U I D L
UI Diagnostic Laboratories

# DeGowin Blood Center Requisition

RESET

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

**FOR UIDL USE ONLY:** MRN# PATH#
**FOR CLIENT USE ONLY:** Requisition Date Completed by:

| **PART A – PATIENT INFORMATION – *Required*** | | | **PART B – PROVIDER INFORMATION – *Required*** | | |
|---|---|---|---|---|---|
| Patient Last Name: | | | Referring Institution: | | |
| Patient First Name: | | | Street: | | |
| Street: | | | City: | St: | Zip: |
| City: | St: | Zip: | Phone: | Fax: | |
| Phone: | Fax: | | Referring Physician: | | |
| Date of Birth: | Gender: ☐ M ☐ F | | Referring Physician Phone: | | |

**PART C - SPECIMEN INFORMATION AND PATIENT HISTORY- *Required***

**Date Collected:** ____/____/____ **Time:** _____ **Specimen Type:** ☐ **EDTA Whole Blood** ☐ **Other, Specify:** _____

**Required ICD-10 codes:** 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Does the patient have a history of transfusion? ☐ Yes ☐ No ☐ Unknown

Is the patient pregnant? ☐ Yes ☐ No ☐ Unknown If yes – Estimated Gestation:

Does the patient have a history of red cell antibodies? ☐ Yes ☐ No ☐ Unknown If yes – Antibody(ies):

Has the patient received Rh(D) in the past three months? ☐ Yes ☐ No ☐ Unknown

Has the patient received IVIG in the past three months? ☐ Yes ☐ No ☐ Unknown

**SELECT TEST:** Refer to the **UIDL Test Directory** for specimen requirements and CPT Codes at https://www.healthcare.uiowa.edu/path_handbook/rindex.html

☐ Blood Type (ABO and Rh) [LAB4309]
☐ Antibody Identification & Clinical Pathology Consultation [LAB4325] (Note: Antibody Identification may require extensive testing necessary to interpret antibody
☐ Antibody Screen [LAB4402]
☐ Antibody Titration (IgM + IgG) [LAB4326], Specify Antibody:
☐ Direct Antiglobulin Test (DAT) [LAB5548]
☐ Fetal Bleed Screen [LAB4367]
☐ Platelet Antibody Screen and Clinical Pathology Consultation [LAB4388]
☐ RBC Antigen Testing [LAB4384], Specify Antigen:
☐ Reverse Type only (ABO) [LAB4312]
☐ Other (Specify):

**PART D – BILLING – REQUIRED** See website for a comprehensive guide to UIDL Billing - https://uidl.medicine.uiowa.edu/billing

**NOTE: Claims can't be submitted to a Medicaid Program Outside of Iowa**

**On date of collection, was patient:** **Admission Date:** _____ **Discharge Date:** _____

☐ **Inpatient** ☐ **Outpatient** ☐ **Non-Hospital Patient - Facility name where specimen collected:** _____

☐ **Bill Client**
**Email Recipient for Invoicing** _____
**Name:** _____ **Phone:** _____

☐ **Bill Insurance** **PRE-AUTHORIZATION #:** _____ Required for all out of state cases.

Please note that the **correct birth date of all policy holders** is required information. Please attach the following to the requisition:

***(1) a copy of the front/back of patient's insurance card(s), OR (2) a printout with patient demographics and insurance information from your practice management system. Please designate primary vs. secondary/tertiary coverage.***

| **Primary Insurance Coverage Information** | | | **Secondary Insurance Coverage Information** | | |
|---|---|---|---|---|---|
| Insured by: | | | Insured by: | | |
| Claims Address: | | | Claims Address: | | |
| City: | St: | Zip: | City: | St: | Zip: |
| Policy/ID #: | Group #: | | Policy/ID #: | Group #: | |
| Name of Subscriber: | | DOB: | Name of Subscriber: | | DOB: |
| Relationship to Patient: | | | Relationship to Patient: | | |

*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.*

*The purpose of this form is to obtain information necessary for UIDL Pathology Department to perform consultations and/or testing. Failure to properly complete the form may cause delay in the processing of specimens.*

PRINT

*4/28/2025 CG*