

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

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
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Client Acct #	Unique ID or MRN	DOB-Required	Sex M F	Responsible Party (Please Print)
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Patient's Phone Number ()	Collection Date & Time	Collection by-Required	Address
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Copy to: First Name Last Name	City, State, Zip
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Copy to complete address for mailing:	ICD9 Code(s) - REQUIRED INFORMATION
	Physician Signature: Date:

Each individual test and CMS approved panel must have ICD-9 code(s) to indicate the medical necessity of the test requested. Please provide all applicable ICD-9 codes 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.

REASON FOR REFERRAL

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|--|--|---------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Acidosis | <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Dev. Delay/MR | <input type="checkbox"/> Hyperammonemia | <input type="checkbox"/> Seizures | | |
| <input type="checkbox"/> Special Diet:: (list) | | | | |
| <input type="checkbox"/> On Medication: (list) | | | | |

TEST NAME	TEST CODE	SPECIMEN
<input type="checkbox"/> Acylcarnitine Profile, Plasma (Quantitative)	ACYLP	*
<input type="checkbox"/> Amino Acids, CSF (Quantitative)	AACSF	*
<input type="checkbox"/> Amino Acids, Serum (Quantitative)	AAP	*
<input type="checkbox"/> Amino Acids, Urine (Quantitative)	AAUR	*
<input type="checkbox"/> Amino Acids, Blood Spot (Not for initial diagnosis, for monitoring only)	AABS	Filter Card
<input type="checkbox"/> Biotindase, Serum	BTDASE	*
<input type="checkbox"/> Branched Chain Amino Acids, Serum	BCAA	*
<input type="checkbox"/> Carnitine, Free and Total, Serum (Quantitative)	CARN	*
<input type="checkbox"/> Carnitine, Free and Total, Urine (Quantitative)	UCARN	*
<input type="checkbox"/> Hexosaminidase A and Total, Serum (Quantitative)	HEXO	*
<input type="checkbox"/> Methylmalonic Acid, Serum (Quantitative)	MMAS	*
<input type="checkbox"/> Mucopolysaccharides, Urine (Quantitative)	MPSQNT	*
<input type="checkbox"/> Mucopolysaccharides, TLC, Urine	MPSTLC	*
<input type="checkbox"/> Oligosaccharides, TLC, Urine	OSTLC	*
<input type="checkbox"/> Organic Acids, Urine (Qualitative)	UORG	*
<input type="checkbox"/> Orotic Acid, Urine (Quantitative)	UOROT	*
<input type="checkbox"/> Phenylalanine and Tyrosine, Serum (Quantitative)	PHATYR	*

* -- Frozen sample, transport frozen. **Card:** Dried Blood Spot Collection Device provided by testing laboratory.

Consult test directory for specimen handling at www.stanfordlab.com or call Customer Service at 1 (877) 717-3733

Ship to:
Stanford's Anatomic Pathology and Clinical Laboratory
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 University Medical Center Clinical Laboratories will not be held responsible for any liability attributable to the shipper's improper actions or failure to comply with regulations.