

**CLINICAL LAB REQUEST
BLOOD**

SEE BACK SIDE FOR INFORMATION ON:
*SPECIAL COLLECTION REQUIREMENTS
§ REFLEXIVE TESTING INFORMATION

Clearly mark boxes with an **X** using felt tip or color ink pen.

DRAWN BY	LOGGED BY	LAB ACC # LABEL
BLOOD DRAW TYPE	PROCESSED BY	
RECEIVE TIME:		

When ordering tests in which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment. Please be aware that Medicare generally does not cover routine screening tests. See reverse side for additional medical necessity information.

CMS APPROVED CHEMISTRY PANELS

- BASIC METABOLIC PANEL**
(NA,K,CL,CO₂,GLU,BUN,CREAT,CA) [BMP]
- COMPREHENSIVE METABOLIC PANEL**
(NA,K,CL,CO₂,GLU,BUN,CREAT,TP,ALB,TBILI,CA,AST,ALK,ALT) [COMP]
- ELECTROLYTES** (NA,K,CL,CO₂) [LYT]
- HEPATIC FUNCTION PANEL A**
(ALB,TP,TBILI,DBILI,ALK,AST,ALT) [HFFPA]
- RENAL FUNCTION PANEL** (NA,K,CL,CO₂,GLU,BUN,CREAT,CA,ALB,P) [RENF]
- LIPID PANEL (FASTING)**
(TOTAL CHOL, TRIG, HDL, LDL) [LIPID]
- Patient Status: Fasting Non-Fasting

- ACTH *** [ACTH]
- AFP, NON-MATERNAL** [AFPNOT]
- AFP GROUP, MATERNAL** [PNQUAD]
(INCLUDES: AFP, HCG, ESTRIO, INHIBIN)
RACE: BLACK / NON-BLACK IDDM: YES/NO
GESTATIONAL AGE: _____ WEEKS _____ DAYS
WT (LB): _____ AGE BY: LMP / US
MULT. GESTATION: NO / TWINS / TRIPLETS
REPEAT TEST: YES / NO HISTORY: _____
- ALBUMIN** [ALB]
- ALDOSTERONE *** [POST]
WITH RENIN, ALDO/RENIN RATIO * [ARRG]
- ALKALINE PHOSPHATASE** [ALK]
ALK. PHOS., BONE SPECIFIC [BONAP]
- ALT** [ALT]
- AMMONIA*** [PLNH3]
- AMYLASE §** (With Reflex Fractionation) [AY]
- ANTIBODY TO:**
- | | |
|----------------------|---------------------------|
| LKM [ALKMA] | Mitochondrial [AMITO] |
| ANCA Group [ANCAG] | Neuronal (For SLE) [NEUR] |
| Citr. Pept. [CCP] | Parietal Cell [APCA] |
| DS DNA [DNAEL] | Ribosomal P [ARIBOP] |
| ENA (Sm,RNP,SSA,SSB) | Scl - 70 [SCL70] |
| Endomysial [AEMYA] | Smooth Muscle [ASMA] |
| GBM [GBM] | SSA/Ro [SSAG] |
| Gliadin IgA IgG | TTG IgA IgG |
| Jo-1 [AJOI] | |
- ANTI - H. PYLORI** [HPYL]
- ANTI - NUCLEAR ANTIBODIES** [ANAG]
WITH REFLEXIVE TESTING § [ANARP]
- ANTI PHOSPHOLIPID / CARDIOLIPINS**
(B2GP,ACARA,ACARM,ACARG) [APHOSG]
- ANTI THROMBIN III ACTIVITY** [AT3]
- AST** [AST]

B-TYPE NATRIURETIC PEPTIDE [BNAP]

