

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		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th style="width: 33%;">ICD-CM</th> <th style="width: 33%;">ICD-CM</th> <th style="width: 33%;">ICD-CM</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="padding: 5px;">BILLING INFORMATION (face sheet & front and back of insurance card must be attached)</td> </tr> <tr> <td colspan="3" style="padding: 5px;">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</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Patient Hospital Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Patient</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Insured Information: Name</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Relationship to Patient (circle one) Self Spouse Child Other:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Primary Insurance Co:</td> <td style="padding: 5px;">Authorization #</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Billing Address</td> <td style="padding: 5px;">Insured #</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Billing City, State, Zip</td> <td style="padding: 5px;">Group #</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Secondary Insurance Co:</td> <td style="padding: 5px;">Group # Insured #</td> </tr> </tbody> </table>		ICD-CM	ICD-CM	ICD-CM	BILLING INFORMATION (face sheet & front and back of insurance card must be attached)			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			Patient Hospital Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Patient			Insured Information: Name			Relationship to Patient (circle one) Self Spouse Child Other:			Primary Insurance Co:		Authorization #	Billing Address		Insured #	Billing City, State, Zip		Group #	Secondary Insurance Co:		Group # Insured #
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Billing City, State, Zip		Group #																															
Secondary Insurance Co:		Group # Insured #																															
Name (LAST, FIRST, MIDDLE):		PHYSICIAN/AUTHORIZED SIGNATURE: _____																															
Address:																																	
City, State, Zip:																																	
Date of Birth: MM / DD / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F																																	
Phone Number:																																	
Med Rec # / Patient #:																																	

