



Laboratory Update

Specimen Collection Brochures & Forms

To help ensure timely and accurate processing, please provide patients with the appropriate specimen collection brochure and ensure all required sections of the form are completed. MercyOne Laboratory does not provide pre-printed forms; however, forms and brochures are available at the link below:

[Collection Brochures & Forms - Des Moines Laboratory | MercyOne](#)

Mandatory Requirements for Test Requisitions

The laboratory continues to receive incomplete requisition forms. To prevent testing and reporting delays, please ensure the following sections are completed on every paper requisition:

- **Billing Information**
- **ICD-10 Codes**
- **Ordering Provider Information (including NPI)**

Please use the most up-to-date MercyOne Laboratory requisition form. If you need an updated requisition form, please contact us at 515-247-4471. Thank you for your continued trust in our MercyOne Laboratory team.

		Patient Information	
1111 6th Avenue Des Moines, IA 50314 Phone 515-247-4471 Fax 515-643-8832		Patient Full Legal Name (Last, First)	
#N/A		Date of Birth: / /	Sex: ☐ Male ☐ Female
		Phone #	SSN #
Location	Location ID	Address	
ADDRESS		City, State, Zip Code	
CITY	STATE	ZIP	Collection Date:
PHONE			☐ Fasting ☐ 1Hr ☐ 8Hr ☐ 12Hr
Ordering Provider (NPI):		Collection Time:	☐ Non Fasting
Ordering Provider (Print):		Billing Information	
☐ Fax To #		☐ Bill Office/Facility/SNF/Skilled	
		☐ Bill Insurance (Attach Insurance Card(s)) **ICD-10 Codes Needed**	
For MercyOne DSM Lab Use Only		☐ Bill Patient	
Date/Time Rcvd:	Initials: RQ#:	ICD-10 Code(s) (Required to Bill Insurance)	☐ ABN Attached
MRN #	Courier Tracking #		
Additional Tests:		1. 2. 3. 4. 5.	Medicare will only pay for tests that meet the medicare definition of "Medical Necessity." Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is ordered as a screening test, is ordered too frequently or does not meet medicare coverage criteria, be certain the patient has signed an Advance Beneficiary Notice (ABN).