### Virology

**Sample Type**
- ☐ Plasma
- ☐ Serum
- ☐ Urine
- ☐ Viral Transport Media
- ☐ Other; type _______________
- ☐ Paraffin Block; site _______________

**Return block to ☐ address above or address:**

### Genotyping and Antiviral Resistance Testing

- ☐ Hepatitis C Virus (HCV) RNA, Quantitative PCR, Serum, with reflex to Genotyping
- ☐ HIV-1 Antiviral Resistance Testing - Integrase, Plasma
- ☐ HIV-1 Antiviral Resistance Testing - RT and Protease, Plasma
- ☐ Human Papilloma Virus (HPV), 16/18 Typing
- ☐ Human Papilloma Virus (HPV), 6/11 Typing
- ☐ Human Papilloma Virus (HPV), Nucleic Acid Amplification Testing (NAAT), with reflex to HPV 16, 18/45 Genotyping

**Test Code**
- HCVPCX Ø
- AVIN *
- AVRT *
- HPVPCR PET
- HPV6QC PET
- HPVHRX LP

### Viral Load

- ☐ Adenovirus DNA, Quantitative PCR, Plasma
- ☐ BK Virus DNA, Quantitative PCR, Plasma
- ☐ BK Virus DNA, Quantitative PCR, Urine
- ☐ Cytomegalovirus (CMV) DNA, Quantitative PCR, Plasma
- ☐ Epstein-Barr Virus (EBV) DNA, Quantitative PCR, Plasma
- ☐ Epstein-Barr Virus (EBV) DNA and BamHI Quantitative PCR, Plasma
- ☐ Hepatitis B Virus (HBV) DNA, Quantitative PCR, Serum
- ☐ Hepatitis C Virus (HCV) RNA, Quantitative PCR, Serum
- ☐ HIV-1 RNA, Quantitative PCR, Plasma
- ☐ Human Herpes Virus -6 (HHV-6) DNA Quantitative PCR, Plasma

**Test Code**
- ADVQT *
- BKVPC *
- BKVPCU U
- CMVQT  ▲
- EBVQP ***
- EBVQBP ***
- HBPCR Ø
- HCVPQR Ø
- HHVPCR ***
- HHV6QAT *

### Qualitative Nucleic Acid Tests

- ☐ Adenovirus, Qualitative PCR
- ☐ Cytomegalovirus (CMV) DNA, Qualitative PCR
- ☐ Epstein-Barr Virus (EBV) DNA, Qualitative PCR
- ☐ Herpes Simplex Virus (HSV) 1 and 2 DNA, Qualitative PCR, Non-Lesion
- ☐ Herpes Simplex Virus (HSV) & Varicella-Zoster Virus (VZV), Qualitative PCR, Lesions
- ☐ Human Herpes Virus-6 (HHV-6), Qualitative PCR
- ☐ Respiratory Virus Panel, PCR
- ☐ Varicella-Zoster Virus (VZV) DNA, Qualitative PCR, Non-Lesion

**Test Code**
- ADVQL BAL, NP
- CMQLV BAL, T, U, PET
- EBVQL CSF, BM, T
- HSQVL *, BAL, CSF
- HSVZL VTM
- HHV6QQL CSF, BAL, BM, T
- RESQPL NP
- VZQVL *, BAL, CSF
<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Ø</td>
<td>- 3 mL Serum Gold-Top/SST tube, centrifuge within 6 hours of collection. Transport refrigerated. If transport is greater than 2 days, centrifuge and transfer serum to a screw-capped tube and transport specimen frozen.</td>
</tr>
<tr>
<td>*</td>
<td>- 3 mL EDTA or ACD Plasma, centrifuge within 6 hours of collection and transfer plasma to a screw-capped tube. Transport refrigerated. If transport is greater than 2 days, transport specimen frozen.</td>
</tr>
<tr>
<td>▲</td>
<td>- 3 mL ACD Plasma, centrifuge within 6 hours of collection and transfer plasma to a screw-capped tube. Transport refrigerated. If transport is greater than 2 days, transport specimen frozen.</td>
</tr>
<tr>
<td>***</td>
<td>- 3 mL EDTA Plasma, centrifuge within 6 hours of collection and transfer plasma to a screw-capped tube. Transport refrigerated. If transport is greater than 2 days, transport specimen frozen.</td>
</tr>
<tr>
<td>BAL</td>
<td>- 4-12 mL Bronchoalveolar lavage (BAL) fluid in a sterile container. Transport refrigerated. If transport is greater than 2 days, transport frozen.</td>
</tr>
<tr>
<td>BM</td>
<td>- 4 mL Bone Marrow in Lavender-top tube (EDTA) or a Light-blue-top tube (sodium citrate) or Yellow-top tube Acid Citrate Dextrose Solution A (ACD), transport refrigerated.</td>
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<tr>
<td>CSF</td>
<td>- 3 mL CSF in sterile, leak-proof container, transport refrigerated unless transport will be greater than 4 hours then transport frozen.</td>
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<tr>
<td>LP</td>
<td>- 4 mL ThinPrep® Liquid Based Pap. Transport at room temperature.</td>
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<tr>
<td>NP</td>
<td>- 1 nasopharyngeal (NP) flocked swab in Viral Transport Media (4MRT). Transport refrigerated. If transport is greater than 2 days, transport frozen.</td>
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<tr>
<td>PET</td>
<td>- 3 to 5 paraffin-embedded tissue scrolls at 5-10 µm thickness in a screw cap tube. Transport at room temperature.</td>
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<tr>
<td>T</td>
<td>- 5 mm³ tissue, transport refrigerated.</td>
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<tr>
<td>U</td>
<td>- 2 mL Urine, transport refrigerated. If transport is greater than 2 days, transport specimen frozen.</td>
</tr>
<tr>
<td>VTM</td>
<td>- 1 flocked or Dacron swab in Viral Transport Media (4MRT). Transport refrigerated. If transport is greater than 2 days, transport frozen.</td>
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Ship to:
Stanford Anatomic Pathology and Clinical Laboratories
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.

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.
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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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:  

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (03/11)  
Form Approved OMB No. 0938-0566