

Client Services

Brentwood, TN: (800) 874-8532 fax: (615) 370-8074
 Phoenix, AZ: (800) 710-1800 fax: (800) 481-4151
 Shelton, CT: (800) 447-5816 fax: (212) 698-9532

Highlighted fields are REQUIRED

CLIENT INFORMATION		CLINICAL/SPECIMEN INFORMATION	
ORDERING PHYSICIAN	NPI#	Collection Date:	Time: Fixative: <input type="checkbox"/> 10% Neutral Buffered Formalin
TREATING PHYSICIAN	NPI#	Body Site/Descriptor:	<input type="checkbox"/> Other:
Client#		Specimen ID#(s):	<input type="checkbox"/> See Previous Case History
Client Name		<input type="checkbox"/> Paraffin Block(s) #:	<input type="checkbox"/> Choose best block (default) <input type="checkbox"/> Stained Slides #: <input type="checkbox"/> Unstained Slides #: <input type="checkbox"/> Other:
Address		<input type="checkbox"/> Perform tests on all blocks	
Phone Number		Diagnosis/Clinical Data:	
Fax Number		All diagnoses should be provided by the ordering physician or an authorized designee. Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)	
PATIENT INFORMATION		BILLING INFORMATION (face sheet & front and back of insurance card must be attached)	
Name (LAST, FIRST, MIDDLE):		ICD-CM ICD-CM ICD-CM	
Address:		Billing Information	
City, State, Zip:		Bill: <input type="checkbox"/> My Account <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Patient <input type="checkbox"/> Workers Comp <input type="checkbox"/> See attached	
Date of Birth: MM / DD / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Patient Hospital Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Patient	
Phone Number:		Insured Information: Name	
Med Rec # / Patient #:		Relationship to Patient (circle one) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:	
		Primary Insurance Co: Authorization #	
		Billing Address Insured #	
		Billing City, State, Zip Group #	
		Secondary Insurance Co: Group # Insured #	
PHYSICIAN/AUTHORIZED SIGNATURE: _____			

