

University of Washington Shoulder and Elbow Team Culture Forms

Please use the following prefilled forms for STAT cultures sent to the lab.
Simply add Date, Time and Phone Number to form

Please have ready:

- 2 Sterile Cups for tissue collection
- 2 10cc Syringes for joint fluid collection
- 2 Red Caps for Syringes (found in Anesthesia Cart)

Note:

DO NOT USE CULTURE SWABS!

(These contain inhibitors that hinder our culture labs)

Please address any questions with Alexander Bertelsen PA-C

Thanks

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:** Mislabeled, unlabeled, leaking, improperly collected, or poorly-contained specimens are not accepted.
- See reverse for description of reflexive testing.

LAB ACC.	
LOGGED BY	PROCESSED BY

When ordering tests for which Medicare reimbursement will be sought, providers 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.

TEST REQUEST FROM ORTHOPEDIC SURGERY

BODY FLUID, WOUND, TISSUE

(Describe specimen site below)

Bacterial culture with Gram stain (with anaerobe screen)

Choose 28 day-hold **OR** Routine bacterial culture:

28 DAY-HOLD bacterial culture

FLDANO, TISO, WNDANO

ROUTINE bacterial culture

FLDANC, TISC, WNDANC

Fungal culture (includes direct exam except on CSF)

FLDF, TISF, WNDF

AFB culture (includes AFB stain, see back side)

AFBHSC

BLOOD (Describe draw site below)

Bacterial culture, routine aerobic and anaerobic

BLDC

Fungal culture

BLDF

AFB culture

AFBBC

MOLECULAR

(Describe specimen site below)

Molecular detection of microbial DNA in clinical specimens

Circle: AFB / Bacteria / Mould / Yeast

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

Surgical Team:

- More volume = better.
- Collect fluid in capped syringes (>3 ml preferred).
- Collect tissue in sterile cups (2 cm or larger piece preferred).
- Swabs are not accepted for molecular testing.
- Page Lab Medicine Resident with questions.

CLINICAL INFORMATION (regarding infection):

Procedure: _____

Login: Add battery ORTCI and result with codes listed below.

1. Clinical History (for infection at site):

Normal **ORT1A**

Not Provided: ORT1D

Intermediate **ORT1B**

Suspicious for infection **ORT1C**

2. Pre-operative Lab values:

Normal **ORT2A**

Not Provided: ORT2D

Intermediate **ORT2B**

Suspicious for infection **ORT2C**

3. Intra-operative findings:

Normal **ORT3A**

Not Provided: ORT3D

Intermediate **ORT3B**

Suspicious for infection **ORT3C**

STAT Gram stain Requested

Please phone results to: REQUIRED

For other STAT requests, page Lab Medicine Resident.

SPECIAL REQUESTS for bacterial isolates (check):

Identify all isolates species level

Sensitivity testing if available

SREQ: OSS

Shrink-seal all plates for 28 day-hold cultures and label with out-date

OTHER REQUESTS:

LOCATION	ORD.STA.NO.	ORDERING PHYSICIAN / Jason Hsu	UWP OR UPIN CODE	SPECIMEN SITE Shoulder		
PT.NO.		WORKING DIAGNOSIS / SUSPECTED ORGANISM Possible Infection		ANTIMICROBIAL THERAPY		
NAME		MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING	ICD9 CODE (PREFERRED)	or	DIAGNOSIS / SIGNS & SYMPTOMS	DATE COLLECTED REQUIRED
D.O.B			730.9		Unspecified infection of bone	TIME COLLECTED REQUIRED

M

F

Please check if SCCA HSCT patient

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:** Mislabeled, unlabeled, leaking, improperly collected, or poorly-contained specimens are not accepted.
- See reverse for description of reflexive testing.

LAB ACC.	
LOGGED BY	PROCESSED BY

When ordering tests for which Medicare reimbursement will be sought, providers 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.

