

CENTRACARE Health
LABORATORY UTILIZATION REVIEW COMMITTEE

3/2014

NEW TEST OR CHANGE IN TESTING REQUEST
(Provider or designee to complete for all requests submitted for LURC review.)

Date: _____

Applicant Name: _____

Department: _____

Provider Champion(s) (if different than applicant):

Address: _____

Site: _____

What is the best way to contact you?

Day/Time

_____ e-mail: *(address)* _____

_____ pager: *(#)* _____

_____ phone: *(#)* _____

_____ other: *(specify)* _____

Description of Requested Test:

Test Name: _____

Test Vendor (if known): _____

Vendor Address and Phone: _____

Please attach the following forms/materials:

- Initial Test and Resource Assessment
- Conflict of Interest Disclosure
- Medical Articles/Reference Material (as necessary)

**INITIAL TEST AND RESOURCE ASSESSMENT
(Provider or designee to complete, as applicable)**

1. Brief Description of Test: *(e.g. immunometric assay for parathyroid hormone)*

2. Purpose of the Test: *What clinical question/issue is being addressed by the test?*

3. Description of Medical Necessity: *How will the results address the question/issue and how will they affect patient care? (attach additional sheets if necessary)*

4. Is the test FDA approved for the proposed purpose? Yes No

5. What departments will be affected by this request (include your own department)?

6. Required Turnaround Time (if applicable): _____

7. Estimated Test Volume per year: _____

8. List of Reference Materials: (please include a copy of references with the application)

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9. Cost per Test: _____
(You may call the Specimen Referral Center at ext. 57320 for assistance with existing reference laboratory pricing)
10. Adequacy of Resources (if known):
- a. Specimen Procurement: _____
 - b. Courier Service: _____
 - c. Reporting of Results: _____
 - d. Reimbursement: _____

Completed by (if not the Requestor): _____ **Date:** _____

Reviewed by (Requestor): _____ **Date:** _____

**Please contact Kristi Enerson, Laboratory Technical Coordinator,
at ext. 57373 with questions regarding completion of this form.**

This section to be completed by LURC Chair

Approved **Referred for Committee Review**

Comment: _____

LURC Chair Signature

Date

To Be Returned with LURC Application

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St. Cloud, Minnesota
CONFLICT OF INTEREST DISCLOSURE

_____ I have no actual or potential conflict of interest in relation to this request.

_____ I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject and/or funding of this study.

A significant conflict of interest is considered:

- \$10,000 per year income
- Equity interests over \$10,000 or 5% ownership to the company

Attach explanation for each:

_____ Consultant at/for _____

_____ Speaker for _____

_____ Stock shareholder in _____

_____ Proprietary interest in _____ Value: _____

_____ Other financial or material support (\$) _____

Provider (Requestor) Signature

Date

To Be Returned with LURC Application