

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

Patient Name - Required (Last) (First)		Billing Info <input type="checkbox"/> Copy of Front & Back of Ins. Card Attached	
Location Unique Identifier or MRN		<input type="checkbox"/> Private Ins./PPO <input type="checkbox"/> Medicare <input type="checkbox"/> Inpatient <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Client <input type="checkbox"/> Outpatient	
CSN -	DOB - Required	Sex	Responsible Party (Please Print)
Patient's Phone Number () ()	Collection Date & Time - Required	Collected By - Required	Street Address
Copy to: First Name Last Name		City, State, Zip	
Address:		Ph. () ()	ICD9 Code(s) - REQUIRED INFORMATION
		Fax () ()	

Each individual test and CMS approved panel must have ICD-9 code(s) to indicate the medical necessity of the test requested. Please document **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 should be provided to the patient if there is a reason to believe Medicare will not pay for the test. Medicare may deny tests due to frequency. Medicare does not generally cover routine screening tests.

- Acylcarnitine Profile, Plasma (Quantitative) **(ACYLP) ***
- Amino Acids, CSF (Quantitative) **(AACSF) ***
- Amino Acids, Serum (Quantitative) **(AAP) ***
- Amino Acids, Urine (Quantitative) **(AAUR) ***
- Biotindase, Serum **(BTDASE) ***
- Branched Chain Amino Acids, Serum **(BCAA) ***
- Carnitine, Free and Total, Serum (Quantitative) **(CARN) ***
- Carnitine, Free and Total, Urine (Quantitative) **(UCARN) ***
- Hexosaminidase A and Total, Serum (Quantitative) **(HEXO) ***
- Methylmalonic Acid, Serum (Quantitative) **(MMAS) ***
- Mucopolysaccharides, Urine (Quantitative) **(MPSQNT) ***
- Mucopolysaccharides, TLC, Urine **(MPSTLC) ***
- Oligosaccharides, TLC, Urine **(OSTLC) ***
- Organic Acids, Urine (Qualitative) **(UORG) ***
- Orotic Acid, Urine (Quantitative) **(UOROT) ***
- Phenylalanine and Tyrosine, Serum (Quantitative) **(PHATYR) ***

***Frozen**

Reason for referral: _____

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

If Shipping on Friday, check for Saturday delivery Fax delivery notification to: (650) 724-4758	SHIP TO: Stanford's Pathology and Clinical Laboratory Attn: Specimen Processing 3375 Hillview Avenue Palo Alto, CA 94304 Phone: 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 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.