

May 25, 2005

Name, M.D.
Institution
Street Address
City, State, Zip Code

Dear

Thank you for your interest in using the Impression Cytology (IC) Laboratory facility, sponsored by the Ocular Surface Center, for the purpose of diagnosing ocular surface disorders. It is important that you follow the instructions listed below for collecting and submitting specimens:

1. Instructions for Specimen Collection: Enclosed with this letter, please find ___ IC diagnostic kit(s) and three forms included with each kit. The kit can be used for up to 4 patients. For each patient, a separate set of forms needs to be filled out. One of the forms has instructions to guide you through specimen collection (**Form IC-001, "Instruction for IC Specimen Collection"**). Each white filter paper (blue paper should never be used) should be dropped into a different vial with preservatives and the manner how it is applied onto the patient's eye should be drawn in proportion to the ocular surface on the form provided (**Form IC-002, "Impression Cytology Specimen Information"**).
 - Other key information such as patient's name, date of birth, date of collection, and eye that is collected should be recorded on this form.
 - Samples can be stored in this manner until all or most vials are filled, i.e., usually for up to four patients, before sending back to the facility unless there is an urgent need.
 - We recommend the use of smooth tip forceps to obtain the samples.
 - Please mark "urgent" if you need the diagnostic results soon and return the box by express mail to the address below.
2. Test Requisition: Florida law requires that the requesting physician complete and sign a requisition form for each patient before diagnostic test results can be released. For each patient, please complete and sign **Form IC-000, "Consult Requisition Form for Impression Cytology"** and enclose with the specimen shipment or fax to (305) 274-1297 as soon as possible.
3. Specimen Shipment: Specimens should be sent to the address listed below. If you have any additional questions, please contact me ahead of time (before sample collection) to understand the utility and limitations of this test.
4. Test Cost: The cost of using the diagnostic kit, sample processing, professional reading and reporting is US \$300 per patient and this is paid by the end user, i.e., physician who is interested in using this test.
5. Payment Methods: Please send a check to "Ocular Surface Center" (address is shown below) for the amount corresponding to the number of tests ordered.
6. Reimbursement: The CPT Code is 88161 and can be used together with the invoice provided.
7. Specimen Storage & Photography: IC specimens will be kept in our lab specimen inventory. If you wish to read them with me, they will be made available for you. Please let me know if you require IC photographs of your patient – note that there is a separate charge for the preparation of micrographs.

If you have any additional questions concerning how to perform IC or record the desired information, please contact me at the address, phones, and e-mail shown below.

Sincerely,

Scheffer C. G. Tseng, M.D., Ph.D.