

STAT GRAPH

UNILAB # _____

DATE OF COLLECTION

TIME OF COLLECTION

AM
 PM

YOUR ID # _____

PATIENT AND INSURANCE BILLING INFORMATION

PATIENT NAME _____ DOB _____ SEX _____

PATIENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

MEDICARE # _____ PHONE # _____

DIAGNOSIS / ICD9 CODE _____

INSURANCE NAME _____

PATIENT/RESPONSIBLE PARTY SIGNATURE; I have read and understand the Advance Beneficiary Notice and the Unilab Billing Policy. I agree to make payment in full when asked to do so. I authorize the release of any medical information necessary to process this or related claims and authorize payment of medical benefits to Unilab of Dade. Please read reverse side of pink form.

INSURANCE ADDRESS _____ CITY _____ STATE _____ ZIP _____

POLICY NUMBER _____ GROUP NUMBER _____

X _____ Patient or Responsible Party Date _____

BILL CLIENT PATIENT MEDICARE INSURANCE
 CREDIT CARD # _____ MC VISA AE
NAME ON CARD _____ EXP. DATE _____

NOTES

BARRY BUSINESS SYSTEMS (305) 823-2869

Reproductive STATS	Male Infertility Contd.	Autoimmunity	Endocrinology Contd.
β-HCG SST	Sperm DNA Decondensation - SDD (7) SST	ANA Screen SST	IGF-I SST
Estradiol SST	Total Testosterone (RIA) SST	ANA Comprehensive Infertility Panel SST	Inhibin B SST
F.S.H. SST	Y Chromosome Microdeletion L	Anti-Ovarian Ab - AOA SST	L.H. SST
L.H. SST	Genetics	Anti-Sperm Ab (Serum) SST	Progesterone SST
Progesterone SST	Cystic Fibrosis (97 Mutation) LY	Thyroglobulin Ab SST	Prolactin SST
Prolactin SST	Ashkenazi Panel LY	Thyroid Peroxidase Ab - TPO Ab SST	SHBG - Sex Hormone Binding Globulin SST
FDA Donor / Infectious Disease	Bloom Syndrome LY	TRAB - TSH Receptor Ab SST	T-3 Free SST
CMV Total Ab L	Canavan Disease LY	Immunology	T-3 Total SST
G.C./Chlamydia By DNA Amp. (4)	Familial Dysautonomia LY	Leukocyte Antibody Detection - LAD (8)	T-4 SST
Hepatitis B Core Total Ab SST	Fanconi Anemia Group C LY	Natural Killer Cells Activation Assay GRN	T-4 Free SST
Hepatitis B Surface Ag SST	Gaucher Disease LY	Reproductive Immunophenotype GRN	Total Testosterone (RIA) SST
Hepatitis C Ab SST	Glycogen Storage Disease Type 1 LY	Antiphospholipids	TSH SST
HIV / HCV NAT L	Maple Syrup Urine Disease LY	Anticardiolipin Ab (IgG, IgM, IgA) SST	Vitamin D, 1, 25-Hydroxy SST
HIV-I/II/O Ab Screen SST	Niemann-Pick Type A LY	Antiphospholipid Ab Panel SST	Vitamin D, 25-Hydroxy SST
HTLV I/II SST	Tay-Sachs DNA LY	Beta-2 Glycoprotein I Ab (IgA, IgG, IgM) SST	General Assays
RPR Qual. SST	Chromosome Analysis GRN	Lupus Anticoagulant Comp. Profile B	ABO & Rh L
Other Donor / Infectious Disease	Factor II (Prothrombin) G20210A LY	Endocrinology	Antibody Screen (RBC) L
ABO & Rh L	Factor V Leiden Mutation LY	17-OH Progesterone SST	CBC w/ Diff & Platelets L
CMV Total L	Fragile X Syndrome LY	ACTH (1) L	Comprehensive Metabolic Profile 12 SST
CMV IgM SST	MTHFR (C677T) Mutation Analysis LY	Aldosterone SST	CRP-hs SST
Cystic Fibrosis (97 Mutation) LY	Y Chromosome Microdeletion LY	Androstenedione SST	Drug Screen (6) URINE
Drug Screen (6) URINE	Coagulation	Anti-Mullerian Hormone (AMH) SST	Fasting Glucose SST
Rubella IgG SST	Antithrombin III Activity (2) B	β-HCG SST	Glucose Tolerance Test - 5 specimens SST
Varicella-Zoster Ab - IgG SST	Antithrombin III Ag (2) B	C-Peptide SST	Hemoglobin A1c L
West Nile Virus WNV (1) L	Factor II (Prothrombin) L	DHEA-S SST	Hemoglobinopathy Profile L
Male Infertility	Factor V Activity (2) B	Estradiol SST	Hepatic Function Panel SST
Chromosome Analysis GRN	Factor V Leiden Mutation (2) B	F.S.H. SST	Lipid Panel w/ LDL Direct SST
Estradiol SST	Homocysteine SST	Free Testosterone (by Equilibrium Dialysis) SST	Mycoplasma/Ureaplasma SWAB
F.S.H. SST	MTHFR (C677T) Mutation Analysis L	Growth Hormone SST	PAP Liquid w/ HPV Reflex
Free Testosterone (by Equilibrium Dialysis) SST	Plasminogen Act Inhibitor-1 (PAI-1) (2) B	IGF Binding Protein-1 (IGFBP-1) SST	Prostate Specific Antigen SST
Inhibin B SST	Protein C Activity (2) B		PT/PTT (3) B
L.H. SST	Protein S Activity (2) B		Semen Culture 6
Prolactin SST			Sickle Cell (Hemoglobin Solubility) L
			Urinalysis w/ Micro Exam 6 URINE