TEST REQUEST FROM ORTHOPEDIC SURGERY

BODY FLUID, WOUND, TISSUE
(Describe specimen site below)

Bacterial culture with Gram stain (with anaerobe screen)

Choose 28 day-hold **OR** Routine bacterial culture:

28 DAY-HOLD bacterial culture

FLDANO, TISO, WNDANO

ROUTINE bacterial culture

FLDANC, TISC, WNDANC

Fungal culture (includes direct exam except on CSF)

FLDF, TISF, WNDF

AFB culture (includes AFB stain, see back side)

AFBHSC

BLOOD (Describe draw site below)

Bacterial culture, routine aerobic and anaerobic

BLDC

Fungal culture

BLDF

AFB culture

AFBBC

MOLECULAR

(Describe specimen site below)

Molecular detection of microbial DNA in clinical specimens

Circle: AFB / Bacteria / Mould / Yeast

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

Surgical Team:

- More volume = better.
- Collect fluid in capped syringes (>3 ml preferred).
- Collect tissue in sterile cups (2 cm or larger piece preferred).
- Swabs are not accepted for molecular testing.
- Page Lab Medicine Resident with questions.

CLINICAL INFORMATION (regarding infection):

Procedure: _____

Login: Add battery ORTCI and result with codes listed below.

1. Clinical History (for infection at site):

Normal **ORT1A**

Not Provided: ORT1D

Intermediate **ORT1B**

Suspicious for infection **ORT1C**

2. Pre-operative Lab values:

Normal **ORT2A**

Not Provided: ORT2D

Intermediate **ORT2B**

Suspicious for infection **ORT2C**

3. Intra-operative findings:

Normal **ORT3A**

Not Provided: ORT3D

Intermediate **ORT3B**

Suspicious for infection **ORT3C**

STAT Gram stain Requested

Please phone results to: REQUIRED

For other STAT requests, page Lab Medicine Resident.

SPECIAL REQUESTS for bacterial isolates (check):

Identify all isolates species level

Sensitivity testing if available

SREQ: OSS

Shrink-seal all plates for 28 day-hold cultures and label with out-date

OTHER REQUESTS:

LOCATION	ORD.STA.NO.	ORDERING PHYSICIAN / Jason Hsu	UWP OR UPIN CODE	SPECIMEN SITE Shoulder		
PT.NO.		WORKING DIAGNOSIS / SUSPECTED ORGANISM Possible Infection		ANTIMICROBIAL THERAPY		
NAME		MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING	ICD9 CODE (PREFERRED)	or	DIAGNOSIS / SIGNS & SYMPTOMS	DATE COLLECTED REQUIRED
D.O.B			730.9		Unspecified infection of bone	TIME COLLECTED REQUIRED

M

F

Please check if SCCA HSCT patient

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:** Mislabeled, unlabeled, leaking, improperly collected, or poorly-contained specimens are not accepted.
- See reverse for description of reflexive testing.

LAB ACC.	
LOGGED BY	PROCESSED BY

When ordering tests for which Medicare reimbursement will be sought, providers 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.

TEST REQUEST FROM ORTHOPEDIC SURGERY

BODY FLUID, WOUND, TISSUE
(Describe specimen site below)

Bacterial culture with Gram stain (with anaerobe screen)

Choose 28 day-hold **OR** Routine bacterial culture:

28 DAY-HOLD bacterial culture

FLDANO, TISO, WNDANO

ROUTINE bacterial culture

FLDANC, TISC, WNDANC

Fungal culture (includes direct exam except on CSF)

FLDF, TISF, WNDF

AFB culture (includes AFB stain, see back side)

AFBHSC

BLOOD (Describe draw site below)

Bacterial culture, routine aerobic and anaerobic

BLDC

Fungal culture

BLDF

AFB culture

AFBBC

MOLECULAR

(Describe specimen site below)

Molecular detection of microbial DNA in clinical specimens

Circle: AFB / Bacteria / Mould / Yeast

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

Surgical Team:

- More volume = better.
- Collect fluid in capped syringes (>3 ml preferred).
- Collect tissue in sterile cups (2 cm or larger piece preferred).
- Swabs are not accepted for molecular testing.
- Page Lab Medicine Resident with questions.

CLINICAL INFORMATION (regarding infection):

Procedure: _____

Login: Add battery ORTCI and result with codes listed below.

