

MOLECULAR GENETICS

GENERAL CONSULT REQUISITION

FOR UIDL USE ONLY: MRN# _____		PATH# _____	
FOR CLIENT USE ONLY: Requisition Date _____		Completed by: _____	
PART A – PATIENT INFORMATION – <i>Required</i>		PART B – PROVIDER INFORMATION – <i>Required</i>	
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: <input type="checkbox"/> M <input type="checkbox"/> F		Referring Physician Phone: _____	
PART C - SPECIMEN INFORMATION (Complete the appropriate information below or include in an accompanying letter.)			
Date Collected: _____ Time Collected: _____ Specimen Type: <input type="checkbox"/> EDTA Whole Blood <input type="checkbox"/> DNA <input type="checkbox"/> Other (Specify): _____			
Required ICD-10 codes: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____			
PERTINENT CLINICAL HISTORY AND FINDINGS (please attach pedigree if available):			
SELECT TEST: Refer to the UIDL TEST DIRECTORY for specimen requirements and CPT Codes at https://www.healthcare.uiowa.edu/path_handbook/rindex.html			
<input type="checkbox"/> Coagulation Factor 2 [LAB9068] <input type="checkbox"/> Dysglycanopathy Mutation Profile with Interpretation [LAB8801] <input type="checkbox"/> Factor 5 Leiden Mutation & Factor 2 20210G>A Variant with Interpretation [LAB346] (Requires ABN) <input type="checkbox"/> FMR1 Gene Analysis Characterization of Alleles with Interpretation [LAB2460] <input type="checkbox"/> HFE Hemochromatosis Gene Analysis Common Variants with Interpretation [LAB2466] <input type="checkbox"/> Leiden Variant Factor 5 [LAB9067] <input type="checkbox"/> MTHFR Mutation Analysis with Interpretation [LAB8464]			
<p>This request to order molecular diagnostic tests from University of Iowa Diagnostic Laboratories (UIDL) certifies to UIDL that the ordering physician has obtained informed consent from the patient as required by applicable state or federal laws for each test ordered and that the ordering physician has authorization from the patient permitting UIDL to report results for each test ordered to the ordering physician.</p> <p>Genetic Counseling and Information: By requesting testing, the ordering physician assumes responsibility for providing the patient with all associated guidance and counseling regarding the test results. Alternatively, patients can be referred to qualified counseling services by contacting our client service line at ph.: (866)844-2522.</p>			
PART D – BILLING – REQUIRED		NOTE: Claims can't be submitted to a Medicaid Program Outside of Iowa	
On date of collection, was patient:		Admission Date: _____ Discharge Date: _____	
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital Patient - Facility name where specimen collected: _____			
<input type="checkbox"/> No Valid Insurance- Self Pay Iowa Resident <input type="checkbox"/> No Valid Insurance- Self Pay NON Iowa Resident: Prepayment required before test order can be accepted. Call 866-844-2522 to arrange payment.			
<input type="checkbox"/> Bill Client Email Recipient for Invoicing _____ Name: _____ Phone: _____			
<input type="checkbox"/> Bill Insurance PRE-AUTHORIZATION #: _____ Required for all out of state cases. See website for a comprehensive guide to UIDL Billing - https://medicine.uiowa.edu/uidl/sending-case/billing-options			
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: _____	
<p><i>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.</i></p>			