

National Institutes of Health
 Mark O. Hatfield Clinical Research Center
 Bethesda, Maryland 20892

**Authorization for Payment for Medical Services
 Outside the Clinical Center**

The Clinical Center offers accounts payable processing for medical services obtained outside the Clinical Center when deemed necessary by the corresponding Institute (IC). The outside medical services include cytogenetic/genetic testing, clinical laboratory, home health care, etc.

Instructions: Complete all of the following sections. Please specify what services are being requested and authorized. In signing this authorization, you are certifying that the services are medically necessary and a requirement of the patient’s protocol. Prior to submitting this form, it must be signed by the IC Clinical Director or his/her designee, if the Clinical Director is unavailable.

Order Date:	Protocol Number:
Patient Name:	Patient MRN:
Institute:	Covered Date(s):
Vendor:	Estimated Cost: a= item.
Completed By:	Approving PI:
<p>Authorized Services: Emergency services, please check Please provide a detailed description of the medical services required including frequency, etc.</p>	

Institute Clinical Director (Approval)

Date