1. Clinical History (for infection at site):

Normal **ORT1A**

Not Provided: ORT1D

Intermediate **ORT1B**

Suspicious for infection **ORT1C**

2. Pre-operative Lab values:

Normal **ORT2A**

Not Provided: ORT2D

Intermediate **ORT2B**

Suspicious for infection **ORT2C**

3. Intra-operative findings:

Normal **ORT3A**

Not Provided: ORT3D

Intermediate **ORT3B**

Suspicious for infection **ORT3C**

STAT Gram stain Requested

Please phone results to: REQUIRED

For other STAT requests, page Lab Medicine Resident.

SPECIAL REQUESTS for bacterial isolates (check):

Identify all isolates species level

Sensitivity testing if available

SREQ: OSS

Shrink-seal all plates for 28 day-hold cultures and label with out-date

OTHER REQUESTS:

LOCATION	ORD.STA.NO.	ORDERING PHYSICIAN / Jason Hsu	UWP OR UPIN CODE	SPECIMEN SITE Shoulder
PT.NO.		WORKING DIAGNOSIS / SUSPECTED ORGANISM Possible Infection		ANTIMICROBIAL THERAPY
NAME		MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING	ICD9 CODE (PREFERRED)	DATE COLLECTED REQUIRED
D.O.B		or	DIAGNOSIS / SIGNS & SYMPTOMS	TIME COLLECTED REQUIRED
			730.9 Unspecified infection of bone	

M

F

Please check if SCCA HSCT patient

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:** Mislabeled, unlabeled, leaking, improperly collected, or poorly-contained specimens are not accepted.
- See reverse for description of reflexive testing.

LAB ACC.	
LOGGED BY	PROCESSED BY

When ordering tests for which Medicare reimbursement will be sought, providers 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.

TEST REQUEST FROM ORTHOPEDIC SURGERY

BODY FLUID, WOUND, TISSUE
(Describe specimen site below)

Bacterial culture with Gram stain (with anaerobe screen)

Choose 28 day-hold **OR** Routine bacterial culture:

28 DAY-HOLD bacterial culture

FLDANO, TISO, WNDANO

ROUTINE bacterial culture

FLDANC, TISC, WNDANC

Fungal culture (includes direct exam except on CSF)

FLDF, TISF, WNDF

AFB culture (includes AFB stain, see back side)

AFBHSC

BLOOD (Describe draw site below)

Bacterial culture, routine aerobic and anaerobic

BLDC

Fungal culture

BLDF

AFB culture

AFBBC

MOLECULAR

(Describe specimen site below)

Molecular detection of microbial DNA in clinical specimens

Circle: AFB / Bacteria / Mould / Yeast

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

Surgical Team:

- More volume = better.
- Collect fluid in capped syringes (>3 ml preferred).
- Collect tissue in sterile cups (2 cm or larger piece preferred).
- Swabs are not accepted for molecular testing.
- Page Lab Medicine Resident with questions.

CLINICAL INFORMATION (regarding infection):

Procedure: _____

Login: Add battery ORTCI and result with codes listed below.

1. Clinical History (for infection at site):

Normal ORT1A

Not Provided: ORT1D

Intermediate ORT1B

Suspicious for infection ORT1C

2. Pre-operative Lab values:

Normal ORT2A

Not Provided: ORT2D

Intermediate ORT2B

Suspicious for infection ORT2C

3. Intra-operative findings:

Normal ORT3A

Not Provided: ORT3D

Intermediate ORT3B

Suspicious for infection ORT3C

STAT Gram stain Requested

Please phone results to: REQUIRED

For other STAT requests, page Lab Medicine Resident.

SPECIAL REQUESTS for bacterial isolates (check):

Identify all isolates species level

Sensitivity testing if available

SREQ: OSS

Shrink-seal all plates for 28 day-hold cultures and label with out-date

OTHER REQUESTS:

LOCATION	ORD.STA.NO.	ORDERING PHYSICIAN / Jason Hsu	UWP OR UPIN CODE	SPECIMEN SITE Shoulder
PT.NO.		WORKING DIAGNOSIS / SUSPECTED ORGANISM Possible Infection		ANTIMICROBIAL THERAPY
NAME		MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING	DATE COLLECTED REQUIRED	
D.O.B		ICD9 CODE (PREFERRED) or DIAGNOSIS / SIGNS & SYMPTOMS 730.9 Unspecified infection of bone	TIME COLLECTED REQUIRED	

M

F

Please check if SCCA HSCT patient

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:** Mislabeled, unlabeled, leaking, improperly collected, or poorly-contained specimens are not accepted.
- See reverse for description of reflexive testing.

