ADD-ON TESTS
MOLECULAR DIAGNOSTICS TEST REQUEST FORM
The University of Arkansas Clinical Laboratory
4301 W. Markham St.
Shorey Building 7th Floor, Room 7S/17
Little Rock, AR 72205
Ph. 501-526-6439 FAX: 501-686-7155

Ordered by: Dr. ___________________________ Pager: __________

Original Specimen Collection Date: ________________________________

Time & Date of ADD-ON request: ________________________________

Diagnosis: ______________________________________

Location: ______________________ Phone: ______________

Requestor: ______________________ Phone: ______________

In order for the Laboratory and the test requestor to comply with Medicare and CLIA regulations regarding test ordering and record retention, this form must be complete to be valid. Incomplete forms will be rejected and testing not performed. Please use this form for adding tests to previously submitted lab samples.

Please use this form when submitting requests for ADD-ON Molecular Diagnostic testing. Medicare provides reimbursement for tests that are medically necessary for the diagnosis or treatment of the patient on whom tests are ordered. The Office of Inspector General (OIG) takes the position that physicians who knowingly order medically unnecessary tests for which Medicare reimbursement is claimed may be subject to civil, criminal, and administrative penalties and sanctions.

PLEASE PRINT TEST(S) TO BE ADDED

FOR LAB USE ONLY

Test to be performed.          Test unable to be performed.

Reason for rejection: Sample too old. Sample QNS. Unable to locate sample.