

For Hospital Registration Label

**ADD-ON TESTS
MISCELLANEOUS TESTS
REQUEST FORM**
The University of Arkansas
Clinical Laboratory
4301 W. Markham St., Slot 502
Little Rock, AR 72205
Ph. 686-6230 or 686-6231
FAX 686-8947/Micro 296-1476

Ordered By: Dr. _____ Pager: _____

Original Specimen Collection Date (for ADD-ONs only): _____

Echart Specimen Number (For ADD-ONs only): _____

Time & Date of ADD-ON Request: _____

Diagnosis: _____

Location: _____ Phone: _____

Requester: _____

In order for the Laboratory and the test requestor to comply with Medicare and CLIA regulations regarding test ordering a record retention, this form must be complete to be valid. Incomplete forms will be rejected and testing will not be performed. Please use this form for adding tests to previously submitted lab samples. PLEASE NOTE: TEST SAMPLES ARE AVAILABLE FOR 24 HOURS ONLY AND BACTERIOLOGY CULTURES FOR 5 DAYS.

In addition, Echart does not allow for electronic ordering of tests not stated in the menu screens. Please use this form while submitting requests for miscellaneous tests. Medicare provides reimbursement for tests that are medically necessary for diagnosis or treatment of the patient for whom test 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 HERE

FOR LAB USE ONLY

_____ Test to be performed. _____ Unable to perform test. Reason: _____ Sample too old/ _____ Sample QNS

_____ Sample Inappropriate/ _____ Sample unable to be located/ _____ Culture plates no longer available.