LAB ACC.	
LOGGED BY	PROCESSED BY

When ordering tests for which Medicare reimbursement will be sought, providers 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.

TEST REQUEST FROM ORTHOPEDIC SURGERY

BODY FLUID, WOUND, TISSUE
(Describe specimen site below)

Bacterial culture with Gram stain (with anaerobe screen)

Choose 28 day-hold **OR** Routine bacterial culture:

28 DAY-HOLD bacterial culture

FLDANO, TISO, WNDANO

ROUTINE bacterial culture

FLDANC, TISC, WNDANC

Fungal culture (includes direct exam except on CSF)

FLDF, TISF, WNDF

AFB culture (includes AFB stain, see back side)

AFBHSC

BLOOD (Describe draw site below)

Bacterial culture, routine aerobic and anaerobic

BLDC

Fungal culture

BLDF

AFB culture

AFBBC

MOLECULAR

(Describe specimen site below)

Molecular detection of microbial DNA in clinical specimens

Circle: AFB / Bacteria / Mould / Yeast

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

Surgical Team:

- More volume = better.
- Collect fluid in capped syringes (>3 ml preferred).
- Collect tissue in sterile cups (2 cm or larger piece preferred).
- Swabs are not accepted for molecular testing.
- Page Lab Medicine Resident with questions.

CLINICAL INFORMATION (regarding infection):

Procedure: _____

Login: Add battery ORTCI and result with codes listed below.

1. Clinical History (for infection at site):

Normal **ORT1A**

Not Provided: ORT1D

Intermediate **ORT1B**

Suspicious for infection **ORT1C**

2. Pre-operative Lab values:

Normal **ORT2A**

Not Provided: ORT2D

Intermediate **ORT2B**

Suspicious for infection **ORT2C**

3. Intra-operative findings:

Normal **ORT3A**

Not Provided: ORT3D

Intermediate **ORT3B**

Suspicious for infection **ORT3C**

STAT Gram stain Requested

Please phone results to: REQUIRED

For other STAT requests, page Lab Medicine Resident.

SPECIAL REQUESTS for bacterial isolates (check):

Identify all isolates species level

Sensitivity testing if available

SREQ: OSS

Shrink-seal all plates for 28 day-hold cultures and label with out-date

OTHER REQUESTS:

LOCATION	ORD.STA.NO.	ORDERING PHYSICIAN / Jason Hsu	UWP OR UPIN CODE	SPECIMEN SITE Shoulder
PT.NO.		WORKING DIAGNOSIS / SUSPECTED ORGANISM Possible Infection		ANTIMICROBIAL THERAPY
NAME		MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING		DATE COLLECTED REQUIRED
D.O.B		ICD9 CODE (PREFERRED) or DIAGNOSIS / SIGNS & SYMPTOMS 730.9 Unspecified infection of bone		TIME COLLECTED REQUIRED

M

F

Please check if SCCA HSCT patient

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:** Mislabeled, unlabeled, leaking, improperly collected, or poorly-contained specimens are not accepted.
- See reverse for description of reflexive testing.

LAB ACC.	
LOGGED BY	PROCESSED BY

When ordering tests for which Medicare reimbursement will be sought, providers 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.

TEST REQUEST FROM ORTHOPEDIC SURGERY

BODY FLUID, WOUND, TISSUE
(Describe specimen site below)

Bacterial culture with Gram stain (with anaerobe screen)

Choose 28 day-hold **OR** Routine bacterial culture:

- 28 DAY-HOLD** bacterial culture
FLDANO, TISO, WNDANO
 ROUTINE bacterial culture
FLDANC, TISC, WNDANC

Fungal culture (includes direct exam except on CSF)
FLDF, TISF, WNDF

AFB culture (includes AFB stain, see back side)
AFBHSC

BLOOD (Describe draw site below)

Bacterial culture, routine aerobic and anaerobic
BLDC

Fungal culture
BLDF

AFB culture
AFBBC

MOLECULAR

(Describe specimen site below)

Molecular detection of microbial DNA in clinical specimens

Circle: AFB / Bacteria / Mould / Yeast

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

Surgical Team:

- More volume = better.
- Collect fluid in capped syringes (>3 ml preferred).
- Collect tissue in sterile cups (2 cm or larger piece preferred).
- Swabs are not accepted for molecular testing.
- Page Lab Medicine Resident with questions.

