

- Client Account Billing Patient Billing Insurance Medicaid/Cal Billing
 Medicare – Hospitals please see “Medicare Hospital Bundling Rules” on back of form

PLEASE PRINT

PATIENT NAME (Last) (First) (MI)			Sex M F	PATIENT ADDRESS (Street Address, Apt #)			
DATE OF BIRTH	AGE	RACE	PATIENT SOC SEC #	(City)	(State)	(Zip)	Phone
PATIENT ID #	Specimen ID #	DRAW DATE	DRAW TIME AM PM	INSURANCE NAME <i>Please attach copy of card</i>			
PHYSICIAN NAME (Last) (First) (MI)			UPIN#	(Address)	(City)	(State)	(Zip)
CLIENT REPORT NOTE (25 Character Max)		PATIENT INFO/CLINICAL DIAGNOSIS		SUBSCRIBER NAME		RELATIONSHIP <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
Specialty PREVIOUS SPECIMEN #				GROUP POLICY #		SUBSCRIBER/MEDICARE/MEDICAID #	
Patient Signature Requested for Third Party Billing I authorize release of any medical or other information necessary to process my claim and authorize payment of my medical benefits to Specialty Laboratories. Signature _____ Date _____				ABN (Advance Beneficiary Notice Medicare) 1. Do any of the tests you ordered require Advance Beneficiary Notification? yes <input type="checkbox"/> no <input type="checkbox"/> If “no”, no further action required. 2. Is there a signed ABN? yes <input type="checkbox"/> no <input type="checkbox"/> If yes, please attach signed ABN form			

Call/Fax Results to:	Specimen Type/Source	Temp (A/R/F)	# Tubes	Total Tests
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Write in test code #, test name, ICD-9 codes or additional information below.

GENERAL ONCOLOGY REQUISITION

Specimen Source: _____	Clinical Data:
No. of Blocks: _____	
Contact Phone: _____	Differential Diagnoses:
Contact Name: _____	

Please attach copy of Pathology Report and other applicable test results. Interpretation depends on complete and accurate information.

Molecular Oncology**

- BCR/ABL UltraQuant[®]:
 5352 Major 210 KD (WB) 5342 Major 210 KD (BM)
 5354 Minor 190 KD (WB) 5344 Minor 190 KD (BM)
 BCL2/JH Gene Rearrangements by PCR:
 5049 (WB, BM) 5049BK (FFPE)
 B-Cell, T-Cell Gene Rearrangement DetectR[™]:
 B-Cell: 5044 (WB, BM, FFT) 5044BK (FFPE)
 T-Cell: 5042 (WB, BM, FFT) 5042BK (FFPE)
 B-Cell & T-Cell: 5040 (WB, BM, FFT) 5040BK (FFPE)
 MSI (Microsatellite Instability) DetectR[™]:
 5046 (WB, BM, FFT) 5046BK (FFPE)
 FLT3 and NPM1 GenotypR[™]:
 5038 (WB, BM) 5038BK (FFPE)
 5048 BCL1 DetectR[™] (WB, BM)
 5310 BAALC UltraQuant[®] (WB, BM)
 5396 JAK2 V617F w/Rfx Exons 12&13 w/Rfx MPL (WB, BM)
 5394 JAK2 V617F w/Rfx Exons 12&13 (WB, BM)
 5392 JAK2 exons 12&13 (WB, BM)
 5034 RAS Mutation Analysis (KRAS&NRAS&HRAS) (WB, BM, FFT, FFPE)
 5032 KRAS Mutation Analysis (WB, BM, FFT, FFPE)
 5030 NRAS Mutation Analysis (WB, BM, FFT, FFPE)

Pharmacogenetics †**

- 5384 UGT1A1 (CAMPTOSAR/Irinotecan) GenotypR[™] (WB)
 5383 DPD 5-FU GenotypR[™] (WB)
 5353 TPMT GenotypR[™] (WB)
 4565 AmpliChip[™] CYP450 (CYP450 2D6 & 2C19) (WB)

