### RBC Special Studies

#### Patient Information and Submission Instruction for RBC Special Studies

- **White**
- **Black**
- **Asian/Pacific**
- **American Indian/Alaskan Native**
- **Hispanic**
- **Other:**
- **Medication:**
- **Transfusion within last three months:**
- **No**
- **Yes**
  - If yes, call lab prior to sending. Lab phone #: (650) 723-5235

**Instructions:**
1. Draw whole blood, Lavender-top tube (EDTA): 3-5 mL, minimum volume (pediatric): 1.5 mL
2. Enclose a recent CBC report (WBC, RBC, HgB, MCV, PR, diff, retic), and 2 stained slides
3. Refrigerate until sent, then send room temperature, overnight delivery.
4. Ship to: Stanford Anatomic Pathology & Clinical Laboratories, Attn: Specimen Processing 3375 Hillview Ave., Palo Alto, CA 94304

**TEST REQUESTED**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>TEST CODE</th>
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</thead>
<tbody>
<tr>
<td>Hemoglobin Quantitation and Fractionation</td>
<td>LABHGBQ</td>
</tr>
<tr>
<td>Hemoglobin F Quantitation Only</td>
<td>LABHGBFQ</td>
</tr>
<tr>
<td>Hemoglobin S Quantitation Only</td>
<td>LABHGBSQ</td>
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<tr>
<td>Unstable Hemoglobin Screen (Isopropanol Stability)</td>
<td>LABUNSHGB</td>
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<tr>
<td>RBC Enzyme Panel [may include Glucose-6-Phosphate Dehydrogenase (G6PD), 6-Phosphogluconate Dehydrogenase (6PGD), Quantitative, Pyruvate Kinase (PK), Glucose Phosphate Isomerase (GPI), Hexokinase (HK), Adenosine Deaminase (ADA), Pyrimidine 5’ Nucleotidase Screen (P5’N), Reduced Glutathione (GSH)]</td>
<td>LABRBCENZ</td>
</tr>
<tr>
<td>Glucose-6-Phosphate Dehydrogenase (G6PD)</td>
<td>LABG6PDQT</td>
</tr>
<tr>
<td>Glucose-6-Phosphate Dehydrogenase (G6PD) Female Carrier Status Panel</td>
<td>LABG6PDF</td>
</tr>
<tr>
<td>Adenosine Deaminase</td>
<td>LABADAQ</td>
</tr>
<tr>
<td>Purine Nucleoside Phosphorylase</td>
<td>LABPNPQ</td>
</tr>
<tr>
<td>Osmotic Frailty, RBC: <strong>Note: BLOOD MUST BE FRESH (WITHIN 48 HOURS OF COLLECTION) AND CAN ONLY BE SENT OVERNIGHT MONDAY THROUGH WEDNESDAY</strong></td>
<td>LABOF</td>
</tr>
<tr>
<td>EMA (Eosin-5-maleimide) for Spherocytosis by Flow Cytometry</td>
<td>LABEMA</td>
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</tbody>
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**MOLECULAR PATHOLOGY**

- **Alpha Thalassemia**
- **Beta Thalassemia Sequencing**

<table>
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<tr>
<th>Test Description</th>
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<tbody>
<tr>
<td>Alpha Thalassemia</td>
<td>LABTHAL</td>
</tr>
<tr>
<td>Beta Thalassemia Sequencing</td>
<td>LABBTHSQ</td>
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</table>
Specimen Requirements can be found at www.stanfordlab.com

**G6PD Female Carrier Status Panel**

**Order Code : LABG6PDF**

**Components include:**
- Glucose-6-Phosphate Dehydrogenase (G6PD), Quantitative
- 6-Phosphogluconate Dehydrogenase (6PGD), Quantitative
- 6-PGD/G6PD Ratio

**Shipping Address:**

Stanford Anatomic Pathology & Clinical Laboratories  
Attn: Specimen Processing  
3375 Hillview Ave.  
Palo Alto, CA, 94304  
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 Health Care Clinical Laboratories will not be held responsible for any liability attributable to the shipper’s improper actions or failure to comply with regulations.

Continued from page 1

Section 1862(a)(1)(A) of the Social Security Act states, “no payment may be made under Part A or Part B for any expense incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of any illness or to improve the functioning of a malformed body member.” Tests submitted for Medicare reimbursement must meet program requirements or the claim may be denied. @ This test is subject to Medicare NCD or LCD, coverage is limited to certain diagnoses that support medical necessity.
Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn’t pay for D. ______________ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. ______________ below.

<table>
<thead>
<tr>
<th>D.</th>
<th>E. Reason Medicare May Not Pay:</th>
<th>F. Estimated Cost</th>
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</table>

WHAT YOU NEED TO DO NOW:
• Read this notice, so you can make an informed decision about your care.
• Ask us any questions that you may have after you finish reading.
• Choose an option below about whether to receive the D. ______________ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☑️ OPTION 1. I want the D. ______________ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn’t pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☑️ OPTION 2. I want the D. ______________ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

☑️ OPTION 3. I don’t want the D. ______________ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature: J. Date: