

PT. NO.
NAME (Last, First)
D.O.B.
SSN: XXX-XX-____ M
F

CLINICAL LAB REQUEST
UW MEDICINE
CLINICAL IMMUNOLOGY LAB

UW LAB ACC. #
LOGGED IN BY: PROCESSED BY:

AMERK Requisition

University of Washington Medical Center
1959 NE Pacific St, NW 220
Seattle, WA, 98195
(206) 520-4600 How to Order/Send samples, Billing
(206) 598-6149 Technical Questions

Completely fill in left section.

NOTE: When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

ORDERING PHYSICIAN **REQUIRED** NPI # **REQUIRED**

___ Anti-Merkel Cell Panel (Serum, 2 mL, min. 0.5 mL)

AMERK

SPECIMEN TYPE Serum

Merkel Virus Oncoprotein Serology:

DATE & TIME COLLECTED **REQUIRED** AM PM

Oncoprotein antibodies are present in the blood of 50% of patients when they have clinically detectable MCC. In patients who make oncoprotein antibodies, titers are expected to decrease significantly within 3 months of successful treatment of MCC. Changes in oncoprotein titer of less than 25% may not be biologically significant. A significant rise in titer or stabilization of titer above 2000 STU may be associated with persistent or recurrent MCC. Questions? See www.merkelcell.org/sero

SENDER SPECIMEN #

UW HOSPITAL #

ICD / Diagnosis Code **REQUIRED**

ICD codes:

ICD codes are provided only for informational or educational purposes. The decision as to which ICD code to use rests solely with the ordering health care provider. The ordering health care provider should assign the most accurate code possible whether included in the table of ICD codes or not.

SEND REPORT TO (Hospital, Clinic, Physician) **REQUIRED**

C4A Unspecified	MCC of the Trunk
MCC of the Face	C4A.5 Trunk, unspecified
C4A.0 Lip	C4A.51 Anal or perianal skin
C4A.1 Eyelid (incl. Canthus)	C4A.52 Skin of breast
C4A.10 Eyelid, unspecified	C4A.59 Trunk, other part
C4A.11 Eyelid, right	MCC of the Limb
C2A.12 Eyelid, left	C4A.6 Upper limb (incl. shoulder)
C4A.2 Ear (and ext. auricular canal)	C4A.60 Upper limb, unspecified
C4A.20 Ear, Unspecified	C4A.61 Upper limb, right
C4A.21 Ear, right	C4A.62 Upper limb, left
C4A.22 Ear, left	C4A.7 Lower limb, (incl hip)
C4A.3 Face, other parts	C4A.70 Lower limb, unspecified
C4A.30 Face, unspecified	C4A.71 Lower limb, right
C4A.31 Nose	C4A.72 Lower limb, left
C4A.4 Scalp and Neck	Other
Nodal and Metastatic MCC	C4A.8 Overlapping Sites
C7B.1 Secondary MCC	C4A.9 Unspecified Sites
Z85.821 History of MCC on the skin	

ADDRESS

Fax
Please provide your Fax # to receive results.

PATIENT ADDRESS

CITY STATE ZIP

TELEPHONE

SUBSCRIBER NAME

SUBSCRIBER ID. #

GROUP#

___ Premera Blue Cross ___ Regence ___ DSHS (attach coupon)

Medicare (answer required to question below)
Is this a hospital outpatient or inpatient?
Yes No
(see reverse for additional information)

Relevant Reference:

Paulson, et al, Cancer Research 2010, 70:8388-97
<http://www.ncbi.nlm.nih.gov/pubmed/20959478>

OTHER INSURANCE NAME/ADDRESS

CMS MEDICAL NECESSITY INFORMATION

It is our policy to provide health care providers with the ability to order only those lab tests medically necessary for the individual patient and to ensure that the convenience of ordering standard panels and custom profiles does not impact this ability. While we recognize the value of this convenience, indiscriminate use of panels and profiles can lead to ordering tests that are not medically necessary. Therefore, all tests offered in our panels and profiles can be ordered individually as well. If a component test is not listed individually on the request form, it may be written in the "OTHER REQUESTS" box. We encourage you to order individual tests or a less inclusive profile when not all of the tests included in the panel or profile are medically necessary for the individual patient.

MEDICARE BILLING INFORMATION

Medicare billing policy prevents us from submitting a Medicare claim for laboratory testing referred to us on hospital inpatients or hospital outpatients. For these samples, we will bill the sending location.