- BILIRUBIN, TOTAL** [BIL]
- BILIRUBIN, TOTAL/DIRECT** [BILTD]
- C1 ESTERASE INHIBITOR GROUP**
(C1EF, C1EPR) [C1EP]
- C-PEPTIDE** [CPEP]
- C-REACTIVE PROTEIN** [HSCR] WITH CARDIAC RISK ASSESSMENT [HSCRPG]
- CA 125 (Cancer Antigen 125) [CA125]
- CA 27.29 (Cancer Antigen 27.29) [CA27]
- CALCIUM (CA), TOTAL** [CA]
- CALCIUM, IONIZED, SERUM** [SRIC]
- CBC (HCT, HB, WBC, RBC, & RBC INDICES, PLT)** WITH: [CBC]
- ABS NEUTROPHIL COUNT** [CBANC]
- DIFF / SMEAR EVAL** [CBD]
- DIFF / SMEAR EVAL** (DIF IF WBC <4.3 or >10.0) [CBDI]
- CEA [CEA]
- CHEST PAIN REFLEXIVE TESTING**
If initial Troponin I result is greater than 0.2 ng/mL, testing for CK Total, CK-MB Mass and CK Quotient is performed at an additional charge. [CPAINR]
- CHOLESTEROL, TOTAL** [CHOL]
- CHOLESTEROL, HDL** [HDL]
- CK-MB** [MBMASS] [CK, CKMBG]
- CK, TOTAL** [CK]
- COAG SCREEN §** [COAGP]
(PT,PTT,TT,FIBCL, Reflex deheparinization) WITH:
PLATELETS [PLT]
D-DIMER, QUANT [DDI]
- COLD AGGLUTININ TITER** [CAGT]
- COMPLEMENT:**
C1 [C1] C4 [C4]
C3 [C3] TOTAL (CH50) [TC]
- CORTISOL** [CRT]
- COPPER** [CU]
- CREATININE** [CRE]
- CRYOGLOBULINS*** [CRYOG]
- D-DIMER, QUANT.** [DDI]
- DHEA-SULFATE** [DHEAS]
- ERYTHROPOIETIN** [EPO]
- ESTRADIOL** [EDOL]
- FERRITIN** [FER]
- FIBRINOGEN** [FIBCL]

- FOLATE** [FOLAT]
- FSH** [FSH]
- G6PD SCREEN** [G6PD]
- GGT** [GGT]
- GLUCOSE** [GLU] Fasting [GLUF]
- GROWTH HORMONE** [GH]
- HAPTOGLOBIN** [HPT]
- HCG (QUANTITATIVE):**
- PREGNANCY** [PG]
- TUMOR MARKER** [BHCG]
- HEMATOCRIT** [HCTG]
- HEMOCHROMATOSIS (DNA)** [HEMDNA]
- HEMOGLOBIN** [HB]
- HB A1C** [A1C / A1CRPD]
- HB ELEC. (w/o interpretation)** [HBELEC]
WITH REFLEXIVE TESTING & REPORT FOR THALASSEMIA / HEMOGLOBINOPATHY § [CTHLR]
- ETHNIC BACKGROUND:** _____
- HB S, QUANTITATIVE** [HBSQH]
- HEPARIN ACTIVITY (ANTI-Xa)** [HEPACT]
- HOMOCYSTEINE, TOTAL *** [HCY]
- IMMUNE COMPLEX BY C1q** [IMCG] (ICFP, ICSP)
- IMMUNOFIXATION** [IFIX]
- IMMUNOGLOBULINS:**
IGA [IGA] IGG [IGG]
IGE [IGE] IGM [IGM]
- IRON [FE]** WITH TIBC [IBCD]
- KETONES, SEMI-QUANT** [KETQL]
- L-LACTATE:*** ARTERIAL VENOUS
- LD** [LD]
- LIPASE** [LPASE]
- LUPUS INHIBITOR: ASSAY** [LUPINH]
GROUP (LUPUS INHIBITOR, ANTI-PHOSPHOLIPID GROUP) [LUPP]
- LUTEINIZING HORMONE** [LH]
- MAGNESIUM** [MG]
- MONOSPOT** [MONO]
- MYOGLOBIN** [MYO]
- NEWBORN METABOLIC SCREEN**
- NUTRITION ASSESSMENT:**
ALB [ALB] VIT A [VITA]
CAROTENE [CAR] VIT C [VITC]
CRP [HSCR] ZN * [ZN]
TTHY [TTHY] ZPPH [ZPPH]
- OSMOLALITY** [OSMO]
- PARATHYROID HORMONE, BIO-INTACT** WITH CALCIUM [BPTHG] [BPTH]
- PHOSPHATE (PO4)** [P]
- PLATELET COUNT** [PLT]
- POTASSIUM** [K]

- PROGESTERONE** [PROG]
- PROLACTIN** [PRL]
- PROSTATE SPECIFIC ANTIGEN**
TOTAL, MONITOR [PSAMON]
TOTAL, SCREEN [PSASCR]
TOTAL, REFLEXIVE FREE § [PSAFRP]
TOTAL, ULTRASENSITIVE [PSAUS]
- PROTEIN C ACTIVITY** [PCLOT]
- ACTIVATED PROTEIN C RESISTANCE** [APCR]
- PROTEIN S ANTIGEN, FREE** [PSAGF]
- PROTEIN ELECTROPHORESIS [ELP]**
WITH REFLEXIVE TESTING § [ELPP]
- PROTEIN, TOTAL** [TP]
- PROTHROMBIN TIME (PT)** [PRO] [PPP]
- PTT** [PTT]
- RENIN** [RENA]
- RETICULOCYTE COUNT** [RET / HRET]
- RHEUMATOID FACTOR** [RF]
- SEDIMENTATION RATE** [ESR]
- SODIUM** [NA]
- T CELL SUBSETS** [TCSA]
- TESTOSTERONE, FREE, CALC.** [TESTFC]
- TESTOSTERONE, TOTAL** [TEST]
- THROMBOSIS, VENOUS**
COMPREHENSIVE VEN THROMBOSIS GRP (PCLOT,PSAGF,AT3,LUPINH, PRODS, APCR) [CVTHR2]
FACTOR 5 DNA [F5DNA]
F8 THROMBOSIS (CHRF8,CRP) [F8THR]
PROTHROMBIN DNA [PRODS]
- THYROGLOBULIN** [RTHGLB]
- THYROID ANTIBODIES:**
ANTI-THYROID PEROXIDASE [ATPO]
ANTI-THYROGLOBULIN [ATG]
- THYROID TESTING:**
T3 [T3]
T4, FREE [T4FR]
T4, TOTAL [T4]
TSH [TSH]
- TRANSFERRIN** [TRSF]
- TRANSTHYRETIN (PRE-ALBUMIN)** [TTHY]
- TRIGLYCERIDES (FASTING)** [TRIG]
- TROPONIN I** [TROPIG]
- UREA NITROGEN** [BUN]
- URIC ACID** [URIC]
- VITAMINS:**
A B6 D-(25-OH)
B1 B12 D-(1,25-DIHYDROXY)
B2 C E
- VON WILLEBRAND DISEASE GROUP** (VWFAG, F8, MULTI) [VWDP]
- WBC** [WBC]
- ZINC *** [ZN]
ZPPH [ZPPH]

OTHER REQUESTS

BLOOD

LOCATION _____ ORD.STA.NO. _____

PT.NO. _____

NAME _____

DOB _____

[M] [F]

ORDERING PHYSICIAN / PROVIDER	UWP OR UPIN CODE	COLLECTION DATE
PATIENT ENCOUNTER NUMBER		REQUIRED
MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING ICD9 CODE or DIAGNOSIS / SIGNS & SYMPTOMS (PREFERRED)		REQUIRED
<p>_____</p> <p>_____</p> <p>_____</p>		COLLECTION TIME

NOTE: Missing or illegible patient location and/or ordering physician code can delay testing and/or reporting

**HARBORVIEW MEDICAL CENTER 206-731-3451
UW MEDICAL CENTER 206-598-6224**

UH 0345 REV FEB 05

CLINICAL LAB REQUEST

MICROBIOLOGY

HARBORVIEW MEDICAL CENTER 206-731-5858
U W MEDICAL CENTER 206-598-6147

INSTRUCTIONS:

- IMPORTANT:** Fill in all information within the double lined box at the bottom of form.
- Most common tests are listed here, for other testing information, see reverse for web-based lab test information.
- CAUTION:** Mislabelled, unlabeled, leaking, improperly collected, or poorly-contained specimens are not accepted.
- See reverse for description of reflexive testing.

LAB ACC.	
LOGGED BY	PROCESSED BY

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ADMIT & SURVEILLANCE CULTURES (SCCA HSCT Patients)

- ___ Admit Nasal (R/O S. aureus & yeast) **STAPHC, YSTF**
- ___ Admit Rectal **RECOF, RECOG, VREC**
(R/O bacterial pathogens including VRE & fungi)
- ___ Admit Vaginal (R/O yeast) **YSTF**
- ___ Surveillance Blood **BLDC, BLDF**
- ___ Surveillance Stool for alteration of normal flora **RECOG**

BLOOD (Describe draw site below)

- ___ Bacterial culture, routine aerobic and anaerobic **BLDC, BLDLC**
- ___ Fungal culture **BLDF**
- ___ AFB culture **AFBBC**
- ___ Quantitative culture **BLDQNC**
(for dx of catheter related bacteremia. Draw green top and aerobic/anaerobic set from both catheter and peripheral sites)
- ___ Malaria smear **MALP**

BODY FLUID, WOUND, TISSUE, BONE MARROW, CATHETER, SKIN SURFACE

(If swab, circle: superficial vs deep)

- ___ Catheter culture, semiquant (no Gram stain) **TIPQNC**
- ___ Bacterial culture with Gram stain (with anaerobe screen) **BNMC, CSFC, FLDC, FLDANC, TISC, WNDANC**
- ___ Superficial wound or skin surface swab (no anaerobe screen) **WNDC**
- ___ Fungal culture (includes direct exam except on CSF) **BNMF, CSFF, FLDF, TISF, WNDF,**
- ___ AFB culture **AFBHC, AFBHSC**
(includes AFB stain, see back side)
- ___ Quantitative biopsy culture (Available only Mon-Fri. before 1 P.M.) **TISQNC**

