

(Place MR Label Here)

MR#:

Patient's Name:

Patient's Address:



LAB Add-On Test / Miscellaneous Test Request Form

Ordered by: Dr. _____ Pager: _____

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

Time & Date of ADD-ON Request: _____

Diagnosis: _____

Location: _____ Phone: _____

Requester: _____

In order for the Laboratory and the test requester 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 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.

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 tests are ordered. The office of Inspector General (OIG) takes the position that physicians who knowingly order medically unnecessary test 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

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MR1000MS (04/09)
Requisition

Physician Signature _____ Date _____ Time _____
University of Arkansas Clinical Laboratory

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Little Rock, AR 72205
Ph. 686-6230 or 686-6231 Fax 686-8947 Micro 296-1476