



**Hagerstown Medical Laboratory, LLC**

11110 Medical Campus Road, Suite 230  
Hagerstown, MD 21742

Telephone 301.665.4LAB (4522)  
Toll-free 800.428.2105  
hagerstownmedlab.com

**Director:** John G. Newby, M.D., F.C.A.P.

**Associate Directors:** Gary M Mire, M.D., F.C.A.P. Michael J. O'Donoghue, M.D., F.C.A.P.

Date: December 9, 2011  
To: Clients of Hagerstown Medical Laboratory  
From: Hagerstown Medical Laboratory (HML) Client Services  
Subject: Simplification of HML Add-on Test Request Procedure & Revised HML Add-on Form

Effective immediately, HML will begin requiring that all requests to add-on tests to specimens already in the laboratory be documented by completing and submitting only the attached HML Add-on Testing Request Form; no other documentation is needed or required. Submitting unnecessary documentation may have the unintended consequence of slowing the completion of your request.

Most providers call see if a test can be added to the specimen prior to submitting their written request and we would encourage you to continue to do so. To ensure sample integrity, HML requires that all add-on requests be processed within 4 days of the original collection date. Upon receiving the request, HML Client Services will verify that the specimen type and volume is acceptable to add-on the test and will notify the client ONLY if the test CANNOT be added.

If the add-on test is ordered by a provider other than the original physician, it must be re-registered to generate a new specimen number and registration. For self-pay patients, HML will obtain verbal consent from the patient before adding the tests. Add-on test requests for Medicare patients must be accompanied by a written order (may be faxed) with documentation of medical necessity.

Completing and submitting only the attached revised Add-on Test Form when requesting an add-on test will assist us in complying with state and federal law and help assure that HML can quickly and accurately process your request.

Additional copies of the revised HML Test Add-on Form may be printed from the HML website by going to [www.hagerstownmedlab.com](http://www.hagerstownmedlab.com) and clicking on the following links under **Information for Physicians: Policies and Instructions** and **Add-on Testing Request Form**.

If you have questions or need further clarifications about this change, please contact Client Services at 301-665-4900 or 1-800-428-2105.



### Request For Add-On Testing

The United States Code of Federal Regulations *Requires a Written and Signed Request* be Forwarded to Our Laboratory when Additional Testing is Required.

<u>For Physician Use</u> <u>Must be Completed or request cannot be fulfilled</u>	
Date _____	Your Fax Number for Confirmation _____
Practice or Physician's Name (please print) _____	
Patient Name _____	
Date of Birth _____	Collection Date _____
<b><u>Add-On Test Names &amp; Diagnoses</u></b>	
Test Name _____	Diagnosis (ICD-9) _____
Test Name _____	Diagnosis (ICD-9) _____
Test Name _____	Diagnosis (ICD-9) _____
_____ *Signature of Physician (or authorized designee)	

**Fax completed form to: 301-665-4949**

<u>For Lab Use Only</u>		
Test will be Performed _____	QNS _____	Sample too Old _____
Other _____		

Depending upon the type of specimen, tests may be added-on for up to 4 days.

**FORM MUST BE COMPLETED IN ITS ENTIRETY OR REQUEST  
CANNOT BE FULFILLED**