

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) [RENFPT]
- 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, ESTRIOL, 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:
- ANCA Group [ANCA]
 - Citr. Pept. [CCP]
 - DS DNA [DNAEL]
 - ENA (Sm,RNP,SSA,SSB)
 - Endomysial [AEMYA]
 - GBM [GBM]
 - Gliadin IgA IgG
 - Jo-1 [AJO1]
 - 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** [HSCRPT]
 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:
 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** [ICMP]
 - 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** [HSCRPT] **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 (CHRFB,CRP)** [F8THR]
 - PROTHROMBIN DNA** [PRODS]

- 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 _____

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

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

SPECIAL COLLECTION REQUIREMENTS

ACTH One 6 or 7mL lavender top tube, chill tube on wet ice before drawing blood, send to laboratory immediately on wet ice.

ALDOSTERONE Due to procedural change effective 11/1/2004, collect in **red top tube only**.

AMMONIA One 5 mL green or 3 mL lime green PST tube, send to laboratory immediately on wet ice.

CRYOGLOBULINS Two 10 mL red top tubes, specimen must be maintained at 37°C and transported to lab as soon as possible at 37°C.

HOMOCYSTEINE, TOTAL One 4 or 6 mL lavender top tube, chill tube on wet ice before drawing blood, send to laboratory immediately on wet ice.

L-LACTATE UWMC: One 2 mL gray top tube, send to laboratory immediately on wet ice. **HMC:** Order as Whole Blood Lactate on Blood Gas Panels requisition. Dry heparin syringe or 5 mL green top. Send to laboratory immediately on wet ice.

ZINC One 10 mL red top Sarstedt plastic syringe. No contact with glass or rubber.

REFLEXIVE TESTING INFORMATION

Detailed information on tests labeled "reflexive" is available online at the website containing the Laboratory Medicine Test Information Database. See below for details.

ONLINE LAB TEST INFORMATION DATABASE

An online database of lab test information is now available 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. One can search either by test name or the lab mnemonics shown in [] on the front side of this requisition.

CMS MEDICAL NECESSITY INFORMATION

It is our policy to provide health care providers with the ability to order only those lab tests medically necessary for the individual patient and to ensure that the convenience of ordering standard panels and custom profiles does not restrict this ability. While we recognize the value of this convenience, indiscriminate use of panels and profiles can lead to ordering tests that are not medically necessary. Therefore, all tests offered in our panels and profiles can be ordered individually as well. If a component test is not listed individually on the request form, it may be written in the "OTHER REQUESTS" box. We encourage you to order individual tests or a less inclusive profile when not all of the tests included in the panel or profile are medically necessary for the individual patient.

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
682.9	Abscess	787.91	Diarrhea	586	Kidney failure	593.9	Renal disease, NOS
305.00	Alcohol abuse, NOS	780.4	Dizziness and giddiness	572.8	Liver failure	585	Renal failure, chronic
780.09	Alteration of consciousness, NOS	786.09	Dyspnea	780.79	Malaise	780.39	Seizure
280.9	Anemia, iron deficiency	427.9	Dysrhythmia	626.0	Menstruation, absence	785.51	Shock, cardiogenic
285.9	Anemia, NOS	782.3	Edema	626.4	Menstruation, irregular	785.50	Shock, NOS
799.1	Respiratory arrest	780.79	Fatigue	340	Multiple sclerosis	786.05	Shortness of breath
716.9	Arthropathy, NOS	780.6	Fever	787.01	Nausea with vomiting	789.2	Splenomegaly
789.5	Ascites	788.41	Frequency of urination	V22.1	Normal pregnancy	780.2	Syncope and collapse
493.90	Asthma	784.0	Headache	278.00	Obesity	785.0	Tachycardia, NOS
427.31	Atrial fibrillation	787.1	Heartburn	733.00	Osteoporosis, NOS	V42.81	Transplant, bone marrow, s/p
578.9	Bleeding, G.I.	599.7	Hematuria	789.00	Pain - Abdominal	V42.1	Transplant, heart, s/p
466.0	Bronchitis and bronchiolitis, acute	070.54	Hepatitis C	724.5	Pain - Back, NOS	V42.0	Transplant, kidney, s/p
949.0	Burn	070.59	Hepatitis, viral	786.50	Pain - Chest, NOS	V42.7	Transplant, liver, s/p
427.5	Cardiac arrest	789.1	Hepatomegaly	719.40	Pain - Joint	V42.6	Transplant, lung, s/p
425.4	Cardiomyopathy, primary NOS	796.2	High BP w/o HTN Dx	729.5	Pain - Limb	V42.83	Transplant, pancreas, s/p
436	Cerebrovascular dis, acute, NOS	042	HIV disease, symptomatic	724.2	Pain - Lower back, lumbago	V42.84	Transplant, periph. stem cells, s/p
414.9	Chronic ischemic heart disease	V08	HIV disease, asymptomatic	782.6	Pallor and flushing	626.8	Vaginal bleeding
571.5	Cirrhosis of liver, NOS	401.9	Hypertension NOS	785.1	Palpitations	099.9	Venereal disease NOS
428.0	Congestive heart failure	403.90	Hypertensive renal dis, NOS	462	Pharyngitis, acute	453.8	Venous thrombosis, NOS
786.2	Cough	242.90	Hyperthyroidism	486	Pneumonia, organism NOS	079.99	Viral infection NOS
276.5	Dehydration	244.9	Hypothyroidism	977.9	Poison, agent NOS	783.1	Weight gain, abnormal
250.01	Diabetes mellitus 1, no complicat.	959.8	Injury, multiple sites	V72.4	Pregnancy exam, not confirmed	783.21	Weight loss, abnormal
250.00	Diabetes mellitus 2, no complicat.	854.00	Intercranial injury, closed, NOS	600.0	Prostatic, hyperplasia	879.8	Wound, open, NOS
250.03	Diabetes mellitus 1, uncontrolled	959.8	Injury, multiple sites	782.1	Rash/skin eruption, NOS		
250.02	Diabetes mellitus 2, uncontrolled	782.4	Jaundice, unspecified, non-newborn				