

University of North Carolina Hospitals
McLendon Clinical Laboratories
Histocompatibility Laboratory, 1st Floor East Wing
101 Manning Drive
Chapel Hill, North Carolina 27514
Ph (919) 966-4057, Fax (919) 966-7897
HLA Outpatient Order Form MIM# 1250

Patient's Full Name _____
Last First Middle
 UNC Medical Record # _____
 Date of Birth _____ Sex: _____

Clinic Name: _____
Clinic Address: _____
Phone #: _____ / _____ - _____
Fax #: _____ / _____ - _____

Clinic Code: _____
Attending MD: _____
ID#: _____

____ One Time. Testing must be done within ____ days (≤ 30 days) Testing should occur every 1 month(s) for up to 12 months
 ____ Testing should occur every ____ weeks for up to 12 months

Diagnosis (ICD-10) Code(s):

1) Z01.818 2) N18.6 3) Z76.82 4) _____

Collection Date: _____ Time: _____ am / pm Collected By: _____

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 for screening purposes.

<input checked="" type="checkbox"/>	HLA Testing	CODE
<input checked="" type="checkbox"/>	HLA - Antibody Screen	4570

<input checked="" type="checkbox"/>	HLA Testing	CODE
<input type="checkbox"/>	HLA Organ Transplant Workup	4510

Write All Diagnoses That Apply in the Diagnosis section above	
Common Diagnosis (Reason for test)	ICD-10
Sarcoidosis, unspecified	D86.9
Malignant neoplasm of unspecified kidney, except renal pelvis	C64.9
Type 1 diabetes mellitus with other diabetic kidney complication	E10.29
Type 2 diabetes mellitus with other diabetic kidney complication	E11.29
Sickle-cell disease without crisis	D57.1
Hemolytic-uremic syndrome	D59.3
Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	I12.0
Wegener's granulomatosis without renal involvement	M31.30
Thrombotic microangiopathy	M31.1
Hepatorenal syndrome	K76.7
Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	N00.3
Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis	N04.3
Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	N03.3
Glomerular disorders in diseases classified elsewhere	N08
Chronic nephritic syndrome with other morphologic changes	N03.8
Chronic nephritic syndrome with unspecified morphologic changes	N03.9
Unspecified nephritic syndrome with unspecified morphologic changes	N05.9
Unspecified nephritic syndrome with other morphologic changes	N05.8
Acute kidney failure with tubular necrosis	N17.0
Chronic kidney disease, stage 1	N18.1
Chronic kidney disease, stage 2 (mild)	N18.2

Write All Diagnoses That Apply in the Diagnosis section above	
Common Diagnosis (Reason for test)	ICD-9
Chronic kidney disease, stage 3 (moderate)	N18.3
Chronic kidney disease, stage 4 (severe)	N18.4
Chronic kidney disease, stage 5	N18.5
<input checked="" type="checkbox"/> End stage renal disease	N18.6
Chronic kidney disease, unspecified	N18.9
Nonobstructive reflux-associated chronic pyelonephritis	N11.0
Calculus of kidney	N20.0
Vesicoureteral-reflux with reflux nephropathy without hydroureter, unspecified	N13.729
Urinary tract infection, site not specified	N39.0
Systemic lupus erythematosus, organ or system involvement unspecified	M32.10
Polycystic kidney, unspecified	Q61.3
Renal dysplasia	Q61.4
Medullary cystic kidney	Q61.5
Other specified congenital malformations of kidney	Q63.8
Unspecified injury of unspecified intra-abdominal organ, sequela	S36.90XS
Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter	T50.905A
Unspecified complication of kidney transplant	T86.10
Person injured in unspecified vehicle accident, sequela	V89.9XXS
Personal history of other malignant neoplasm of kidney	Z85.528
Encounter for examination of potential donor of organ and tissue	Z00.5
<input checked="" type="checkbox"/> Encounter for other preprocedural examination	Z01.818
<input checked="" type="checkbox"/> Awaiting organ transplant status	Z76.82

Please write in unlisted diagnoses codes in the Diagnoses section above.

I certify that all tests ordered are medically necessary.

Ordering Provider Signature: _____ **ID#:** _____ **Date:** _____ **Time:** _____