

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