

For Lab Use Only		Facility Name		Ordering Physician Name Last <span style="float:right">First</span>		
		Address		Physician NPI No.		
		City, State, Zip		Physician Phone No. (        )		
		Facility Phone Number (        )		Report Fax Number (        )		
Patient Name (Last) <span style="float:right">(First)</span>			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 <span style="float:right">Last Name</span>		City, State, Zip				
Copy to complete address for mailing:				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.						
<b>PATIENT INFORMATION</b>						
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____						
<input type="checkbox"/> Transfusion within last three months? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, call lab prior to sending. Lab phone #: (650) 723-5235</b>						
Instructions:    1. Draw whole blood, Lavender-top tube (EDTA): 3-5 mL, minimum volume (pediatric): 1 mL 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: <div style="text-align: right; margin-right: 50px;"> <b>Stanford Anatomic Pathology &amp; Clinical Laboratories</b>  <b>Attn: Specimen Processing</b>  <b>3375 Hillview Ave</b>  <b>Palo Alto, CA, 94304</b>  <b>1 (877) 717-3733</b> </div> 4. If ordering RBC enzymes or Osmotic Fragility please phone the lab at (650)723-5235, Fax: (650) 724-9970 or e-mail, <a href="mailto:RBCLAB@stanfordmed.org">RBCLAB@stanfordmed.org</a> , any pertinent information and to alert the lab that a specimen is on its way.						
<b>TEST REQUESTED</b>					<b>TEST CODE</b>	
<input type="checkbox"/> Hemoglobin Quantitation and Fractionation					<b>HGHPLC</b>	
<input type="checkbox"/> Hemoglobin F Quantitation Only					<b>HGBFQ</b>	
<input type="checkbox"/> Hemoglobin S Quantitation Only					<b>HGBSQ</b>	
<b>RBC ENZYMES</b>						
<input type="checkbox"/> <b>RBC Enzyme Panel</b> [may include Glucose-6-Phosphate Dehydrogenase (G6PD), Pyruvate Kinase (PK), Glucose Phosphate Isomerase (GPI), Hexokinase (HK), Adenosine Deaminase (ADA), Pyrimidine 5' Nucleotidase Screen (P5'N), Reduced Glutathione (GSH)]					<b>RBCENZ</b>	
<input type="checkbox"/> Glucose-6-Phosphate Dehydrogenase					<b>G6PDQT</b>	
<input type="checkbox"/> Adenosine Deaminase					<b>ADAQ</b>	
<input type="checkbox"/> Purine Nucleoside Phosphorylase					<b>PNPQ</b>	
<input type="checkbox"/> Osmotic Fragility, RBC <b>-Note: BLOOD MUST BE FRESH (WITHIN 48 HOURS OF COLLECTION) AND CAN ONLY BE SENT OVERNIGHT MONDAY THROUGH WEDNESDAY</b>					<b>OF</b>	
<b>Shipper's Responsibility:</b> 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.						