- FDA Female Donor (2 SST, 2 Lavender, 1 BD Probe Tec.)** G.C./Chlamydia By DNA Amp., Hepatitis B Core Total Ab, Hepatitis B Surface Ag, Hepatitis C Ab, HIV-I/II/O Ab Screen, HIV / HCV NAT, RPR Qual.
- FDA Male Donor, (2 SST, 2 Lavender, 1 BD Probe Tec.)** G.C./Chlamydia By DNA Amp., Hepatitis B Core Total Ab, Hepatitis B Surface Ag, Hepatitis C Ab, HIV-I/II/O Ab Screen, HIV / HCV NAT, RPR Qual., HTLV I/II, CMV Total Ab
- Infectious Disease (2 SST, 1 BD Probe Tec.)** HIV-I/II/O Ab Screen, Hepatitis B Surface Ag, Hepatitis C Ab, RPR Qual., G.C./Chlamydia By DNA Amp.
- Day 3 Ovarian Reserve (1 Red, 2 SST)** Anti-Mullerian Hormone (AMH), Estradiol, F.S.H., Inhibin B, L.H.
- Baseline Hormone (2 SST)** Estradiol, F.S.H., L.H., Prolactin, TSH
- Premature Ovarian Failure (1 Red, 1 SST, 1 Green, 1 Lavender)** ANA Comprehensive Infertility Panel, Thyroglobulin Ab, Chromosome Analysis, Fragile X Syndrome
- Obesity (2 SST, 1 Lavender)** CRP-hs, CBC w/ Diff & Platelets, Cortisol, Fasting Insulin, Lipid Panel w/ LDL:HDL Ratio, Prolactin, TSH, Hemoglobin A1c
- Hyperandrogenism (2 SST)** DHEA-S, Total Testosterone (RIA), Free Testosterone (by Equilibrium Dialysis), SHBG, Androstenedione
- PCOS (3 SST)** Comprehensive Metabolic Profile (12), DHEA-S, F.S.H., L.H., Lipid Panel w/ LDL:HDL Ratio, Prolactin, SHBG, Total Testosterone (RIA), TSH, Free Testosterone (by equilibrium dialysis)
- Thyroid Function (2 SST)** Free T4, Total T4, T-3 Free, T-3 Total, TSH, Thyroglobulin Ab, Thyroid Peroxidase Ab - TPO Ab
- Male Endocrine (2 SST)** F.S.H., Free Testosterone (by Equilibrium Dialysis), L.H., Prolactin, Total Testosterone (RIA), TSH
- Male Genetics (1 Green, 1 Lavender)** Chromosome Analysis, Y Chromosome Microdeletion
- Male Infertility - Sperm Function (1 - 15 ml conical tube)** Sperm DNA Decondensation - SDD
- Recurrent Miscarriage (2 SST, 1 Green, 1 Lavender, 6 Blue)** Anticardiolipin Ab (IgG, IgM, IgA), Antiphospholipid Ab Panel, Antithrombin III Activity, Beta-2 Glycoprotein I Ab (IgA, IgG, IgM), Chromosome Analysis, Factor II (Prothrombin), Factor V Activity, Homocysteine, Lupus Anticoagulant Comp. Profile, Plasminogen Act Inhibitor-1 (PAI-1), Protein C Activity, Protein S Activity, PTT/APTT Partial Thromboplastin Time

