneficiary Notification?
   ☐ yes ☐ no *If "no", no further action required.*
2. Is there a signed ABN? ☐ yes ☐ no
   If yes, please attach signed ABN form

Fax Results to:		Specimen Type: ☐ Whole Blood ☐ Amniotic Fluid ☐ Other _____	
Temperature: ☐ **Amb** ☐ **Refrig**	# Tubes	Anticoagulant:	Total Tests:

Molecular Genetics Testing Requisition

New York Clients: Consent forms are required by the State of New York. Additional information and Consent Forms are located on the Specialty Laboratories' Web site at: www.specialtylabs.com.

REQUIRED INFORMATION:	Client Services: Fax 661-799-5252 Phone 800-421-4449
Contact physician:	Indication/Diagnosis:
Physician phone:	
Physician fax:	

For Cystic Fibrosis Carrier Studies (5356 and 5355), is there a Family History of Cystic Fibrosis (CF)?
☐ No ☐ Yes If Yes, then:
1) Ethnicity: ☐ Ashkenazi Jewish ☐ Caucasian, European ☐ African American ☐ Hispanic American ☐ Asian American ☐Other
2) Relationship to patient:
3) Family member with history of CF is: ☐ carrier ☐ affected
4) Family Mutation (s), if known is:

Test Code	Test Name	ICD-9 code
Inherited Disease Testing:		
☐ 5356	Cystic Fibrosis 70 GenotypR™ Carrier Study	
☐ 5355	Cystic Fibrosis 40 GenotypR™ Carrier Study	
☐ 5357	Cystic Fibrosis 70 GenotypR™ Diagnostic Study	
☐ 5358	Cystic Fibrosis 70 GenotypR™: Prenatal Diagnosis	
☐ 5220	Alpha-Thalassemia GenotypR™	
☐ 5290	Familial Mediterranean Fever GenotypR™	
☐ 5369	Hemochromatosis GenotypR™	
☐ 1515	Alpha-1-Antitrypsin GenotypR™	
☐ 1518	Alpha-1-Antitrypsin Deficiency Fetal Study	
Chromosome Analysis by PCR (post and prenatal):		
☐ 5855	Aneuploidy 13-18-21-X-Y DetectR™ by PCR	
☐ 5857	Trisomy-13-18-21 DetectR™ by PCR	
☐ 5859	Chromosomes X-Y Aneuploidy DetectR™ by PCR	

Test Code	Test Name	ICD-9 code
Thrombophilia Testing:		
☐ 1966	Factor V (Leiden) GenotypR ™	
☐ 5371	Factor II (PT) GenotypR ™	
☐ 4562	MTHFR C677T/A1298C GenotypR™	
☐ 5375	Plasminogen Activator Inhibitor (PAI-1) GenotypR ™	
☐ 4555	Thrombotic Risk AssessR™ (Factor V, Factor II and MTHFR)	
Pharmacogenetics Testing:		
☐ 5055	Warfarin Sensitivity DetectR™ (VKORC1 and CYP2C9)	
☐ 5353	TPMT GenotypR™	
☐ 4562	MTHFR C677T/A1298C GenotypR™	
☐ 4565	AmpliChip™ CYP450 (CYP450 2D6 & 2C19)	
☐ 5380	Cytochrome P450 2D6 GenotypR™	
☐ 5382	Cytochrome P450 2C19 GenotypR™	
☐ 5384	UGT1A1 GenotypR™	
☐ 5383	DPD 5-FU GenotypR™	

Additional Tests:

Please use General Oncology requisition form for Molecular Oncology (Bcr/abl, Jak2 etc) tests.

For complete listing see the *Specialty* Directory of Services, or website www.specialtylabs.com CFx R11313 04/2010

Only medically necessary tests (based on specific patient diagnosis and treatment) should be ordered. Screening tests will generally not be reimbursed by third party carriers.

