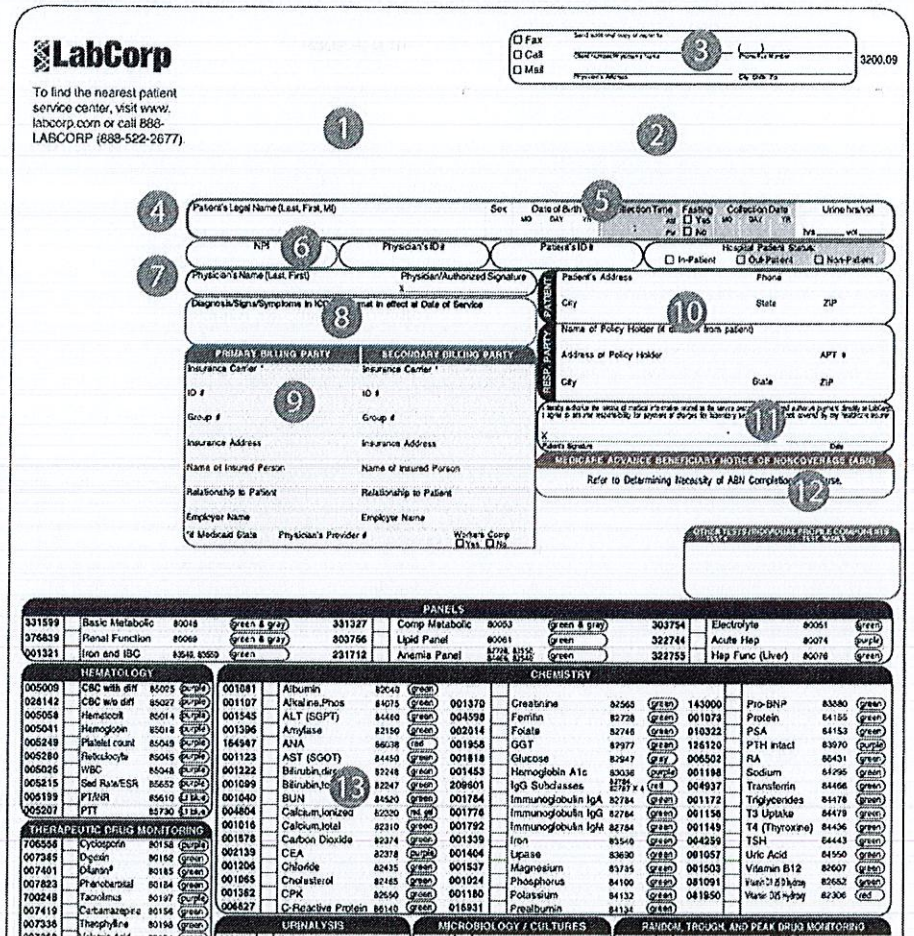
GUIDE TO COMPLETING

LABCORP HOME HEALTH TEST REQUEST FORM

To help you complete the new form, please see the callouts below.

Reminder: Print clearly and enter all information requested. Be sure to transfer information that may be listed on a referral sheet to the test request form.

1. Account information preprinted here.
2. Specimen identification labels located here. Place one specimen label on each tube. Two patient-specific identifiers (such as name and date of birth) must be included on each label. The identifiers must correspond to information on the patient's test request form.
3. Check the fax box and list the fax number(s) where the result report should be faxed. If more than one fax number, please list all numbers here.
4. List patient's name here (last, first, middle initial); include patient's gender and date of birth.
5. Include collection time and collection date here. This information is critical for certain tests.
6. Include NPI
7. Include the ordering physician's name (last, first) and physician/authorized signature, if applicable.
8. Indicate on the test request form the appropriate ICD-10-CM code(s) at highest level of specificity to identify diagnoses, signs, symptoms, conditions, complaints, or other reason(s) for the laboratory tests ordered for the date of service.
9. Complete the patient's insurance information.
10. Complete the patient's address information.
11. Patient signs and dates here to release information and authorize payment.
12. If needed for Medicare, refer to Advance Beneficiary Notice of Noncoverage (ABN) on reverse of form.
13. Select the test(s) to be ordered. The tube(s) needed for the home health care collection is printed beside the test number.
14. Do not see a test listed? Call **888-522-4452** for assistance regarding test availability and specimen requirements.



NOTE: Some specimen requirements have changed. Please refer to the specimen collection requirement listed on the form for the test (example: purple) and only submit the tube(s) necessary for the test(s) ordered.

LabCorp