



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

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
-----------------------------	--

Client Acct #	Unique ID or MRN	DOB-Required	Sex M F	Responsible Party (Please Print)
---------------	------------------	--------------	------------	-----------------------------------

Patient's Phone Number ()	Collection Date & Time	Collection by- Required	Address
-------------------------------	------------------------	----------------------------	---------

Copy to: First Name Last Name	City, State, Zip
-------------------------------	------------------

Copy to complete address for mailing:	<p style="text-align: center; color: red;">ICD9 Code(s) - REQUIRED INFORMATION</p>
	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.

Test Name and Description	Test Code
<input type="checkbox"/> AFB ID by PCR and sequencing from isolate <i>For identification of a mycobacterial culture isolated from an infected source.</i>	AFBPC
<input type="checkbox"/> TB ID by PCR from specimen <i>For detection of Mycobacterium tuberculosis in clinical specimen.</i>	TBPCRS
<input type="checkbox"/> Fungi ID by sequencing from isolate <i>For identification of a fungal culture isolated from an infected source.</i>	FUNIDI
<input type="checkbox"/> Bacteria ID by sequencing from specimen <i>For detection and identification of bacteria from a sterile source using universal 16S rRNA primers.</i>	BACIDS
<input type="checkbox"/> Bacteria ID by sequencing from isolate <i>For identification of a bacterial culture isolated from an infected source.</i>	BACIDI
<input type="checkbox"/> Shiga Toxin Producing E. Coli by PCR <i>PCR assay to detect all STEC serotypes by targeting Shiga toxin (stx1 and stx2) gene sequences.</i>	STXPCR

Specimen requirements can be found at www.stanfordlab.com

Ship to:
Stanford 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.