

Send Out to Alternative Laboratory Request

This form **MUST** be completed and submitted to Specimen Receiving when the UVMCM laboratory is asked to ship any type of specimen to a laboratory that we do not routinely send to (Labs we routinely send-to include: Mayo Medical Laboratory and VT State Lab). **Monday-Thursday Only.**

- Please fax form to 847-2358, 24-hours prior to patient/sample arrival at the lab. Call 847-4763 for confirmation from Specimen Receiving Supervisor that we have received the form. This step will reduce patient wait time.
- Include a copy of patients insurance card, front and back or face sheet.
- This form **MUST** accompany a completed laboratory requisition from the performing lab (not a UVMCM lab requisition).

**We will not send testing to a laboratory that does not have current CLIA accreditation

If an equivalent test is performed at UVMCM or Mayo Medical Laboratories, we will perform the testing at one of these facilities.

Patient Information

Patient

Full Name: _____ DOB: _____ MRN: _____

Bill Patient or Patient Insurance (Include copy of patients insurance card, front and back or face sheet)

Performing lab listed to bill patient (Include copy of patients insurance card, front and back or face sheet)

Name on insurance card if different than patient: _____

Practice Information

Person Filling Out Form: _____ Telephone Number: _____

Practice Name: _____ Location Code: _____

Provider Full Name: _____

Alternative laboratory and Test Information

You must send Specimen Receiving a completed laboratory requisition from the performing laboratory

CLIA REQUIRES THAT A COPY OF RESULTS BE SENT TO UVMCM LABORATORY

Test Name: _____

Diagnosis that justifies testing: _____

Specimen Type: _____ Volume Required: _____ Shipping Temperature: _____

Test CPT: _____ Test Price*: _____

Performing Lab: _____ CLIA License No**: _____ Expiration Date: _____

Lab Phone: _____

* A test costing \$500 or greater will be reviewed by a pathologist.

Physician Signature: _____ Date: _____

PATHOLOGY & LABORATORY MEDICINE
111 Colchester Avenue-233MP1
Burlington, Vermont 05401

If you wish to discuss a deviation from our policy, you will be contacted. Phone # _____

LAB CUSTOMER SERVICE
Phone: (802) 847-5121
Fax: (802) 847-5905



PTH Form #037205 (02/2018)