Leukemia/Lymphoma Flow Cytometry Immunophenotyping

- 5 (3) mL Whole Blood or 2 (1) mL Bone Marrow, ACD & Smear or Solid Tumor or Lymph Node in RPMI, Ambient
 1795 Leukemia/Lymphoma EvaluatR

Breast/Non-breast Cell Cycle Analysis

- Formalin-fixed, paraffin embedded tissue, Ambient
 5400 DNA Cell Cycle Analysis, Breast
 5400T DNA Cell Cycle Analysis, Non-breast
 5400P DNA Ploidy, Products of Conception
 1819 ER, PR, DNA CCA, HER-2/*neu*
 1818 ER, PR, DNA CCA, HER-2/*neu* reflex FISH•

Cervical/Genital Cancer; Human Papillomavirus

- Digene Cervical Sample Kit or Cytyc ThinPrep[®]-Pap Test[™]; Do Not Freeze
 1822 HPV High- & Low-Risk DetectR[™]
 1821 HPV High-Risk DetectR[™]

IHC Solid Tumor Panels - Breast

- Formalin-fixed, paraffin embedded tissue, Ambient
 1830 ER, PR
 1840 ER, PR, HER-2/*neu*
 1842 ER, PR, HER-2/*neu* reflex FISH•
 1839 ER, PR, Ki-67, HER-2/*neu* reflex FISH•
 1833 ER, PR, Ki-67, p53, HER-2/*neu* reflex FISH•
 1835 EGFR pharmDx[™] (IHC)
 1845 Ki-67 (IHC)
 1846 HER-2/*neu* IHC
 5846 HER-2/*neu* IHC reflex to FISH•

Tumor Markers

- 2 mL serum, Refrigerated or Frozen only
 3109 Alpha- Fetoprotein
 3120 CA 19-9
 3134 CA 27.29
 3121 CA 125
 2 mL serum, Ambient, Refrigerated or Frozen
 3143 Beta-2-Microglobulin
 3119 CA 15-3
 3258 Carcinoembryonic Ag (CEA)
 3952 Chromogranin A (Frozen only)
 3184 Chorionic Gonadotropin (BhCG)
 1760 Multiple Myeloma (Serum Free Light Chains)*
 3860 Neuron-Specific Enolase
 3546 Prostate-Specific Ag, Total (PSA)
 3547 PSA, Free & Total
 3100 Prostatic Acid Phosphatase (PAP)
 10 mL Urine, Refrigerated or Frozen
 9620 NMP22 Bladder Tumor Marker
 1 mL EDTA Plasma (Trasylol), Frozen
 3990 PTH-Related Protein (PTH-rP)

For related tests, please refer to IHC requisition

Additional tests:

Medicare Hospital Bundling Rules

Under Medicare rules, *Specialty* can only bill Medicare for a hospital-referred test when the specimen was not collected as part of an in-patient or out-patient encounter, i.e., the specimen was not drawn in a hospital facility. All other testing for hospital patients must be billed directly to the hospital. If client is a hospital and has requested that *Specialty* bill the Medicare program directly for any referred tests, client warrants and represents to *Specialty* that the patient's specimen was not collected by hospital personnel.

Medically Necessary Tests

Medicare generally does not cover routine screening tests; Medicare will only pay for those tests that are reasonable and necessary. Tests ordered pursuant to panels and/or profiles should be reviewed to ensure that all of the tests are medically necessary. Diagnosis codes should be reviewed to ensure that they accurately reflect the patient's condition that supports the medical necessity of the tests ordered.

CPT Codes, Reflex Testing and Confirmation

For the most comprehensive, up-to-date listing of CPT coding recommendations, please consult the *Specialty* Website: www.specialtylabs.com. In some circumstances, based on a test result, we will reflex to additional testing as specified in the Directory of Services. If a test is reflexed for further testing, additional or different CPT codes should be added and charges for the added tests will be billed to the payor specified. If a test result requires confirmation based on methodology employed, the absolute result value or established clinical guidelines, we will perform confirmatory testing at no additional charge. No additional CPT codes are required for confirmatory testing. Turn-around time is increased at least 2 days by reflex or confirmatory testing.

