



Note for your Primary Care Provider

Preparing for surgery

This handout explains what you are required to have done prior to surgery with us.

Since your safety is our primary concern, you will need to have several items completed prior to surgery to help us avoid a last minute cancellation.

Please spend some time to review the following information with your primary care provider and contact us if you have any questions.

Introduction

If you are considering surgery with the Shoulder and Elbow Service, it is important that your primary care provider evaluates you and completes lab work 1 month prior to your surgery. This allows us time to work up potential medical problems that you have. If this isn't done, or should we discover abnormal labs, medical history or physical exam findings during your preop visit, we may not have sufficient time to respond to these issues in time for your surgery. We will not perform surgery on you unless all issues regarding your health are appropriately addressed.

Please give this handout to your primary care provider as soon as possible prior to any planned surgery with us.

Items Required Prior to Surgery

To ensure safety of all our patients, the University of Washington Shoulder and Elbow team requires that our patients be seen and examined by a primary care provider prior to any surgery with us. Failure to do this may result in cancellation of surgery.

We will need the following 1 month prior to surgery:

1. A letter from a primary care provider stating surgical clearance (No need for a Medicine Consult prior to surgery).
or
A letter from a primary care provider stating medical concerns that must be addressed prior to surgery (see list on following page).
2. Results from a Urinalysis (must have nitrite and leukocyte esterase)
3. Results from a Urine Culture and Sensitivities even if the Urinalysis is unremarkable and patient is asymptomatic.

These must be received via Fax 1 month prior to surgery.

Please send these requests to our Surgical Scheduler:

Marian Forssen

Email: peppy@u.washington.edu

Phone 206 598-7416

Fax Number: 206 598-5750

Faxes should be marked: "Attn: Marian"

These requirements are a vital part of surgery protocol and greatly helps prevent potential problems that arise from Pre Op appointments scheduled so close to the day of surgery. Failure to comply with these requirements may result in cancellation of your surgery.

Sample lab sheets and letter are included.

Thank you.

UWMC Medicine Consult Triage List

A Medicine Consultation must be schedule well in advance prior to any surgery. Please determine if a patient will require a medicine consult and contact us at least 4 weeks prior to surgery. Delays in identifying a need for Medicine Consultation will often result in surgery cancellations.

Major Clinical Predictors that require Medicine Consult:

- Unstable coronary syndromes
- Decompensated CHF
- Significant arrhythmias (e.g. ventricular tachycardia)
- Severe valvular disease

Intermediate Clinical Predictors that require a Medicine Consult:

- Mild angina pectoris
- Prior MI
- Compensated or prior CHF
- Diabetes Mellitus
- Renal insufficiency

Med Consult must also see people on warfarin (Coumadin) therapy

Patients with Minor Clinical Predictors may be seen as space is available:

- Advanced age
- Abnormal ECG (does not include trivial computer read abnormalities)
- Rhythm other than sinus
- Low functional capacity
- History of stroke
- Uncontrolled systemic hypertension (if truly uncontrolled and on multiple meds)

Med Consult does not need to see patients with none of the above conditions unless there are special circumstances that should be discussed with the consulting physician beforehand.

Med Consult wants to serve us and our patients in the best possible way. The above evidence based criteria will help to sort out which patients are most in need of medical consultation.

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:

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.

URINE SPECIMENS

(Note † • * ~ coding above)

- URINALYSIS, WORKUP [UAWK]
(If macroscopic tests are abnormal, reflexive microscopic exam is performed)
- URINALYSIS, COMPLETE [UAC]
- ALBUMIN (Albumin/Creatinine Ratio) (†) [UMALB / UMALSP]
- ALDOSTERONE († •) [RUALDQ]
- AMYLASE [UAY]
- BENCE JONES PROTEIN
 - IDENTIFICATION [UIFIXG]
 - QUANTIFICATION (†) [UBJ]
(requires previous identification)
- BILIRUBIN, QUALITATIVE (~) [UBILQL]
- CALCIUM (†) [UCA]
- CATECHOLAMINES († •) [UFCAT]
- CHLORIDE [UCL]
- CITRATE (†) [UCTRC]
- CORTISOL (†) [UCRT]
- CREATININE (†) [UCRE]
- CREATININE CLEARANCE (†)
(must also order blood creatinine) [UCLEAR]
ht (cm) _____ wt (kg) _____
- ELECTROLYTES (NA,K,CL) [ULYT]
- EOSINOPHILS [UEOS]
- GLUCOSE [UGLU] (•)
- HOMOGENITISIC ACID († •) [RUHOM]
- 5-HYDROXYINDOLACETIC ACID (5-HIAA), QUANTITATIVE († •) [UHIA]
- KETONES [UKET]