STOOL

- ___ Gram stain for fecal leukocytes (WBCs) **STOLEU**
- ___ Enteric pathogens culture (includes: Salmonella, Shigella, Campylobacter, E. coli O157) **STOCEC**
- ___ Expanded enteric pathogens culture (above organisms plus Vibrio, Yersinia, Aeromonas and Plesiomonas) **STOEPG**
- ___ VRE screen **VREC**
- ___ C. difficile rapid screen for antigen and toxin A (with reflexive toxin B gene testing) **SCDTAG**
- ___ R/O yeast culture (includes direct exam) **YSTF**
- ___ Ova and Parasite exam (does NOT include Microsporidia, Cryptosporidium, Cyclospora) **OAPP**
- ___ Giardia antigen **SGRDAG**
- ___ Microsporidia exam **MICSP**
- ___ Cryptosporidium / Isospora / Cyclospora exam **CYCLOP**

ANTIBIOTIC TESTS

- ___ Antibiotic Level (serum / CSF) **ASAY**
Antibiotic to test: _____
Current antibiotic regimen: _____

RESPIRATORY - UPPER

(Circle: Throat / Nose / Mouth)

- ___ Group A rapid strep antigen **BSARD**
(with reflexive group A beta strep culture)
- ___ R/O Group A, C and G beta strep culture **BSC**
- ___ R/O Staphylococcus aureus culture **STAPHC**
- ___ R/O Yeast culture (includes direct exam) **YSTF**
- ___ R/O Neisseria gonorrhoea (GC) culture **GCC**
- ___ Fungal culture (includes direct exam) **URSF**

RESPIRATORY - LOWER

- ___ Routine bacterial culture with Gram stain **LRSC**
- ___ Bacterial culture from cystic fibrosis patient **LRSCFC**
- ___ Quantitative bacterial culture with Gram stain (BAL or Brush only) **LRSQNC**
- ___ Fungal culture (includes direct exam) **LRSF**
- ___ Routine AFB culture (includes AFB stain) **AFBHSC**
Specimen deadline: 7 AM at UWMC
9 AM at HMC
- ___ Legionella culture **LEGC**
- ___ Legionella screen by FISH **LEGF**
- ___ Mycoplasma culture **LRSMYC**
- ___ Pneumocystis exam **PNEUP**
(not performed on expectorated sputums)
Specimen deadline: 1 PM at UWMC,
10 AM at HMC
- ___ Aspergillus PCR (BAL or lung biopsy only) **ASPPCR**
- ___ Rapid concentrated AFB smear (With culture. See info on reverse) **AFBCST, AFBHSC**
Available: 7 AM to noon at UWMC
9 AM to 2 PM at HMC

URINE

(Circle: clean catch / cath / suprapubic aspirate)

- ___ Bacterial culture without Gram stain **URNXC**
 - ___ Bacterial culture with Gram stain **URNC**
 - ___ R/O Yeast culture (includes direct exam) **YSTF**
 - ___ AFB culture without AFB stain (need 40 mL) **AFBHC**
- See Genital/STD section for GC and Chlamydia by NAA

GENITAL / STD

- ___ R/O Bacterial Vaginosis (BV) by Gram stain **GRAM**
 - ___ Gram stain **GRAM**
 - ___ R/O Neisseria gonorrhoeae (GC) culture **GCC**
 - ___ R/O Group B beta strep **BSCGU**
 - ___ R/O Yeast culture (includes direct exam) **YSTF**
 - ___ Mycoplasma / Ureaplasma culture **GUMYC**
- Nucleic acid amplification (NAA) detection of:
Specimen: ___ Genital ___ Urine (1st void only)
___ Chlamydia (CT) and N. gonorrhoeae (GC) **GCCTAD**
___ CT only **CHLAD** ___ GC only **GCCAD**

SKIN SCRAPINGS, HAIR, NAILS

- ___ Fungal culture (includes direct exam) **SKINF**
- ___ Fungal direct exam only (KOH) **KOH**
- ___ R/O Staphylococcus aureus culture **STAPHC**
- ___ R/O Yeast culture (includes direct exam) **YSTF**

EAR, EYE AND SINUS

- ___ Bacterial culture with Gram stain **EARC, EYEC, RSINC**
- ___ Fungal culture (includes direct exam) **EYEF, WNDF**
- ___ R/O Staphylococcus aureus culture **STAPHC**
- ___ R/O Yeast culture (includes direct exam) **YSTF**

SEROLOGY

Antigen detection

- ___ Aspergillus galactomannan **ASPGMS, CASPM, BALASP**
- ___ Cryptococcal antigen **SRCAFS, CCAFS**

Antibody detection

- ___ Aspergillus **CASPFS, ASPFS**
- ___ Blastomyces **CBSLFS, BLSFS**
- ___ Coccidioides **CCOCFS, COCFS**
- ___ Histoplasma **CHISFS, HISFS**
- ___ Anti Streptolysin O titer (ASO) **ASO**
- ___ Streptococcal antibodies **STZ**
- ___ Toxoplasma antibodies (IgG, IgM) **TXGME**
- ___ Toxoplasma immune status (IgG) **TXIS**

Syphilis serologies

- ___ RPR (serum or plasma for syphilis) **RPR**
- ___ TPPA (serum treponemal test for syphilis) **RTPPA**
- ___ VDRL (CSF) **CVD**
- ___ FTA-ABSC (CSF) **RCFTA**

MOLECULAR

Molecular detection of microbial DNA in clinical specimens

(Circle: AFB / Bacteria / Mould / Yeast)

Or see website at:

<http://depts.washington.edu/molmicdx>

STAT Gram stain requested

Please phone results to: REQUIRED

For other STAT requests, page Lab Medicine Resident.

OTHER REQUESTS:

OMIT THE OPTIONS CHECKED BELOW:

- Gram Stain
- Anaerobic Culture
- Susceptibility Testing
- Direct Exam
- Organism Identification
- AFB Stain
- Culture with Negative Group A Strep Antigen

LOCATION	ORD.STA.NO.	ORDERING PHYSICIAN / PROVIDER	UWP OR UPIN CODE	SPECIMEN SITE
PT.NO.		WORKING DIAGNOSIS / SUSPECTED ORGANISM	ANTIMICROBIAL THERAPY	
NAME		MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING		DATE COLLECTED
D.O.B		ICD9_CODE (PREFERRED) or DIAGNOSIS / SIGNS & SYMPTOMS	REQUIRED	
			TIME COLLECTED	
			REQUIRED	

Please check if SCCA HSCT patient

CLINICAL LAB REQUEST NON-BLOOD

BOLD INDICATES AVAILABLE BY PRIORITY STATUS

See back side for additional information on urine collections and reflexive testing descriptions (§).

- † Timed collection required, 24 hr preferred
- Need preservative, see back side
- * Special collection requirements, see back
- ~ Protect from light

LOGGED BY	LAB ACC # LABEL
PROCESSED BY	

RECEIVE TIME:

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URINE SPECIMENS (Note † • * ~ coding above)

- | | |
|---|--|
| <input type="checkbox"/> URINALYSIS, WORKUP [UAWK]
(If macroscopic tests are abnormal, reflexive microscopic exam is performed) | <input type="checkbox"/> MAGNESIUM (†) [UMG] |
| <input type="checkbox"/> URINALYSIS, COMPLETE [UAC] | <input type="checkbox"/> METANEPHRINES († •) [UMET] |
| <input type="checkbox"/> ALBUMIN (Albumin/Creatinine Ratio) (†)
[UMALB / UMALSP] | <input type="checkbox"/> MYOGLOBIN (*) [UMYO] |
| <input type="checkbox"/> ALDOSTERONE († •) [RUALDO] | <input type="checkbox"/> N-TELOPEPTIDE [UNTPG]
(includes Creatinine) |
| <input type="checkbox"/> AMYLASE [UAY] | <input type="checkbox"/> NITROGEN, TOTAL (†) [UTNIT] |
| BENCE JONES PROTEIN | <input type="checkbox"/> OCCULT BLOOD [UOCULT] |
| <input type="checkbox"/> IDENTIFICATION [UIFIXG] | <input type="checkbox"/> OSMOLALITY [UOSMO] |
| <input type="checkbox"/> QUANTIFICATION (†) [UBJ]
(requires previous identification) | <input type="checkbox"/> OXALATE († •*) [RUOXL] |
| <input type="checkbox"/> BILIRUBIN, QUALITATIVE (~) [UBILQL] | <input type="checkbox"/> PHOSPHATE (†) [UP] |
| <input type="checkbox"/> CALCIUM (†) [UCA] | <input type="checkbox"/> PORPHOBILINOGEN, QUANT († • ~) [UPBG] |
| <input type="checkbox"/> CATECHOLAMINES († •) [UFCAT] | <input type="checkbox"/> PORPHYRINS, QUANT († • ~) [UPOR]
(includes porphobilinogen) |
| <input type="checkbox"/> CHLORIDE [UCL] | <input type="checkbox"/> PORPHYRIN REFLEXIVE PANEL § († • ~)
(MUST have blood + urine + stool) [PORRP] |
| <input type="checkbox"/> CITRATE (†) [UCTRC] | <input type="checkbox"/> POTASSIUM [UK] |
| <input type="checkbox"/> CORTISOL (†) [UCRT] | <input type="checkbox"/> PREGNANCY TEST [UPG] |
| <input type="checkbox"/> CREATININE (†) [UCRE] | <input type="checkbox"/> PROTEIN (†) [UTP] |
| <input type="checkbox"/> CREATININE CLEARANCE (†)
(must also order blood creatinine) [UCLEAR]
ht (cm) _____ wt (kg) _____ | <input type="checkbox"/> PROTEIN ELECTROPHORESIS [UELPG]
<input type="checkbox"/> With reflexive testing § [UELPP] |
| <input type="checkbox"/> ELECTROLYTES (NA,K,CL) [ULYT] | <input type="checkbox"/> PROTEINURIA SCREEN [UPROQL]
(qualitative urine total protein including Bence-Jones) |
| <input type="checkbox"/> EOSINOPHILS [UEOS] | <input type="checkbox"/> SODIUM [UNA] |
| <input type="checkbox"/> GLUCOSE [UGLU] (•) | <input type="checkbox"/> SPECIFIC GRAVITY [USPG] |
| <input type="checkbox"/> HOMOGENITISIC ACID († •) [RUHOM] | <input type="checkbox"/> STONE FORMER PANEL († •*) [USTONP]
(includes CA, URIC, CITRATE, CREAT, NA, OXALATE) |
| <input type="checkbox"/> 5-HYDROXYINDOLACETIC ACID (5-HIAA),
QUANTITATIVE († •) [UHIA] | <input type="checkbox"/> URIC ACID (†) [UURIC] |
| <input type="checkbox"/> KETONES [UKET] | <input type="checkbox"/> VMA († •) [UVMA] |

CEREBROSPINAL FLUID

- ANTI NEURONAL ANTIBODY [CANEUR]
- BILIRUBIN, TOTAL** (protect from light) [CBIL]
- CREATINE KINASE, TOTAL & ISOENZYMES [CKKIG]
- CELL COUNT** [CCCNT]
- CSF CELL EVALUATION** [CCFUGE]
BY HEMATOPATHOLOGIST (Cytocentrifuge)
- ELECTROLYTES (NA,K,CL)** [CLYT]
- GLUCOSE** [CGLU]
- IMMUNOGLOBULIN G [CIGG]
- IMMUNOGLOBULIN G INDEX [CINDG]
(also need serum sample)
- LACTATE DEHYDROGENASE** [CLD]
- OLIGOCLONAL BANDING [COLIG]
(also need serum sample)
- PROTEIN** [CTP]
- PROTEIN ELECTROPHORESIS [CELP]

OTHER NON-BLOOD SPECIMENS

SPECIMEN TYPE:

- Fluid, specify: _____
- Stool
- Other, specify: _____

- AMYLASE** [FAYG]
- CSF SPECIFIC TRANSFERRIN (r/o CSF leak) [FCSTG]
(also need serum sample)

ELECTROLYTES

- FLUID (NA,K,CL)** [FLYT]
- STOOL (NA,K,Osmolality on FRESH liquid stool) [SLYT]
- FAT STAIN [SFST / MFSTG]
- FETAL FIBRONECTIN (Call UW lab for collection kit) [FFNG]
- FECAL FAT, QUANT (72 hr preferred, 24 hr or 48 hr O.K.)
(must collect in 1 gal paint can with lid) [SFAT]
Specify collection interval: _____

- FLUID CELL COUNT** [FCCNT]
- FLUID CELL EVALUATION** [FCFUGG]
BY HEMATOPATHOLOGIST (Cytocentrifuge)
- GLUCOSE** [FGLUG / MGLUG]
- LACTATE DEHYDROGENASE (LD)** [FLDG / MLDG]
- PORPHYRIN, STOOL [RPORS]
- POTASSIUM** [FKG / MKG]
- PROTEIN** [FTPG]
- TRIGLYCERIDE** [FTRIGG]

OTHER REQUESTS

AMNIOTIC FLUID

- ACETYLCHOLINESTERASE [RAACH]
- ALPHA FETOPROTEIN [AAFPX] Gestation: _____ weeks
 WITH REFLEXIVE TESTING § [AAFPX]
- BILIRUBIN (protect from light) Gestation: _____ weeks
 - by DELTA OD 450 SCAN [ABIL]
(If hemoglobin is present, Chloroform Extraction is performed.)
 - by CHLOROFORM EXTRACTION [ABILCE]
- FLUORESCENCE POLARIZATION** [APOL]

NON-BLOOD

LOCATION

ORD.STA.NO.

PT.NO

NAME

DOB

[M]

[F]

ORDERING PHYSICIAN / PROVIDER

UPIN or UWP CODE

COLLECTION DATE

COLLECTION TIME

REQUIRED

REQUIRED

TIMED URINE COLLECTION

START:

FINISH:

Date:

Date:

Time:

Time:

Interval: _____ Hrs. _____ Min.