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-AT (Alpha-1-Antitrypsin) <input type="checkbox"/> ACTH (Adrenocorticotrophic Hormone) <input type="checkbox"/> Actin - Muscle Specific (HHF-35) <input type="checkbox"/> Actin - Smooth Muscle (SMA) <input type="checkbox"/> Adipophilin <input type="checkbox"/> AE1/AE3 (pan-cytokeratin) <input type="checkbox"/> AE1/AE3/PCK26 (pan-cytokeratin) <input type="checkbox"/> AFB <input type="checkbox"/> AFP (Alpha Fetoprotein) <input type="checkbox"/> ALK (D5F3 for NSCLC)① <input type="checkbox"/> ALK-1 <input type="checkbox"/> Amyloid A <input type="checkbox"/> Androgen Receptor <input type="checkbox"/> Annexin A1 <input type="checkbox"/> Arginase-1 <input type="checkbox"/> B72.3 (TAG72) <input type="checkbox"/> BCL-1 (Cyclin D1) <input type="checkbox"/> BCL-2 <input type="checkbox"/> BCL-2/BCL-6② <input type="checkbox"/> BCL-6 <input type="checkbox"/> Ber-EP4 (Epithelial Antigen) <input type="checkbox"/> Beta Amyloid <input type="checkbox"/> Beta-Catenin <input type="checkbox"/> BOB-1 <input type="checkbox"/> BRAF V600E <input type="checkbox"/> CA 19.9 <input type="checkbox"/> CA 125 <input type="checkbox"/> CAIX (Carbonic Anhydrase IX) <input type="checkbox"/> Calcitonin <input type="checkbox"/> Caldesmon <input type="checkbox"/> Calponin <input type="checkbox"/> Calretinin <input type="checkbox"/> CAM 5.2 <input type="checkbox"/> CAM 5.2/AE1 <input type="checkbox"/> CD1a <input type="checkbox"/> CD2 <input type="checkbox"/> CD3 <input type="checkbox"/> CD3/CD20② <input type="checkbox"/> CD4 <input type="checkbox"/> CD5 <input type="checkbox"/> CD7 <input type="checkbox"/> CD8 <input type="checkbox"/> CD10 <input type="checkbox"/> CD14 <input type="checkbox"/> CD15 <input type="checkbox"/> CD20 <input type="checkbox"/> CD21 <input type="checkbox"/> CD22 <input type="checkbox"/> CD23 <input type="checkbox"/> CD25	<input type="checkbox"/> CD30 <input type="checkbox"/> CD31 <input type="checkbox"/> CD33 <input type="checkbox"/> CD34 <input type="checkbox"/> CD35 <input type="checkbox"/> CD43 <input type="checkbox"/> CD45 (LCA, Leukocyte Common Antigen) <input type="checkbox"/> CD56 <input type="checkbox"/> CD57 <input type="checkbox"/> CD61 <input type="checkbox"/> CD68 <input type="checkbox"/> CD71 <input type="checkbox"/> CD79a <input type="checkbox"/> CD99 <input type="checkbox"/> CD117 (c-KIT) <input type="checkbox"/> CD123 <input type="checkbox"/> CD138 <input type="checkbox"/> CD163 <input type="checkbox"/> CDX-2 <input type="checkbox"/> CDX-2/CK-7④ <input type="checkbox"/> CEA (Monoclonal) <input type="checkbox"/> CEA (Polyclonal) <input type="checkbox"/> Chromogranin A <input type="checkbox"/> Chymotrypsin <input type="checkbox"/> CK-5 <input type="checkbox"/> CK-5/6 <input type="checkbox"/> CK-7 <input type="checkbox"/> CK-7/TTF-1④ <input type="checkbox"/> CK-14 <input type="checkbox"/> CK-17 <input type="checkbox"/> CK-18 <input type="checkbox"/> CK-19 <input type="checkbox"/> CK-20 <input type="checkbox"/> CK-HMW (34betaE12) <input type="checkbox"/> CK-LMW (35betaH11) <input type="checkbox"/> Claudin 18 <input type="checkbox"/> CMV (Cytomegalovirus) <input type="checkbox"/> c-MYC <input type="checkbox"/> COLL-IV (Type 4 Collagen) <input type="checkbox"/> Congo Red <input type="checkbox"/> D2-40 <input type="checkbox"/> DBA44 (HCL) <input type="checkbox"/> Desmin <input type="checkbox"/> DOG1 <input type="checkbox"/> EBER by ISH <input type="checkbox"/> E-Cadherin <input type="checkbox"/> EMA (Epithelial Membrane Antigen) <input type="checkbox"/> ER (Estrogen Receptor) <input type="checkbox"/> ERG <input type="checkbox"/> Factor VIII (vWF)	<input type="checkbox"/> Factor XIIIa <input type="checkbox"/> FLI-1 <input type="checkbox"/> FOLR1 <input type="checkbox"/> FSH (Follicular Stimulating Hormone) <input type="checkbox"/> Galectin-3 <input type="checkbox"/> Gastrin <input type="checkbox"/> GATA-3 <input type="checkbox"/> GCDFFP-15 <input type="checkbox"/> GFAP (Glial Fibrillary Acidic Protein) <input type="checkbox"/> Glycophorin A <input type="checkbox"/> Glypican-3 <input type="checkbox"/> GMS <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 PAR 1 <input type="checkbox"/> HER2 <input type="checkbox"/> HER2 - Global breast IHC with equivocal results (2+) with be reflexed to FISH <input type="checkbox"/> HER2 - Global colorectal IHC with equivocal results (2+) with be reflexed to FISH <input type="checkbox"/> HER2 - Global gastric IHC with equivocal results (2+) with be reflexed to FISH <input type="checkbox"/> HER2 Pan-tumor (no FISH reflex) <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"/> LEF 1 <input type="checkbox"/> LH (Luteinizing Hormone)	<input type="checkbox"/> Lipase <input type="checkbox"/> Lysozyme (Murmidae) <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"/> NKI-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)③ <input type="checkbox"/> pan-TRK <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"/> PDL-1 SP263 TECENTRIQ (semi-quant) <input type="checkbox"/> PD-L1 quantitative <input type="checkbox"/> Perforin <input type="checkbox"/> Other:	<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"/> 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"/> 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 <input type="checkbox"/> 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"/> Uroplakin III <input type="checkbox"/> Villin <input type="checkbox"/> Vimentin (VIM) <input type="checkbox"/> WT-1 (N-Terminus)

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

When ordering tests for which Medicare or Medicaid reimbursements will be sought, physicians should order only those tests that are medically necessary for the diagnosis or treatment of the patient.

Patient, Client and Billing Information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

Refer to Determining Necessity of ABN Completion on reverse.

- ① Performed in Shelton, CT only
- ② Performed in Phoenix, AZ and Brentwood, TN only
- ③ Performed in Phoenix, AZ only
- ④ Performed in Brentwood, TN only

NOTE: The most updated antibody library is available at oncology.labcorp.com