

## UIDL Toxic Alcohols (Glycols and Alcohols) LABORATORY REQUISITION

UI Diagnostic Laboratories  
 Department of Pathology  
 200 Hawkins Drive, 5231 RCP  
 Iowa City, Iowa 52242  
 Toll Free: 866-844-2522  
 Local: 319-384-7212  
 Client Services Fax: 319-384-7213  
 Billing Fax: 319-356-0729

<b>FOR CLIENT USE ONLY:</b> Requisition Date: _____ Completed By: _____ Accn# _____
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<b>FOR UIDL USE ONLY:</b> UIDL Accn # _____ UIDL MRN# _____
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<b>PART A - PATIENT INFORMATION - <i>Required</i></b>		
Patient Last Name: _____		
Patient First Name: _____		
Street: _____		
City: _____	St: _____	Zip: _____
Phone: _____		
Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>PART B - PROVIDER INFORMATION - <i>Required</i></b>		
Referring Institution: _____		
Street: _____		
City: _____	St: _____	Zip: _____
Phone: _____	Fax: _____	
Referring Physician: _____		
<b>Contact person for results:</b> _____		
<b>Fax number for results :</b> _____		
<b>Phone number for STAT results:</b> _____		

<b>Date Collected:</b> ___/___/___ <b>Time Collected:</b> _____ <b>Specimen Type:</b> <input type="checkbox"/> Plasma PST  Call laboratory at 319-356-3527 for additional acceptable specimen collection containers.	<b>Contact the UIHC Clinical Pathology Resident On-Call          for assistance in ordering the proper testing.          Call 1-319-356-1616 &amp; ask operator to page #3724 (M-F, 08:00-17:00)          OR #3404 (all other times).</b>
<b><u>IMPORTANT:</u></b> Approval from UIHC Clinical Pathology Resident is MANDATORY for gas chromatography testing.	

<b>Required ICD-10 codes:</b> 1. _____ 2. _____ 3. _____ 4. _____
<b>TEST(S) REQUESTED</b>

<b>Contact the UIHC Clinical Pathology Resident On-Call          for assistance in ordering the proper testing.          Call 1-319-356-1616 &amp; ask operator to page #3724 (M-F, 08:00-17:00)          OR #3404 (all other times).</b>
<input type="checkbox"/> <b>INITIAL TESTING:</b> Toxic Alcohol/Volatiles Screen (TAVS; LAB8785)
<b>SUBSEQUENT TESTING options:</b> <input type="checkbox"/> Ethylene Glycol Rapid Assay (EGLYC; LAB7453) <input type="checkbox"/> Alcohols Panel (Methanol, Ethanol, Isopropanol, Acetone) by Gas Chromatography (ALCH; LAB551) <input type="checkbox"/> Glycols (Ethylene and Propylene) By Gas Chromatography (GLYCOL; LAB615)
<b>REQUIRED:</b> <input type="checkbox"/> <i>I acknowledge that I have received approval from the UIHC          Clinical Pathology Resident for gas chromatography testing if requested.</i>
<b>Clinical history and suspected ingestion:</b>  _____

<b>BILLING</b>
<input type="checkbox"/> <b>Referring Institution</b> Billing Contact Person: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ E-mail: _____
<input type="checkbox"/> <b>Patient's Insurance</b> <b>PRIMARY Insurance</b> Insured by: _____ Policy/ID #: _____ Group #: _____ Name of Subscriber: _____ DOB: _____ Relationship to Patient: _____  <b>SECONDARY Insurance</b> Insured by: _____ Policy/ID #: _____ Group #: _____ Name of Subscriber: _____ DOB: _____ Relationship to Patient: _____
<b>NOTE:</b> <b>Claims can't be submitted to Medicaid programs          outside of Iowa.</b>

See website for a comprehensive guide to UIDL Billing - <https://medicine.uiowa.edu/uidl/sending-case/billing-options>

Medicare will only pay for the services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under the Medicare standards, Medicare will deny payment for that service or test.