

Seattle Children's Hospital Laboratory

ORDER CHANGE REQUEST

FOR GENETIC TESTING CURRENTLY IN PROCESS

Reference Lab/Send Outs Instructions: Your provider has requested a change to testing currently in process that was sent from your laboratory. Please update the order(s) in your system, then fax this completed form to:

LABORATORY CLIENT SERVICES, ATTN: ORDER CHANGE REQUEST, at fax # **(206) 987-2417**.

REQUESTED BY (LAB/INSTITUTION/PROVIDER)

CLIENT ACCOUNT NAME:	CLIENT CONTACT:	
AUTH./ORD. PROVIDER:	EMAIL:	PHONE #:

REQUEST

PATIENT NAME (LAST, FIRST):		EXTERNAL MRN:	
PATIENT DOB:		SCH MRN:	
TEST STATUS: <input type="checkbox"/> ON HOLD <input type="checkbox"/> IN PROCESS		SCH LAB GC: _____	REQUEST DATE: ___ / ___ / ___
(REQUIRED) DIAGNOSIS CODE(S)	CHANGE TEST: <input type="checkbox"/> CANCEL <input type="checkbox"/> ADD	(REQUIRED) TEST NAME (e.g., CBC + DIFF)	(REQUIRED) TEST CODE (e.g., LAB293)
NOTE: For additional test and/or specimen information, please refer to our test catalog: Lab Test Lookup			
CHANGE DEMOGRAPHIC INFO: <input type="checkbox"/> NOT APPLICABLE		CHANGE SPECIMEN INFO: <input type="checkbox"/> NOT APPLICABLE	
FROM:	TO:	FROM:	TO:

CHANGE BILLING METHOD

BILLING NOTIFICATION: All testing will be billed to referring institution unless complete billing and diagnosis information is provided with this form.			
<input type="checkbox"/> BILLING METHOD CHANGE NOT NEEDED			
FROM: <input type="checkbox"/> CLIENT/INSTITUTIONAL <input type="checkbox"/> COMMERCIAL INSURANCE <input type="checkbox"/> WA/AK/MT/ID MEDICAID		TO: <input type="checkbox"/> CLIENT/INSTITUTIONAL <input type="checkbox"/> COMMERCIAL INSURANCE <input type="checkbox"/> WA/AK/MT/ID MEDICAID	
		BILLING CONTACT NAME:	
		CONTACT PHONE:	
		CONTACT EMAIL:	
<p>Questions regarding sample intake and/or billing, please email: LabClientServices@SeattleChildrens.org or call (206) 987-2617 (opt. 5).</p> <p>Questions regarding specimen and/or test selection, please email: LabGC@SeattleChildrens.org or call (206) 987-5400.</p>		SCH USE ONLY: <input type="checkbox"/> Uploaded/Filed <input type="checkbox"/> Epic Order/Charges Audited <input type="checkbox"/> Emailed GC/MGL	
		DATE: LAB CLIENT SERVICES PROCESSOR: <input type="checkbox"/> CG <input type="checkbox"/> CJS <input type="checkbox"/> EB <input type="checkbox"/> KW <input type="checkbox"/> DR <input type="checkbox"/> MS <input type="checkbox"/> SR	