



Add –On Laboratory Test Request
“Specimen In Lab”
MIM # 1011

McLendon Clinical Laboratories is required to have written documentation of add-on laboratory tests. Please provide the following information and fax this request to the Core Laboratory at fax number **919-966-9490**. **Ordering MD Signature is required.**

Requesting Location: _____ Phone: _____
 Fax : _____

Patient’s Full Name _____ SS # _____
Last First Middle / Maiden Last 4 digits only

UNC Medical Record # _____ - _____ Date of Birth: _____ Sex: _____

Collection Date: _____ Time: _____ am / pm Collected By : _____	Requesting Physician: _____ UNC MD Code: _____
Diagnosis (ICD-9) code(s): 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____	
<small>Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a)(1) of the Medicare Law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.</small>	
ORDERING MD SIGNATURE REQUIRED Ordering MD Signature: _____	

Test Name	Additional ICD-9 Codes
1.)	
2.)	
3.)	
4.)	
5.)	

If questions, call CORE Laboratory at 919-966-2361.