SELECT A LEVEL OF SERVICE (MUST CHOOSE ONE) - INCLUDE SURGICAL PATHOLOGY REPORT

<input type="checkbox"/> IHC stain - Technical Component only (slides)	<input type="checkbox"/> IHC Stain with Manual Interpretation		
<input type="checkbox"/> IHC stain with Virtual Image - Technical Component only			
<input type="checkbox"/> A-ACT (Alpha-1-Antichymotrypsin) <input type="checkbox"/> CD30 <input type="checkbox"/> A-AT (Alpha-1-Antitrypsin) <input type="checkbox"/> CD31 <input type="checkbox"/> ACTH (Adrenocorticotropic Hormone) <input type="checkbox"/> CD33 <input type="checkbox"/> Actin - Muscle Specific (HHF-35) <input type="checkbox"/> CD34 <input type="checkbox"/> Actin - Smooth Muscle (SMA) <input type="checkbox"/> CD35 <input type="checkbox"/> Adipophilin <input type="checkbox"/> CD43 <input type="checkbox"/> AE1/AE3 (pan-cytokeratin) <input type="checkbox"/> CD45 (LCA, Leukocyte Common Antigen) <input type="checkbox"/> AE1/AE3/PCK26 (pan-cytokeratin) <input type="checkbox"/> CD56 <input type="checkbox"/> AFP (Alpha Fetoprotein) <input type="checkbox"/> CD57 <input type="checkbox"/> ALK (D5F3 for NSCLC)① <input type="checkbox"/> CD61 <input type="checkbox"/> ALK-1 <input type="checkbox"/> CD68 <input type="checkbox"/> Amyloid A <input type="checkbox"/> CD71 <input type="checkbox"/> Androgen Receptor <input type="checkbox"/> CD79a <input type="checkbox"/> Annexin A1 <input type="checkbox"/> CD99 <input type="checkbox"/> Arginase-1 <input type="checkbox"/> CD117 (c-KIT) <input type="checkbox"/> B7.2.3 (TAG72) <input type="checkbox"/> CD123 <input type="checkbox"/> BCL-1 (Cyclin D1) <input type="checkbox"/> CD138 <input type="checkbox"/> BCL-2 <input type="checkbox"/> CD163 <input type="checkbox"/> BCL-2/BCL-6② <input type="checkbox"/> CDK4 <input type="checkbox"/> BCL-6 <input type="checkbox"/> CDX-2 <input type="checkbox"/> Ber-EP4 (Epithelial Antigen) <input type="checkbox"/> CDX-2/CK-7④ <input type="checkbox"/> Beta Amyloid <input type="checkbox"/> CEA (Monoclonal) <input type="checkbox"/> Beta-Catenin <input type="checkbox"/> CEA (Polyclonal) <input type="checkbox"/> BOB-1 <input type="checkbox"/> Chromogranin A <input type="checkbox"/> BRAF V600E <input type="checkbox"/> Chymotrypsin <input type="checkbox"/> CA 19.9 <input type="checkbox"/> CK-5 <input type="checkbox"/> CA 125 <input type="checkbox"/> CK-5/6 <input type="checkbox"/> CAIX (Carbonic Anhydrase IX) <input type="checkbox"/> CK-7 <input type="checkbox"/> Calcitonin <input type="checkbox"/> CK-7/TF1-④ <input type="checkbox"/> Caldesmon <input type="checkbox"/> CK-14 <input type="checkbox"/> Calponin <input type="checkbox"/> CK-17 <input type="checkbox"/> Calretinin <input type="checkbox"/> CK-18 <input type="checkbox"/> CAM 5.2 <input type="checkbox"/> CK-19 <input type="checkbox"/> CAM 5.2/AE1 <input type="checkbox"/> CK-20 <input type="checkbox"/> CD1a <input type="checkbox"/> CK-HMW (34betaE12) <input type="checkbox"/> CD2 <input type="checkbox"/> CK-LMW (35betaH11) <input type="checkbox"/> CD3 <input type="checkbox"/> CMV (Cytomegalovirus) <input type="checkbox"/> CD3/CD20② <input type="checkbox"/> c-MYC <input type="checkbox"/> CD4 <input type="checkbox"/> COLL-IV (Type 4 Collagen) <input type="checkbox"/> CD5 <input type="checkbox"/> COX-2 (Cyclooxygenase 2) <input type="checkbox"/> CD7 <input type="checkbox"/> D2-40 <input type="checkbox"/> CD8 <input type="checkbox"/> DBA44 (HCL) <input type="checkbox"/> CD10 <input type="checkbox"/> Desmin <input type="checkbox"/> CD14 <input type="checkbox"/> DOG1 <input type="checkbox"/> CD15 <input type="checkbox"/> EBER by ISH <input type="checkbox"/> CD20 <input type="checkbox"/> E-Cadherin <input type="checkbox"/> CD21 <input type="checkbox"/> EMA (Epithelial Membrane Antigen) <input