CLINICAL INFORMATION (regarding infection):

Procedure: _____

Login: Add battery ORTCI and result with codes listed below.

1. Clinical History (for infection at site):

- Normal **ORT1A** Not Provided: **ORT1D**
 Intermediate **ORT1B**
 Suspicious for infection **ORT1C**

2. Pre-operative Lab values:

- Normal **ORT2A** Not Provided: **ORT2D**
 Intermediate **ORT2B**
 Suspicious for infection **ORT2C**

3. Intra-operative findings:

- Normal **ORT3A** Not Provided: **ORT3D**
 Intermediate **ORT3B**
 Suspicious for infection **ORT3C**

STAT Gram stain Requested

Please phone results to: REQUIRED

For other STAT requests, page Lab Medicine Resident.

SPECIAL REQUESTS for bacterial isolates (check):

- Identify all isolates species level**
 Sensitivity testing if available

SREQ: OSS

Shrink-seal all plates for 28 day-hold cultures and label with out-date

OTHER REQUESTS:

LOCATION	ORD.STA.NO.	ORDERING PHYSICIAN / Jason Hsu	UWP OR UPIN CODE	SPECIMEN SITE Shoulder
PT.NO.		WORKING DIAGNOSIS / SUSPECTED ORGANISM Possible Infection		ANTIMICROBIAL THERAPY
NAME		MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING ICD9 CODE (PREFERRED) or DIAGNOSIS / SIGNS & SYMPTOMS 730.9 Unspecified infection of bone		DATE COLLECTED REQUIRED
D.O.B				TIME COLLECTED REQUIRED

M
 F

Please check if SCCA HSCT patient

REFLEXIVE TESTING DESCRIPTIONS

Identification and Susceptibility Testing

When suspected pathogenic microorganisms are detected, identification procedures are performed, as appropriate for the organism and specimen.

Gram Stain

Gram stain is included with routine bacterial culture on all specimens except throat, nose, stool, urine, R/O Strep, routine genital, R/O GC, vascular catheter, quantitative biopsy, and specimens in blood culture bottles. Order separately if required.

Anaerobic Culture

Anaerobic culture is included with routine bacterial culture on tissues, body fluids, abscesses, and wounds collected appropriately to preserve anaerobic flora. The following specimens are not cultured anaerobically except by written request: CSF, urine, bone marrow, skin, genital, ear, eye, R/O GC, stool, R/O pertussis, environmental, and swabs in routine transport medium.

Homogenization and Concentration

To optimize organism recovery, tissues are homogenized, and body fluid and lower respiratory specimens may be concentrated by centrifugation or filtration.

Special Stain with Ova and Parasite Exam

The ova and parasite exam includes a special permanent stain.

Cryptococcal Antigen

If the cryptococcal antigen test is positive, the antigen titer is determined.

Sputum Cultures on Cystic Fibrosis Patients

Sputum culture includes selective media for *Burkholderia cepacia*.

AFB Stain with Culture

AFB stain is included with AFB culture except for CSF and urine specimens. When AFB stain is ordered, AFB culture is always performed.

30°C AFB Incubation

Skin and superficial tissue specimens are cultured at 30°C in addition to routine 37°C incubation to R/O mycobacteria (AFB's) with lower optimal growth temperatures.

Legionella Detection by Fluorescent In Situ Hybridization (FISH)

When the Legionella FISH screen is positive, a confirmatory FISH test is performed to identify *L. pneumophila*, *L. micdadei*, and *L. longbeachae*.

BLOOD CULTURE SPECIMEN LABELING

When labeling blood culture bottles, do not cover the existing barcode label, which must be scanned by the automated blood culture instrument.

SPECIAL COLLECTION REQUIREMENTS

For complete specimen collection information, consult the online lab test information database. See below for website.

Rapid Concentrated AFB Smear

This test is recommended for lower respiratory specimens that have missed the morning deadline for routine AFB processing. Specimen must arrive at Harborview Microbiology Lab before 2 PM.

