STANFORD UNIVERSITY MEDICAL CENTER

Clinical Laboratory and Pathology

Customer Service Toll Free Number: (877) 717-3733

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

Patient Name - ***Required*** (Last) (First)

Location	Unique Identifier or MRN	DOB - ***Required***	Sex M F
Patient's Phone Number ( )	Collection Date & Time - ***Required***	Collected By - ***Required***	

Copy to: First Name Last Name

Address: Ph. ( ) Fax ( )

Billing Info ☐ ***Copy of Front & Back of Ins. Card Attached***

☐ Private Ins./PPO ☐ Medicare ☐ Inpatient ☐ Outpatient ☐ Medi-Cal ☐ Client

Responsible Party (Please Print)

Street Address

City, State, Zip

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.

☐ Familial Gastric Cancer, Whole Blood (EDTA) (Unknown Mutation **(CDH1)**

☐ CDH1 Known Mutation, Whole Blood (EDTA) One Exon - Specify the mutation: ______________________ **(CDH1)**

☐ Familial Gastric Cancer, Paraffin Embedded Tissue (Unknown Mutation) **(CDHPET)**

☐ CDH1 Known Mutation, Paraffin Embedded Tissue One Exon - Specify the mutation: ______________________ **(CDHPET)**

KNOWN DIAGNOSIS OR SUSPECTED DIAGNOSIS

Family History: ______________________

Are other relatives known to be affected with cancer? ☐ No ☐ Yes - Type of Cancer: ______________________

If yes, indicate their relationship to the patient: ______________________

Genetic Counselor/Care Coordinator: ______________________ **Phone #:** ( ) ______________________

List all relevant clinical symptoms and results of any applicable diagnostic tests: ______________________

Have any other relatives had molecular genetic testing? ☐ No ☐ Yes If yes, indicate the results [specific mutation(s) identified and the lab which testing was performed]: ______________________

If testing was performed at Stanford University Medical Center Clinical Laboratories, please indicate the patient name and date of birth:

Last Name ______________________ First Name ______________________ Date of Birth ______________________

I have supplied information to the patient regarding genetic testing and the patient has given consent for genetic testing to be performed. I further confirm that this test is medically necessary for the diagnosis or detection of a disease, illness, impairment, syndrome or disorder, and results will be used in the medical management and treatment decision for the patient.

Medical Professional Signature ______________________ Date ______________________

Customer Service: 1-877-717-3733

Specimen Requirements:

Specimen Type: Whole Blood

Container Type: Lavender-top tube (EDTA)

Required Volume: 2 mL

Special Handling: Mix by gentle inversion several times. DO NOT CENTRIFUGE. Transport original tube promptly, at room temperature.

OR

Specimen Type: Paraffin Embedded Tissue

Special Handling: Transport Paraffin Block at Room Temperature

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.