type="checkbox"/> CD22 <input type="checkbox"/> ER (Estrogen Receptor) <input type="checkbox"/> CD23 <input type="checkbox"/> ERG <input type="checkbox"/> CD25 <input type="checkbox"/> Factor VIII (vWF)	<input type="checkbox"/> Factor XIIIa <input type="checkbox"/> Fascin <input type="checkbox"/> FLI-1 <input type="checkbox"/> FOLR1 <input type="checkbox"/> FOXP1 <input type="checkbox"/> FSH (Follicular Stimulating Hormone) <input type="checkbox"/> Galectin-3 <input type="checkbox"/> Gastrin <input type="checkbox"/> GATA-3 <input type="checkbox"/> GCDFP-15 <input type="checkbox"/> GFAP (Glial Fibrillary Acidic Protein) <input type="checkbox"/> Glucagon <input type="checkbox"/> Glycophorin A <input type="checkbox"/> Glypican-3 <input type="checkbox"/> Granzyme B <input type="checkbox"/> Growth Hormone (GH) <input type="checkbox"/> HBME-1 (Human Mesothelial Cell) <input type="checkbox"/> HCG (Human Chorionic Gonadotropin) <input type="checkbox"/> Hemoglobin A <input type="checkbox"/> HEP B CORE (HBcAg) <input type="checkbox"/> HEP B SURF (HBsAg) <input type="checkbox"/> HEP PAR 1 <input type="checkbox"/> HER2 <input type="checkbox"/> HER2 -Global gastric IHC with equivocal results (2+) will be reflexed to FISH <input type="checkbox"/> HER2 -Global breast IHC with equivocal results (2+) will be reflexed to FISH <input type="checkbox"/> HGAL <input type="checkbox"/> HHV8 (Herpes Virus Type 8) <input type="checkbox"/> HLA-DR <input type="checkbox"/> HMB-45 <input type="checkbox"/> HPL (Human Placental Lactogen) <input type="checkbox"/> HPV 6/11 by ISH <input type="checkbox"/> HPV 16/18 by ISH <input type="checkbox"/> HPV 31/33 by ISH <input type="checkbox"/> H. pylori (HBP) <input type="checkbox"/> HSV I/HSV II (Herpes Simplex Virus I & II) <input type="checkbox"/> IgA <input type="checkbox"/> IgD <input type="checkbox"/> IgG <input type="checkbox"/> IgG4* <input type="checkbox"/> IgM <input type="checkbox"/> Inhibin <input type="checkbox"/> INI-1 <input type="checkbox"/> Insulin <input type="checkbox"/> KAPPA <input type="checkbox"/> KAPPA by ISH <input type="checkbox"/> Ki-67 <input type="checkbox"/> LAMBDA <input type="checkbox"/> LAMBDA by ISH	<input type="checkbox"/> LH (Luteinizing Hormone) <input type="checkbox"/> Lipase <input type="checkbox"/> Lysozyme (Murimidase) <input type="checkbox"/> Mammaglobin <input type="checkbox"/> MART-1① <input type="checkbox"/> MDM2 <input type="checkbox"/> Melan-A <input type="checkbox"/> Melan-A/Ki-67 (Double Stain) <input type="checkbox"/> Mesothelin <input type="checkbox"/> MITF <input type="checkbox"/> MLH-1 <input type="checkbox"/> MOC-31 (Epithelial Related Antigen) <input type="checkbox"/> MPO (Myeloperoxidase) <input type="checkbox"/> MSH-2 <input type="checkbox"/> MSH-6 <input type="checkbox"/> MUC1 <input type="checkbox"/> MUC2 <input type="checkbox"/> MUC4 <input type="checkbox"/> MUC5AC <input type="checkbox"/> MUM-1 (Multiple Myeloma Oncogene 1) <input type="checkbox"/> MYO D1 <input type="checkbox"/> Myogenin <input type="checkbox"/> Myoglobin <input type="checkbox"/> Myosin Heavy Chain (SMM-HC) <input type="checkbox"/> Napsin A <input type="checkbox"/> Neurofilament (NF) <input type="checkbox"/> NK1-C3 (Melanoma Assoc. Antigen) <input type="checkbox"/> NKX3.1 <input type="checkbox"/> NSE (Neuron Specific Enolase) <input type="checkbox"/> OCT-2 <input type="checkbox"/> OCT-3/4 <input type="checkbox"/> OSCAR② <input type="checkbox"/> p16 <input type="checkbox"/> p40 <input type="checkbox"/> p53 <input type="checkbox"/> p57 <input type="checkbox"/> p63 <input type="checkbox"/> p120 <input type="checkbox"/> P504S <input type="checkbox"/> Pan-Cytokeratin (AE1/AE3/PCK26) <input type="checkbox"/> Pan-Melanoma Cocktail (MART-1, Tyrosinase, HMB45)① <input