- MAGNESIUM (†) [UMG]
- METANEPHRINES († •) [UMET]
- MYOGLOBIN (*) [UMYO]
- N-TELOPEPTIDE [UNTPG]
(includes Creatinine)
- NITROGEN, TOTAL (†) [UTNIT]
- OCCULT BLOOD [UOCCULT]
- OSMOLALITY [UOSMO]
- OXALATE († •) [RUOXL]
- PHOSPHATE (†) [UP]
- PORPHOBILINOGEN, QUANT († • ~) [UPBG]
- PORPHYRINS, QUANT († • ~) [UPOR]
(includes porphobilinogen)
- PORPHYRIN REFLEXIVE PANEL § († • ~)
(MUST have blood + urine + stool) [PORRP]
- POTASSIUM [UK]
- PREGNANCY TEST [UPG]
- PROTEIN (†) [UTP]
- PROTEIN ELECTROPHORESIS [UELPG]
 With reflexive testing § [UELPP]
- PROTEINURIA SCREEN [UPROCL]
(qualitative urine total protein including Benos-Jones)
- SODIUM [UNA]
- SPECIFIC GRAVITY [USPG]
- STONE FORMER PANEL († •) [USTONP]
(includes CA, URIC, CITRATE, CREAT, NA, OXALATE)
- URIC ACID (†) [UURIC]
- 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 (Cytoocentrifuge)
- 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 (Cytoocentrifuge)
- 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 § [AAFPRX]
- 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]

ORDERING PHYSICIAN / PROVIDER

Frederick A. Matson III

UPIN or UWP CODE

1023193836

COLLECTION DATE

REQUIRED

COLLECTION TIME

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

V72.82

PREOP

M

F

LOCATION

ORD. STA. NO.

PT. NO.

NAME

DOB

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

NON-BLOOD

CLINICAL LAB REQUEST

MICROBIOLOGY

HARBOR VIEW 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.	
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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 RECOC

BLOOD (Describe draw site below)

- ___ Bacterial culture, routine aerobic and anaerobic BLDC, BLDLC
- ___ Fungal culture BLDF
- ___ AFB culture AFBBC
- ___ Quantitative culture (for dx of catheter related bacteremia. Draw green top and aerobic/anaerobic set from both catheter and peripheral sites) BLDQNC
- ___ 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) WNDNC
- ___ Fungal culture (includes direct exam except on CSF) BNMF, CSFF, FLDF, TISF, WDNDF
- ___ AFB culture (includes AFB stain, see back side) AFBHC, AFBHSC
- ___ 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) STOEPC
- ___ 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 (with reflexive group A beta strep culture) BSARD
- ___ 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) AFBBCST, 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

Specialized sensitivity testing including MICs, MBCs, Schlichter and synergism studies are available upon request. Please call 206-598-6147 to arrange.

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, WNDWF
- ___ 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 CBLSFS, 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
- Susceptibility Testing
- Organism Identification
- Culture with Negative Group A Strep Antigen
- Anaerobic Culture
- Direct Exam
- AFB Stain

LOCATION	ORD.STA.NO.	ORDERING PHYSICIAN / PROVIDER Frederick A. Matsen III	UWP OR UPIN CODE 1023193836	SPECIMEN SITE
PT.NO.		WORKING DIAGNOSIS / SUSPECTED ORGANISM REQUIRED	ANTIMICROBIAL THERAPY	
NAME		MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING ICD9 CODE (PREFERRED) or DIAGNOSIS / SIGNS & SYMPTOMS V72.82 PREOP	DATE COLLECTED REQUIRED	
D.O.B			TIME COLLECTED REQUIRED	

Please check if SCCA HSCT patient

Fax To: UWMC Shoulder and Elbow Team Attn: **Marian Forssen**

Fax Number: 206 598-5750 Phone: 206 598-7416 Email: peppy@u.washington.edu

From: _____

Number of pages (including cover and **labs**): _____

Fax Number: _____ Phone Number: _____

Patient Name: _____ Patient DOB: _____

Planned Procedure: _____

Please Check One:

- Patient does not need a Medicine Consult prior to surgery.
- Patient needs a Medicine Consult prior to surgery due to (please list):

UA and Urine Culture and Sensitivity results **are attached**.

They show:

- | | | |
|---------------------|------------------------------------|--|
| Leukocyte esterase: | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive (any amount) |
| Nitrite: | <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| Culture: | <input type="checkbox"/> No growth | <input type="checkbox"/> Growth of any size |

Name and title of provider: _____

Date: _____

Signature: _____