Total Volume: _____ ml

MEDICAL NECESSITY DOCUMENTATION,
REQUIRED FOR OUTPATIENT TESTING

ICD9 CODE (PREFERRED) or DIAGNOSIS / SIGNS & SYMPTOMS

NOTE: Missing or illegible patient location and/or ordering physician code can delay testing and/or reporting

**HARBORVIEW MEDICAL CENTER (206) 731-3451
UW MEDICAL CENTER (206) 598-6224**

UH 0287 REV MAR 05

CLINICAL LAB REQUEST VIROLOGY

VIROLOGY PHYSICIAN ON 24 HR CALL @ 206-987-2000

1. Chlamydia, viral and routine microbiology TRANSPORT MEDIA may **NOT** be used interchangeably.
2. Dacroswab (type 1) recommended for viral cultures.
3. Culturette recommended for PCR detection from mucosal surfaces (break ampule, please).
4. Puritan Pur-Wrap dacron swab recommended for chlamydia cultures.

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BLOOD DRAW TYPE	PROCESSED BY	
RECEIVE TIME:		

When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

HSCT / IMMUNOCOMPROMISED PATIENTS (206-987-2088)

- BUFFY COAT (Antigenemia, cult. on pos only) [UCMVA]
- BAL OR LUNG TISSUE [2CVIR]
(Includes CMV / RSV rapid assays and respiratory / herpes group FA's)
- G I BIOPSY - Tissue type: _____
(Includes CMV / VZV rapid assays) [2CVIR]
- NASAL WASH / SWAB [2CVIR]
(Includes RSV rapid assays and respiratory group FA's)
- SKIN / EYE (Includes herpes group FA) [2CVIR]
- ENTERIC SCREEN [SENTS]
(Includes C. difficile toxin B and enteric adenovirus assays
For antigen / toxin A testing, see Microbiology requisition)

VIROLOGY CULTURE & ANTIGEN DETECTION (206-987-2088)

- VIROLOGY CULTURES: [2CVIR]
- SCREEN (Respiratory, Enteric, Herpes Group)
 - HERPES GROUP (HSV1, HSV2, CMV, VZV)
 - BUFFY COAT (included CMV antigenemia)
- VIROLOGY ANTIGEN DETECTION: (FA) (Includes culture) [2CVIR]
- RESPIRATORY (Adeno, Para, RSV, Influenza A & B)
 - HERPES GROUP (HSV, VZV)
 - SKIN / EYE (Includes herpes group FA)
 - RSV without CULTURE (recommended Oct.-May only)
- VIROLOGY RAPID ASSAYS: ("shell vials") (Includes culture) [2CVIR]
- Adenovirus CMV
 - RSV VZV
- CLOSTRIDIUM DIFFICILE TOXIN B [CLDT]
(For antigen / toxin A testing, see Microbiology requisition)
 - ENTERIC ADENOVIRUS ANTIGEN [SADEIA]
 - ROTAVIRUS ANTIGEN [SORTA]
 - ANTIVIRAL SENSITIVITY TESTING [2CVIR]
 - Acyclovir
 - Gancyclovir
 - Other: _____

HIV DETECTION AND MONITORING (206-341-5210)

- HIV-1 & 2 EIA WITH REFLEXIVE WESTERN BLOT CONFIRMATION [§] [H12EG]
- HIV-1 & 2 EIA & WESTERN BLOT FOR PEDIATRIC (>2 YR) AB DETECTION [HIVPED]
- HIV-1 RNA QUANTITATION [HRTPCR]
- NON-CLADE B HIV-1 RNA QUANTITATION [HRTPCU]
- HIV-1 PROVIRAL DNA DETECTION [HIVPCR]
- HIV-1 CULTURE: QUALITATIVE [HIVC] QUANTITATIVE [HIVQC]
- HIV-1 P24 ANTIGEN QUANTITATION [HIVP24]
- HIV-1 GENOTYPIC RESISTANCE TESTING [HIVGRR] (Call 206 987-2088)
Provide HIV Copy #: _____ Date Done: _____ S/B < 2 months
- HIV-1 ENFUVIRTIDE RESISTANCE TESTING [HIVEFR] (Call 206 987-2088)
Provide HIV Copy #: _____ Date Done: _____ S/B < 2 months

MOLECULAR DIAGNOSIS (206-667-6999)

