

### Watkins Compounding Pharmacy

Service requested: **Serum for Eye Drops**

Patient Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Street (cannot ship to a PO Box)

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Phone (required)

\_\_\_\_\_  
Physician Signature

**Fee: \$241.00 (Watkins Pharmacy)**

Billing Method:  Check/Money Order enclosed (*cash is not acceptable*)  
 Charge card (*complete box below or attach copy of card*)

Discovery  American Express  
 Visa  MasterCard

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_ Mo/\_\_\_\_ yr.

Card Holder Signature: \_\_\_\_\_ CVV (3-digit code) \_\_ \_\_ \_\_

#### **Patient Instructions:**

1. **Please phone Watkins Compounding Pharmacy before visiting the Laboratory** to verify that their pharmacist will be available to process your sample the next day. Please phone him at **231-683-1708**.
2. Blood collection is performed **before 12:00 p.m. on Mondays or Tuesdays only and only at the Munson Medical Center outpatient laboratory (1105 Sixth St)**. This is to assure adequate time for processing prior to shipment and time for the pharmacy to prepare and ship eye drops for delivery before the weekend. **Please plan to arrive approximately 30 minutes prior to blood draw to allow time for registration.**
3. There are two separate charges for this service:  
**\$241.00** from Watkins Compounding Pharmacy (includes prep and shipping costs) and **\$60.00** from Munson Medical Center (for collection, processing and shipping blood sample). Neither fee is covered by any insurance. You will receive two separate bills: one from Watkins and one from Munson.
4. Watkins Pharmacy will ship eye drops only after payment. To expedite eye drop delivery, please plan to provide \$241.00 payment at the time of blood collection. Please give payment or credit card information to laboratory staff to send with blood specimen. If payment is not provided at the time of blood collection, the pharmacy will phone you for payment information.
5. Before shipment, Watkins Pharmacy will call you at the phone number listed above to verify shipping address and provide expected delivery date.

#### **Registration Instructions:**

Register as private pay as this test is not covered by any insurance. Diagnosis code is not needed.

## See **REVERSE SIDE** for **COLLECTION & SENDOUT INSTRUCTIONS**

### Phlebotomy Instructions:

1. BEFORE **the draw**: **CALL** Watkins Compounding Pharmacy at 231-683-1708 to verify that Steve Leafer will be available to process the sample. If he is available to perform the processing, draw the patient. If he is unable to do so, (e.g. if he is on vacation), ask for the next date he will be available and inform the patient so they can return on a later date (must be a Monday or Tuesday).
2. **Draw only on Monday or Tuesday**. This is to allow time for shipment to the compounding pharmacy, preparation of eye drops and shipment to the patient before the weekend.
3. Collect **8 (eight)** 6-mL size **plastic red top** tubes. Tubes must be FULL so as to get as much serum as possible (20ml serum is needed).
4. Hand label tubes with patient name and birthdate or use Star labels.
5. Verify with patient that their name, shipping address and phone number is accurate.
6. Verify billing method is checked. Copy charge card if needed. A check or money order payable to Watkins Pharmacy is also acceptable. If no credit card information or payment is provided, Watkins Pharmacy will contact patient and obtain payment prior to shipping the eye drops.
7. Send this form (with payment when provided) and registration face sheet to Sendout lab.
8. Do not enter tests in Sunquest/Smart. Send tubes promptly to the main lab via pneumatic tube.

### Send out Staff Instructions:

1. Perform Order Entry in Sunquest/Smart. Use current day's account number.  
Test Code: SR  
                  CHRG  
                  (no BCC, no SO)  
Result for SR: Serum for Eye Drops to Watkins Pharmacy  
Container code: None  
Result entry for CHRG test: Fee = 60.00 (no semi-colon, no dollar sign)  
  Test =; Serum for Eye Drops to Watkins Pharmacy
2. Assure specimen is adequately clotted (at least 30 minutes). Spin tubes and then aseptically pipette the serum into STERILE screw top vials following strict aseptic techniques. Use STERILE pipettes.
3. The serum must be stored and shipped refrigerated. Label transport vials with an adhesive label with patients first and last name.
4. Send the following:
  - a. Containers of serum, wrapped in several paper towels (enough to absorb entire liquid if leakage occurs), placed in biohazard bag then placed next to frozen cool pack.
  - b. Xerox copy of THIS FORM (physician's order).
  - c. Patients name and address and phone number information (copy of face sheet is acceptable).
  - d. Charge/debit card information or check/money order. NOTE – if no payment is enclosed or charge card information is not provided, Watkins Pharmacy will obtain from patient.
  - e. Ship **Monday or Tuesday only** via Federal Express, Priority Overnight service, to:

Watkins Compounding Pharmacy  
1391 E Sherman Blvd  
Muskegon MI 49444

(Munson is to be billed for shipping charges).

5. **Call Steve Leafer at 231.683.1708** and notify him that the specimen is being sent. If no answer, leave a message.
6. Call Patient accounts, Credit Interviewer Coordinator (Peggi Tucker x 56934 or email a message as of 9/18/06) to notify them they will see a charge for \$60.00 on this patient, but there will be no tests or billing codes listed.