CONTAINER CODE LEGEND: SST - SERUM SEPARATED TUBE L - LAVENDER B - BLUE 3.2% GRN - GREEN Y - YELLOW

ADVANCE BENEFICIARY NOTICE (ABN)

NOTE: You need to make a choice about receiving these laboratory tests.

We expect that Medicare will not pay for the laboratory test(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. Right now, in your case, **Medicare probably will not pay for the laboratory test(s) indicated below for the following reasons:**

Medicare does not pay for these tests for your condition	Medicare does not pay for these tests as often as this (denied as too frequent)	Medicare does not pay for experimental or research use tests

The purpose of this form is to help you make an informed choice about whether or not you want to receive these laboratory tests, knowing that you might have to pay for them yourself. Before you make a decision about your options, you should **read this entire notice carefully.**

- Ask us to explain, if you don't understand why Medicare probably won't pay.
- Ask us how much these laboratory tests will cost you (**Estimated Cost: \$ _____**) in case you have to pay for them yourself or through other insurance.

PLEASE CHOOSE **ONE** OF THE OPTIONS BELOW, CHECK **ONE** BOX, **SIGN & DATE** YOUR CHOICE.

<input type="checkbox"/> Option 1. YES. I want to receive these laboratory tests. I understand that Medicare will not decide whether to pay unless I receive these laboratory tests. Please submit my claim to Medicare. I understand that you may bill me for laboratory tests and that I may have to pay the bill while Medicare is making its decision. If Medicare does pay, you will refund to me any payments I made to you that are due to me. If Medicare denies payment I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision.	<input type="checkbox"/> Option 2. NO. I have decided not to receive these laboratory tests. I will not receive these laboratory tests. I understand that you will not be able to submit my claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay. I will notify my doctor who ordered these laboratory tests that I did not receive them.
<div style="display: flex; justify-content: space-between;"> Signature _____ Date _____ </div>	<div style="display: flex; justify-content: space-between;"> Signature _____ Date _____ </div>

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

SPECIMEN REQUIREMENTS

(A) Assays with Serum specimens:

These specimens may be kept in vacutainer tube at room temperature (RT) (if sent to the lab same day) or refrigerated (if kept over night or longer in the office).

(B) Assays with code numbers:

1. ACTH / WNV (2 Different tests same procedures) Collect into ice cold plastic lavender (EDTA) tube. Separate a.s.a.p. and transfer plasma to ice cold plastic tube. Freeze immediately (coagulation of blood or contact of blood with glass will destroy ACTH).
2. Blue top (3.2% Sodium Citrate). Separate plasma. Frozen
3. Blue Top (3.2%) Tube - Send whole blood
4. BD ProbeTec.
5. Call for detailed instructions.
6. Urine cls preservative tube
7. 15 ml conicac tube. Allow semen to liquify, ship in cold packs.
8. 1 Red Female and 2 Green Male