Medicare Hospital Bundling Rules

Under Medicare rules, *Specialty* can only bill Medicare for a hospital-referred test when the specimen was not collected as part of an inpatient or outpatient encounter, i.e., the specimen was not drawn in a hospital facility. All other testing for hospital patients must be billed directly to the hospital. If client is a hospital and has requested that *Specialty* bill the Medicare program directly for any referred tests, client warrants and represents to *Specialty* that the patient's specimen was not collected by hospital personnel.

Medically Necessary Tests

Medicare generally does not cover routine screening tests; Medicare will only pay for those tests that are reasonable and necessary. Tests ordered pursuant to panels and/or profiles should be reviewed to ensure that all of the tests are medically necessary. Diagnosis codes should be reviewed to ensure that they accurately reflect the patient's condition that supports the medical necessity of the tests ordered.

CPT Codes, Reflex Testing and Confirmation

For the most comprehensive, up-to-date listing of CPT coding recommendations, please consult the *Specialty* Web site: www.specialtylabs.com. In some circumstances, based on a test result, we will reflex to additional testing as specified in the Directory of Services. If a test is reflexed for further testing, additional or different CPT codes should be added and charges for the added tests will be billed to the payor specified. If a test result requires confirmation based on methodology employed, the absolute result value or established clinical guidelines, we will perform confirmatory testing at no additional charge. No additional CPT codes are required for confirmatory testing. Turn-around time is increased at least 2 days by reflex or confirmatory testing.

Specimen Types:

For Carrier, Diagnostic and Pharmacogenetics Studies:

5 mL EDTA Whole Blood; Ambient or Refrigerated: EDTA is the preferred anticoagulant, but ACD (A or B) and Heparin is also acceptable. DO NOT FREEZE. Refrigerated specimens are also acceptable but not preferred. Ship immediately by overnight courier.

For Prenatal Diagnostic Studies:

Mother's blood (5 mL, EDTA) should accompany any fetal specimen for studies of potential maternal cell contamination.

20 mL Amniotic Fluid; Ambient: Collect as usual and ship in a sterile tube. Order DOS 5822 for fetal chromosome analysis. DOS code 12990 will be added at the laboratory for cell culture. Ship ambient within 24 h.

Cultured amniocytes; Ambient: Ship flask at confluency, topped off with culture media. DOS code 12992 will be added at the laboratory for cell culture. Ship ambient within 24 h.

If you have questions, want to order copies of the Directory of Services or would like additional information on a specific assay, please call Client Services (800-421-4449). For requisitions and packaging supplies, please call Client Supply (800-421-4449) or fax (661-799-5251).

Specimen Transport

Please call Client Services (800-421-4449) for information on Courier Services in your area. *Specialty* staff and independent distribution service representatives assist our clients throughout the United States.

Shipping Locations

Send overnight delivery (FedEx) packages to:

Specialty Laboratories
27027 Tourney Road
Valencia, CA 91355
(661) 799-6543

Packaging Instructions for Diagnostic Specimens

FedEx regulations require that specimen packaging include the following:

1. Watertight primary receptacle. Either the primary or secondary tube must pass a pressure test.
2. Watertight secondary packaging with biohazard labeling
3. Absorbent material (desiccant) placed between the primary receptacle and the secondary packaging
4. Sturdy outside packaging constructed of corrugated fiberboard (cardboard), wood, metal or plastic

Please call Client Supply Department (800-421-4449) for mailing supplies. See the Directory of Services "General Information" section for additional information on packaging and shipping specimens to Specialty Laboratories.

NOTE: If you are sending infectious specimens to Specialty, please contact Client Services for specific instructions. Information on what constitutes an infectious specimen is listed in the Directory of Services and on our Web site (www.specialtylabs.com).

Specimen Temperature

Specialty lists the critical specimen temperature requirements for each assay in the Directory of Services. If no temperature is specified, store and ship specimens at ambient (room) temperature. Please note that temperature ranges are as follows:

(R) refrigerated (cold pack)	+2° to +6° C
(A) ambient (room temperature)	+18° to +26°C

For complete listing see the *Specialty* Directory of Services, or website http:\\www.specialtylabs.com

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