



**Add –On Laboratory Test Request  
 “Specimen In Lab”  
 HIM# 1011**

**McLendon Clinical Laboratories is required to have written documentation of add-on laboratory tests. Please provide the following information and fax this request to the McLendon Laboratories Core Laboratory 984-974-2497. If questions, call Core Lab at 984-974-2361**

**Ordering MD Signature is required.**

Requesting Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Patient's Full Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
Last First Middle/Maiden Last 4 digits only  
 UNC Medical Record #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Collection Date: _____ Time: _____ am/pm Collected By: _____	Requesting Physician: _____ UNC MD Code: _____
<b>Diagnosis code (s) (ICD-10)</b>	
1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____	

Test Name	Additional ICD-10 Codes
1.)	
2.)	
3.)	
4.)	
5.)	

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a)(1) of the Medicare Law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than screening purposes.

**ORDERING MD SIGNATURE REQUIRED**

Ordering MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Chart Location: Provider Orders



HDF5229 03/22/17

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