

PT. NO.	
NAME (Last, First)	
D.O.B.	
SSN: XXX-XX-____	M <input type="checkbox"/> F <input type="checkbox"/>

CLINICAL LAB REQUEST
 UW MEDICINE
 CLINICAL IMMUNOLOGY LAB

AMERK Requisition

UW LAB ACC. #	
LOGGED IN BY:	PROCESSED BY:

University of Washington Medical Center
 1959 NE Pacific St, NW 220
 Seattle, WA, 98195
 (206) 520-4600 How to Order/Send samples, Billing
 (206) 598-6149 Technical Questions

Completely fill in left section. Referral lab will report critical results directly to clinical personnel or to the referring laboratory.

NOTE: When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

ORDERING PHYSICIAN REQUIRED	NPI # REQUIRED
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___ Anti-Merkel Cell Panel (Serum, 2 mL, min. 0.5 mL) AMERK

SPECIMEN TYPE	<input type="checkbox"/> Serum
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COLLECTION REQUIREMENTS:

- Collect 6mL of blood in RED TOP or SST tube
 - Centrifuge and separate serum within 4 hours of collection
 - Quantity to send: 2mL of serum (minimum is 0.5mL)
 - Stability: temperatures up to 26°C = 7 days; frozen at -20°C = long term
- Additional information is available at <https://testguide.labmed.uw.edu/view/AMERK>

DATE & TIME COLLECTED REQUIRED	<input type="checkbox"/> AM <input type="checkbox"/> PM
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SENDER SPECIMEN #

UW HOSPITAL #

ICD / Diagnosis Code *

TESTING DESCRIPTION:

All samples will be tested for antibodies to the Merkel Cell Carcinoma (MCC) SmT oncoprotein. In addition, screening for the Merkel cell polyomavirus VP1 capsid antibody is done once, on the first sample ordered for AMERK testing and billed separately. The VP1 capsid antibody test is reflexively added to the order by the UW laboratory.

SEND REPORT TO (Hospital, Clinic, Physician) REQUIRED

MERKEL VIRUS ONCOPROTEIN SEROLOGY:

SmT oncoprotein antibodies are present in the blood of 50% of patients when they have clinically detectable Merkel Cell Carcinoma (MCC). In patients who make oncoprotein antibodies, titers are expected to decrease significantly within 3 months of successful treatment of MCC. Changes in oncoprotein titers of less than 25% may not be biologically significant. A significant rise in titer or stabilization above 2000 STU may be associated with persistent or recurrent MCC. Please see www.merkelcell.org/sero for more information.

ADDRESS

TELEPHONE

FAX

Please provide your Fax # to receive results.

PATIENT ADDRESS

*The ordering health care provider is to assign the most accurate ICD code with the highest level of specificity.

CITY	STATE	ZIP
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TELEPHONE

SUBSCRIBER NAME

SUBSCRIBER ID. #

GROUP#

Referring institution will be billed if the insurance company is located outside the state of Washington.

Medicare (answer required to question below)
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Is this a hospital outpatient or inpatient? Yes No

CMS MEDICAL NECESSITY INFORMATION

It is our policy to provide health care providers with the ability to order only those lab tests medically necessary for the individual patient and to ensure that the convenience of ordering standard panels and custom profiles does not impact this ability. While we recognize the value of this convenience, indiscriminate use of panels and profiles can lead to ordering tests that are not medically necessary. Therefore, all tests offered in our panels and profiles can be ordered individually as well. If a component test is not listed individually on the request form, it may be written in the "OTHER REQUESTS" box. We encourage you to order individual tests or a less inclusive profile when not all of the tests included in the panel or profile are medically necessary for the individual patient.

MEDICARE BILLING INFORMATION

Medicare billing policy prevents us from submitting a Medicare claim for laboratory testing referred to us on hospital inpatients or hospital outpatients. For these samples, we will bill the sending location.

INSURANCE NAME/ADDRESS

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