



# Specimens:		
Collect Date:	Time:	By:
MR #:	A #:	

REQUIRED (PRINT OR PATIENT LABEL)	
Name (Last, First, MI)	
Date of Birth	Sex: (circle) M F
Street Address	
Street Address 2	
City, State, Zip	
Phone Number	Chart Number

Cayuga County Medical Center Laboratory [2CAY]
 101 Dates Drive
 Ithaca, NY 14850
 PHONE: (607) 274-4474 FAX: (607) 274-4481
 (PKE5A) Plocharczyk, Elizabeth MD

Billing Information:

SPECIALTY BILLING

LAB- CAY

Phone Results to:	Fax Results to:
Ordering Provider's Signature	
Date of Signature	
Diagnosis Mandatory: Signs/Symptoms or ICD10 Codes <i>If ordered for screening, list test name here and write "SCREENING" after it</i>	
Send Additional Reports To: (Full Name/Address)	
<small>Compliance is Mandatory and Regulated. For the laboratory to bill properly and receive payment for tests ordered on Medicare Beneficiaries, specific ICD-10 code(s) or a descriptive diagnosis must be included on each patient for each test ordered. It is critical that the diagnosis provided to the lab is consistent with those recorded in the patient medical record on the date of service.</small>	

CHEMISTRY	ADDITIONAL TESTS	
42235 <input type="checkbox"/> CYCLOSPORIN		
30998 <input type="checkbox"/> TACROLIMUS		
34793 <input type="checkbox"/> SIROLIMUS (Rapamune)		