- BLOOD / CSF / FLUID / URINE
- BK VIRUS DNA by PCR [BKVQN]
(Blood, CSF)
 - BK VIRUS DNA by PCR [UBKVQN]
(Urine)
 - CMV DNA by PCR [CMVQN]
 - EBV DNA QUANT. [EBVQ]
 - ENTEROVIRUS RNA by PCR [ENTPCR]
 - HEP B VIRUS PCR QUANT. [HBVPCQ]
 - HEP C RNA QUANT. [HCVQNT]
 - HEP C RNA GENOTYPE [HPCPGT]
 - HHV6 DNA by PCR [HH6QN]
 - HHV8 DNA by PCR [HH8PCR]
 - HSV DNA by PCR [HSVQN]
Type I or II Typing by PCR [HSVPT]
 - JC (PML VIRUS) DNA by PCR [JCVPCQ]
 - PARVOVIRUS B19 DNA by PCR [B19PCQ]
 - VZV DNA by PCR [VZVQN]
 - WEST NILE VIRUS RNA by PCR [WNVQN]

SWABS / BIOPSIES / BONE MARROW

- BK VIRUS DNA by PCR [BKVQL]
- CMV DNA by PCR [CMVQLT]
- EBV DNA by PCR [EBVQLT]
- HSV DNA by PCR [HSVQLT]
- HHV6 DNA by PCR [HH6QLT]
- VZV DNA by PCR [VZVQLT]

OTHER REQUESTS

CHLAMYDIA (206-341-5300)

- CHLAMYDIA TRACHOMATIS CULTURE [CHLC]
- CHLAMYDIA TRACHOMATIS (DIRECT SLIDE) [CHLFA]
- CHLAMYDIA TRACHOMATIS & PNEUMONIAE ANTIBODIES (IgM, IgG) [CHLSB]
- CHLAMYDIA TRACHOMATIS ANTIBODIES (INCLUDES LGV) (IgM, IgG) [CHLSS]
- CHLAMYDIA PNEUMONIAE "TWAR" ANTIBODIES (IgM, IgG) [CHLTWS]
- CHLAMYDIA PNEUMONIAE CULTURE (206 987-2088) [2CVIR]

For C. Trachomatis by Nucleic Acid, see MICROBIOLOGY requisition, Genital/STD section

VIROLOGY SEROLOGIES (206-987-2088)

HERPES GROUP

- HSV1 & HSV2 TYPE SPECIFIC SEROLOGY BY WESTERN BLOT [HSWB]
- HSV SEROCONVERSION ASSAY (PAIRED SERA) [†] [2CVIR]
- CMV IMMUNE STATUS [CMVS]
- CMV IgM & IgG [CMVSGM]
- EBV IMMUNE STATUS [EBVEIA]
- HHV8 ANTIBODIES [§] [HH8EIA]
- VARICELLA ZOSTER IMMUNE STATUS [VZIS]
- VARICELLA ZOSTER TITER (PAIRED SERA) [†] [2CVIR]

HEPATITIS

- A, B & C PANEL [§] [HABC]
(HBsAg, anti-HBs, anti-HBc, anti-HA, anti-HepC)
- A & B SEROLOGIES [§] [HABB]
(HBsAg, anti-HBs, anti-HBc, anti-HA)
- A ANTIBODY (IgG, IgM) [HAS]
- A VACCINE SCREEN [HAVAC]
- C ANTIBODY [§] [HCAB]
- DELTA ANTIBODY [HDAB]
- B SURFACE ANTIGEN [§] [HBSAG]
- B SURFACE ANTIBODY (anti-HBs) [HBSA]
- B CORE ANTIBODY (TOTAL, anti HBc) [HBCA]
- B CORE IGM ANTIBODY (IgM, anti HBc) [HBCM]
- B "e" ANTIGEN/ANTIBODY [HBE]

MISCELLANEOUS

- COXSACKIE B1-B6 TITER (PAIRED SERA) [†] [2CVIR]
- HTLV 1 & HTLV 2 ANTIBODIES [§] [HTL12]
- MEASLES IMMUNE STATUS [RBIS]
- MUMPS IMMUNE STATUS [MPIS]
- RUBELLA IMMUNE STATUS [RUIS]
- RUBELLA IgM [RRUBM]

[§] = Reflexive testing, see back side of this page for more information.

VIROLOGY

LOCATION	ORD.STA.NO.	ORDERING PHYSICIAN REQUIRED	UPIN or UWP CODE REQUIRED	COLLECTION DATE REQUIRED
PT.NO.		PATIENT VISIT NUMBER		COLLECTION TIME
NAME		SPECIMEN SOURCE/SITE		REQUIRED
DOB		MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING		† PAIRED SERA Please identify by checking below.
		ICD9 CODE (PREFERRED) or	DIAGNOSIS / SIGNS & SYMPTOMS	<input type="checkbox"/> ACUTE
		_____	_____	<input type="checkbox"/> CONVALESCENT
		_____	_____	

M

F

Missing or illegible patient location and/or ordering physician code can delay testing and/or reporting