

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)		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 M F	
Patient's Phone Number ()	Collection Date & Time - Required	Collected By - Required	
Copy to: First Name Last Name		Responsible Party (Please Print)	
Address:		Street Address	
Ph. ()		City, State, Zip	
Fax ()		ICD9 Code(s) - REQUIRED INFORMATION	

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.

Race/Ethnic Group: White Black Asian/Pacific American Indian/Alaskan Native Hispanic
 Other: _____

Transfusion within last three months? No Yes **If yes, call lab prior to sending: Lab 650-723-5235**

Instructions:

1. Draw whole blood, Lavender-top tube (EDTA): 3-5mL, Mimimum Volume (Pediatric): 1mL
2. Enclose a recent CBC report (WBC, RBC, HgB, MCV, Plt, diff, retic), and 2 stained slides
3. Refrigerate until sent, then send room temperature, overnight delivery to: **Stanford Clinical Laboratories at Hillview
Attn: Specimen Processing
3375 Hillview Avenue
Palo Alto, CA 94304
1 (877) 717-3733**
4. If ordering RBC enzymes or Osmotic Fragility, please phone the lab at (650) 723-5235, Fax (650) 724-9970 or email RBCLAB@stanfordmed.org, any pertinent information and to alert the lab that a specimen is on its way.

TESTS REQUESTED

TEST CODE	TEST NAME
HGHPLC	<input type="checkbox"/> Hemoglobin Quantitation and Fractionation
HGBFQ	<input type="checkbox"/> Hemoglobin F Quantitation Only
HGBSQ	<input type="checkbox"/> Hemoglobin S Quantitation Only
RBC ENZYMES	
RBCENZ	<input type="checkbox"/> RBC Enzyme Panel (may include Glucose-6-Phosphate Dehydrogenase (G6PD), Pyruvate Kinase (PK), Glucose Phosphate Isomerase (GPI), Hexokinase (HK), Adenosine Deaminase (ADA), Enolase, Hgb F)
G6PDQT	<input type="checkbox"/> Glucose-6-Phosphate Dehydrogenase
ADAQ	<input type="checkbox"/> Adenosine Deaminase
PNPQ	<input type="checkbox"/> Purine Nucleoside Phosphorylase
OF	<input type="checkbox"/> Osmotic Fragility, RBC BLOOD MUST BE FRESH (WITHIN 48 HOURS OF COLLECTION) AND CAN ONLY BE SENT OVERNIGHT MONDAY THROUGH WEDNESDAY

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.