2006 L/S RATIO OR LUNG PROFILE DETERMINAION ANALYSIS

Medical Genetics – Wake Forest University School of Medicine – Winston Salem NC
Phone: 336-716-4321 Fax: 336-716-2554

Collection Date: _____ **Time**: _____ am/pm **WFU LAB #:** _____

Name: _____/_____/_____/_____
(Please print) **Last** **First** **Middle** **Maiden**

Birth Date: _____ **SS#** : _____ **Patient's Mother's first name:**_____

Hospital Name : _____ **Hospital/Unit #:** _____

Gestation: _____ ***weeks*** ***Type of Specimen:*** ☐ **Amniotic Fluid** ☐ **Vaginal Pool** ☐ **Other:**_____

COLLECTION TECHNIQUE: **At least 8cc's of amniotic fluid are required for a fetal lung profile. Send Labeled Specimen in a Water Tight Container on Ice**.

Physician Information		Statement of Financial Responsibility
Physician: Last, First	**Phone/beeper:**	I authorize any holder of medical or other information about me to release to my healthcare provider, third party processor, the Centers for Medicare and Medicaid Services or its intermediaries or carriers any information needed for this health care encounter or related claim. I permit a copy of this authorization to be used in place of the original, and request payment of authorized insurance benefits be made on my behalf to the WFU Physicians. I understand I am responsible for payment of these charges. I am also responsible for payment if my insurance carrier decides this is a non-covered service or requires prior authorization, which I did not obtain.
1		
2		
3		**Patient Signature:** _____ **Date:** _____

Billing Information

Bill: ☐ Forsyth Hospital ☐ Moses Cone Hospital
☐ Spectrum ☐ Women's Hospt of Greensboro ☐ Wesley Long Hospital
☐ Other – hospital/client's name: _____
******The hospital or client will be billed for L/S Ratio samples******

SIGNS/SYMPTOMS/INDICATION (ICD-9 CODES) FOR L/S RATIO STUDY

Indicate all that apply. **Codes here do not represent entire listing of ICD-9 codes available**. Please consult current ICD-9 code book for complete listing..

☐ Primary pulmonary immaturity NOS (770.4) ☐ Pre-Eclampsia (642.41) ☐ Early onset of delivery (644.21)
☐ Diabetes mellitus (648.01) ☐ Hypertension (642.01) ☐
☐ **Other Clinical / ICD-9 codes specify**:_____

Test Requested **Note:** When ordering tests for which **Medicare** reimbursement will be sought, it is recommended that the Provider consult any Local Medical Review Policies (**LMRP**) or National Coverage Decisions (**NCD**) that may be applicable to the test(s) being ordered. Based on guidance issued in either of these policies it may be necessary to obtain an Advanced Beneficiary Notice (**ABN**) from the Medicare Patient. For Medicaid and other carriers a signed **Statement of Financial Responsibility** from the patient may be necessary. (See Statement of Financial Responsibility at top of form.)

SEND TO:

MEDICAL GENETICS, Room G027B, Hanes Bldg.
Attn: David Stafford
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
WINSTON-SALEM, NC 27157
PHONE: (336) 716-2549 Fax (336) 716-2554

- ***For Same Day Results, Specimen Must be Received in the Laboratory by 1:30 PM.***
- ***If Received After 1:30 PM, Specimen are run the Next Morning. Results Usually are Reported by 5:00 PM.***

WFU Lab Use Only

DATE RECEIVED_____**cc's**_____ **Fluid Condition**_____

REPORTED TO_____ **DATE**_____ **TIME**_____

L/S RATIO_____**/1.0** ☐ **with PG** ☐ **No PG**