type="checkbox"/> Parvovirus B19 <input type="checkbox"/> PAX-2 <input type="checkbox"/> PAX-5 <input type="checkbox"/> PAX-8 <input type="checkbox"/> PD-1 (Heme specimens only) <input type="checkbox"/> PD-L1 22C3 KEYTRUDA® (semi-quant) <input type="checkbox"/> PD-L1 28-8 OPDIVO® (semi-quant) <input type="checkbox"/> PD-L1 SP142 TECENTRIQ® (semi-quant) <input type="checkbox"/> PDL-1 SP263 TECENTRIQ (semi-quant)	<input type="checkbox"/> Perforin <input type="checkbox"/> PLAP (Placental Alkaline Phosphatase) <input type="checkbox"/> PMS-2 <input type="checkbox"/> Pneumocystis carinii (PC) <input type="checkbox"/> PR (Progesterone Receptor) <input type="checkbox"/> PRAME <input type="checkbox"/> Prolactin <input type="checkbox"/> PSA (Prostate Specific Antigen) <input type="checkbox"/> PSAP (Prostatic Acid Phosphatase) <input type="checkbox"/> PSMA④ <input type="checkbox"/> PTH (Parathyroid Hormone) <input type="checkbox"/> RCC (PNRA, Renal Cell Carcinoma) <input type="checkbox"/> S100 <input type="checkbox"/> SALL4 <input type="checkbox"/> Somatostatin (SOMA) <input type="checkbox"/> SOX10 <input type="checkbox"/> SOX11 <input type="checkbox"/> STAT6 <input type="checkbox"/> SATB2 <input type="checkbox"/> Synaptophysin (Monoclonal) <input type="checkbox"/> Synuclein② <input type="checkbox"/> TAU <input type="checkbox"/> TCL-1 <input type="checkbox"/> TDT <input type="checkbox"/> Thrombomodulin <input type="checkbox"/> Thyroglobulin <input type="checkbox"/> TIA-1 <input type="checkbox"/> TLE1 <input type="checkbox"/> TOXO (Toxoplasmosis) <input type="checkbox"/> TRAP <input type="checkbox"/> TriView Breast Triple Stain (CK-5/6, p63, CK-LMW) (Breast Microinvasion)② Tech only <input type="checkbox"/> TriView Prostate Triple Stain (P504S, p63, CK903) Tech only <input type="checkbox"/> Trypsin <input type="checkbox"/> Tryptase M-Cell <input type="checkbox"/> TSH (Thyroid Stimulating Hormone) <input type="checkbox"/> TTF-1 (Thyroid Transcription Factor 1) <input type="checkbox"/> Tyrosinase <input type="checkbox"/> Ubiquitin <input type="checkbox"/> Uroplakin III <input type="checkbox"/> Villin <input type="checkbox"/> Vimentin (VIM) <input type="checkbox"/> VIP (Vasoactive Intestinal Polypeptide) <input type="checkbox"/> WT-1 (N-Terminus)
Other:			

Determining Necessity of Advance Beneficiary Notice of Non-coverage (ABN) Completion*

1. **Diagnose.** Determine your patient's diagnosis.
2. **Document.** Write the diagnosis code(s) on the front of this requisition.
3. **Verify.** Determine if the laboratory test(s) ordered for the patient is subject to Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.Labcorp.com/MedicareMedicalNecessity.
4. **Review.** If the diagnosis code for your patient **does not** meet the medical necessity requirements set forth by Medicare or the test(s) is being performed more frequently than Medicare allows, an ABN should be completed.

*An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.

How to Complete an Advance Beneficiary Notice of Non-coverage (ABN)

Medicare is very specific in requiring that all of the information included on the ABN be completed. Additionally, Labcorp requests that the specimen number or bar code label be included on the form. To be valid an ABN must:

1. Be executed on the CMS approved ABN form (CMS-R-131)
2. Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white and blue Medicare card
3. Indicate the test(s)/procedure(s) which may be denied within the relevant reason column
4. Include an estimated cost for the test(s)/procedure(s) subject to the ABN
5. Have 'Option 1', 'Option 2', or 'Option 3' designated by the beneficiary
6. Be signed **and** dated by the beneficiary or his/her representative **prior to** the service being rendered