Serial Reporting (SR)

To receive serial reports, you **must** include the patient's Social Security Number on the Requisition Form where indicated. There is an additional fee of \$15.00 for serial reports.

Panels on This Requisition (with unlisted components)

1760 – Kappa/Lambda Light-Chain Free, Serum (Multiple Myeloma) (for diagnosis and monitoring of MGUS, indolent myeloma, multiple myeloma, non-secretory myeloma and primary systemic amyloidosis [AL-amyloidosis]).

Kappa (serum), Lambda (serum), Kappa/Lambda Ratio

HER-2/*neu* Reflex Conditions

1818, 1839, 1842, 5846

If the HER-2/*neu* is 2+, it automatically reflexes to HER-2/*neu* by FISH and an additional charge will be added.

Specimen Transport

Please call Client Services (800-421-4449) for information on Courier Services in your area. *Specialty* staff and independent distribution service representatives assist our clients throughout the United States.

Shipping Locations

Send overnight delivery (FedEx) packages to:

Specialty Laboratories

27027 Tourney Road
Valencia, CA 91355
(661) 799-6543

**Specimen Requirements for Molecular Oncology and Pharmacogenetics

5 mL Whole Blood (WB); Refrigerated for BCR/ABL tests, Ambient or Refrigerated for others.

2 mL Bone Marrow (BM); Refrigerated for BCR/ABL tests, Ambient or Refrigerated for others.

EDTA is the preferred anticoagulant. DO NOT FREEZE. Ship immediately by overnight courier.

Heparinized or ACD whole blood and bone marrow are not acceptable for 5352, 5342, 5354, 5344, 5392 and 5394.

Paraffin Tissue Block (FFPE); Ambient.

5.0 mg Fresh Tissue (FFT); Frozen.

† **NOTE for New York Clients:** Consent forms are required for 5384, 5383, 5353 and 4565 by the State of New York. Additional information and Consent Forms are located on the *Specialty* Laboratories' Web site at: www.specialtylabs.com.

Packaging Instructions for Diagnostic Specimens

FedEx requires that specimen packaging include the following:

1. Watertight primary receptacle
2. Watertight secondary packaging with biohazard labeling. Either the primary or secondary tube must pass a pressure test.
3. Absorbent material (desiccant) placed between the primary receptacle and the secondary packaging
4. Sturdy outside packaging constructed of corrugated fiberboard (cardboard), wood, metal or plastic

Specialty provides Specimen Shipper Boxes for Anatomic Pathology / Oncology specimens which include Leukemia/Lymphoma samples and paraffin-embedded tissues. These boxes meet shipping regulation requirements. Please call Client Supply Department (800-421-4449) and specify kit number:

- A11227 for *Specialty* Courier Specimen Shipper Box for Courier use only
- A11222 for *Specialty* FedEx Specimen Shipper Box for FedEx use only

For other specimen types, *Specialty's* Specimen Mailers (postage pre-paid for U.S. Mail) meet these qualifications. Please call Client Supply Department (800-421-4449) for mailing supplies. See the Directory of Services "General Information" section for additional information on packaging and shipping specimens to *Specialty* Laboratories.

NOTE: If you are sending infectious specimens to Specialty, please contact Client Services for specific instructions. Information on what constitutes an infectious specimen is listed in the Directory of Services and on our Website (www.specialtylabs.com).

Specimen Temperature

Specialty lists the critical specimen temperature requirements for each assay in the Directory of Services. If no temperature is specified, store and ship specimens at ambient (room) temperature. Please note that temperature ranges are as follows:

(F) frozen (dry ice)	-20° C or colder
(R) refrigerated (cold pack)	+2° to +8° C
(A) ambient (room temperature)	+18° to +26° C

If you have questions, want to order copies of the Directory of Services or would like additional information on a specific assay, please call Client Services (800-421-4449). For requisitions and packaging supplies, please call Client Supply (800-421-4449) or fax (661-799-5252).