Justification—Uncontracted Pathology Services

MRN: _____Specimen type: _____Date of Request: _____
Specimen numbers of all specimens: _____

Location of requested service:
Laboratory: _____
Address: _____
Point of contact: _____ Phone number: _____

Name/Department of Requesting Physician: _____

ATTACH ALL PERTINENT REFERENCES DEMONSTRATING MEDICAL NECESSITY
REF: Federal Register/Volume 63, No 35, February 23, 1998

I am requesting the pathology department send pathology specimen(s) for (check only one):

_____ Clinical trial, including eligibility assessment
Informed consent required: Enter date of consent_____.
I have reviewed ANTHC policy 01-2010 and certify that this request meets the exception criteria in paragraph 5. SCMD initials (required) _____
_____ Second opinion from other than ANMC or LabCorp
_____ Additional testing performed at other than ANMC or LabCorp

For second opinion only, explain why a patthological second opinion must be obtained from this specific provider/facility.

For additional testing only, list the testing required and the clinical justification for the test.

Test	Justification

Can Department ordering services absorb cost of services within its budget?

The undersigned parties approve the above test for send-out, and recognize federally funded health care programs do not reimburse experimental treatment or tests or services that are not medically necessary, unless otherwise approved by CMS.

Signature _____Date_____
Printed name _____
Service Center Medical Director of Requesting Department

Signature: _____ Date_____
Printed name _____
Service Center Medical Director, Pathology and Laboratory Medicine