

	REFERENC	E LAB	ORATO	RY HIV	TES	STING	G REQUI	SITION	J		(ADAP A	.cct#: 7034109)		
Date of Request Visit Number:								ВА	SSETT	HEA	LTHCAR	E NETWORK	(
					#2938 (f 6/3/11;10/13/				2938 (f\lab 1;10/13/11,1	70 Medical Laboratories HIV Testing Form Nlab\.doc) rev. 1/10,7/19/10, 1/3/2011, 11,1/16/2012,7/19/12,10/1/12,1/7/13,7/1/13, 14,8/17/15,4/19/19,2/10/22,3/14/22,9/7/23				
Date of Birth:							14,10/6/14,8	Date	•	Time				
Date of Birth: MAYO Medical Laboratories (MML) requires the following information be provided to have MML bill the New York ADAP Plus program											lus program			
Failure to provide all required information will result in charges being billed to the ordering facility.														
Patient's Address	Street Address:													
Patient's Address	City:				State:					Zip Code:				
Insured's Name (if different from patient) Relationship to Patient □ SELF □ SPOUSE □ DEPENDENT									EPENDENT					
Primary Insurance Name and Plan (if applicable				e)				Employer/Group Name						
Dallard D. Narrahara				Group / Plan / Book#			ook#		Cat.#					
Policy ID Number				Group	p / Plan / Book#						Gat. n			
Medicaid ID#						AD				DAP PLUS ID#				
				(OR)	(OR)									
(√) Referring Provider Information				Last Name, First Name NPI# NYS License # ☐ HYMAN, CHARLES 1629062104 160045 ☐ SENTOCHNIK, DEBORAH 1891751483 160173 ☐										
Diagnosis Code(s) or Descriptive Diagnosis														
(√) Testing Required	*Provid	ers: Compli	iance is mand	latory and reg	ulate	d – see	reverse. MML	Business	Phone – 80	0-447-	6424/Fax – 80	00-524-5125		
Unit Code – Performing	<u>Lab</u>				<u>Test Name</u>									
□ HIQDR – Mayo Roche			LAB3789	HIV-1 RNA Q			A Quantificati	ntification w/ Reflex to HIV-1 Genotype*						
□ HIVDR- Mayo Rochester			LAB2909			HIV-1 Genotypic Integrase Inhibitor Drug Resistance								
□ HIVQN – Mayo Rochester		LAB3788			HIV-1 RNA Detection and Quantification, Plasma									
□ V3200–Monogram Biosciences		LAB101011			PhenoSense (Phenotype) - MUST use Monogram Requisition									
□ V7000/V7100–Monogram Biosciences			LAB101011			PhenoSenseGT (Phentotype/Genotype) – MUST use Monogram Requisition								
□ E3100–Monogram Biosciences			LAB101011			Trofile Co-Receptor Tropism Assay – MUST use Monogram Requisition								
□ E3600–Monogram Biosciences			LAB101011			Trofile DNA Co-Receptor Tropism Assay – MUST use Monogram Requisition								
☐ HVDIP-Mayo Rochester			LAB3688			HIV-1 and HIV-2 Antibody Differentiation, Serum								
□ R6000- Monogram Biosciences			LAB101011			GenoSure Archive DNA Sequencing PR-RT,IN- MUST use Monogram Requisition								
□ R6000+E3600- Monogram Biosciences					Conscure Archive Dive Trefile DNA MILET use Managram Dequisition						ZI.			
New York Regulations require an authorized signature (submitting provider or designee).														
New York Regulations require an authorized signature (submitting provider or designee). X Authorized Signature (submitting physician or designee)														
Print Name and Title Date and Time									ď					

PROVIDERS: Compliance is mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific ICD-9 codes for each outpatient test ordered. Additionally, only tests that are medically necessary for the indicated diagnosis or treatment should be ordered, with supporting documentation in the medical record. For tests included in each panel and reflexive testing, please refer to the below. Under current Medicare regulations, when certain laboratory tests (indicated by an *) are ordered, and the diagnosis is not listed in the Local Coverage Determination or National Coverage Determination for that test, payment may be denied. In these cases Medicare requires an Advance Beneficiary Notice (waiver of liability) be signed to allow the hospital to bill the patient. The ABN box on the requisition MUST be checked when an ABN is obtained.									
	Patient has signed ABN Waiver (ABN)		Patient refused to sign ABN Waiver (ABNR)	☐ ABN not required					
Informed Consent Forms are available through the Bassett warehouse or from the following link: www.health.state.ny.us/forms/doh-2556.pdf									