Blood Culture Bottles

Tops of bottles are not sterile. Wipe tops with alcohol and allow to dry before inoculating.

ONLINE LAB TEST INFORMATION DATABASE

An online database of lab test information is available online at website:

byblos.labmed.washington.edu

The database contains information on test names and battery components, specimen collection, special handling, testing frequency, CPT codes and reference ranges. Search either by test name or the lab mnemonic (shown in gray on the front of requisition).

MEDICAL NECESSITY DOCUMENTATION - PARTIAL ICD9 LIST

For outpatient use only: This partial ICD9 code list is being provided only as informational assistance in documenting medical necessity. It is not an all-inclusive list of codes for conditions related to tests on this requisition. If the correct diagnosis, sign or symptom code is not found here or on a service-specific ICD9 code list at your location, please write the diagnosis, signs or symptoms in the Medical Necessity box located on the bottom front of this sheet. Do not circle codes here, please transcribe them to the front.

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
793.9	Abnormal X-ray findings, NOS	729.4	Fasciitis	084.6	Malaria	590.80	Pyelonephritis
796.4	Abnormal lab findings, NOS	681.01	Felon	611.0	Mastitis	782.1	Rash
716.90	Arthritis	780.6	Fever	322.9	Meningitis	041.10	Recurrent Staphylococcal Infection
041.9	Bacterial Infection	704.8	Folliculitis	112.0	Monilia Infection / Thrush	519.8	Respiratory Tract Infection
324.0	Brain Abscess	005.9	Food Poisoning, other	075	Mononucleosis	120.9	Schistosomiasis
490	Bronchitis	117.9	Fungal Infection, other / NOS	729.1	Myalgia	711.00	Septic Arthritis
466.0	Bronchitis, acute	680.9	Furuncle / Carbuncle, NOS	031.9	Mycobacterial Infection	461.9	Sinusitis, acute
491.9	Bronchitis, viral	009.1	Gastroenteritis, infectious	039.9	Nocardia Infection	473.9	Sinusitis, chronic
727.3	Bursitis	007.1	Giardiasis	520.8	Odontogenic Infection	729.9	Soft Tissue Infection
682.9	Cellulitis / Abscess	098.0	Gonorrhea	110.1	Onchomycosis	034.0	Strep Throat
780.71	Chronic Fatigue Syndrome	784.0	Headache	730.20	Osteomyelitis	127.2	Strongyloidiasis
473.9	Chronic Sinusitis	128.9	Helminthic Infection	380.10	Otitis Externa	097.9	Syphilis
372.30	Conjunctivitis	573.3	Hepatitis	382.9	Otitis Media	130.9	Toxoplasmosis
786.2	Cough	054.9	Herpes Simplex	789.00	Pain - Abdominal	009.2	Traveler's Diarrhea
595.0	Cystitis, acute	053.9	Herpes Zoster	136.9	Parasite Infection	011.90	Tuberculosis
277.00	Cystic Fibrosis	115.90	Histoplasmosis	681.9	Paronychia	465.9	Upper Respiratory Infection
787.91	Diarrhea	042	HIV symptomatic / AIDS	614.9	Pelvic Inflammatory Disease	597.80	Urethritis
722.90	Discitis	V08	HIV, asymptomatic	625.9	Pelvic Pain	599.0	Urinary Tract Infection
788.1	Dysuria	279.3	Immunodeficiency Syndrome	567.9	Peritonitis	616.10	Vaginitis
686.8	Ecthyma	487.1	Influenza	462	Pharyngitis	099.9	Veneral Disease, NOS
510.9	Empyema	007.9	Intestinal Protozoal Infection	511.0	Pleurisy	079.99	Viral Infection NOS
323.9	Encephalitis - Bacterial	464.0	Laryngitis, acute	486	Pneumonia, NOS	079.99	Viral Syndrome
049.9	Encephalitis - Viral	528.6	Leukoplakia, oral	795.5	Positive PPD	078.10	Warts, NOS
424.90	Endocarditis	088.81	Lyme Disease	569.49	Proctitis	958.3	Wound Infection
008.8	Enteritis, viral	785.6	Lymphadenopathy	601.9	Prostatitis		
780.79	Fatigue	780.79	Malaise	996.66	Prosthetic Joint Infection		