

CLINICAL LAB REQUEST
BLOOD

BOLD INDICATES AVAILABLE
BY PRIORITY STATUS

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) [HFFA]

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]

ANCA Group [ANCAG] Mitochondrial [AMITO]

Citr. Pept. [CCP] Neuronal (For SLE)

DS DNA [DNAEL] Parietal Cell [APCA]

ENA (Sm,RNP,SSA,SSB) Ribosomal P [ARIBOP]

Endomysial [AEMYA] Scl - 70 [SCL70]

GBM [GBM] Smooth Muscle [ASMA]

Gliadin IgA IgG SSA/Ro [SSAG]

Jo-1 [AJO1] TTG IgA IgG

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 [HSCRP]
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 [PCCLOT]

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 [DRENA]

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 (PCCLOT, 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 [TROPIC]

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.	ORDERING PHYSICIAN / PROVIDER	UWP OR UPIN CODE	COLLECTION DATE
	PT.NO		PATIENT ENCOUNTER NUMBER		REQUIRED
	NAME		MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING		COLLECTION TIME
	DOB		ICD9 CODE (PREFERRED) 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

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.	
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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) 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 TISQNC (Available only Mon-Fri. before 1 P.M.)

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 (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) 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 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 ☐ 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"/> HOMOGENTISIC 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

<input type="checkbox"/> ANTI NEURONAL ANTIBODY [CANEUR]
<input type="checkbox"/> BILIRUBIN, TOTAL (protect from light) [CBIL]
<input type="checkbox"/> CREATINE KINASE, TOTAL & ISOENZYMES [CCKIG]
<input type="checkbox"/> CELL COUNT [CCCNT]
<input type="checkbox"/> CSF CELL EVALUATION [CCFUGE] BY HEMATOPATHOLOGIST (Cytocentrifuge)
<input type="checkbox"/> ELECTROLYTES (NA,K,CL) [CLYT]
<input type="checkbox"/> GLUCOSE [CGLU]
<input type="checkbox"/> IMMUNOGLOBULIN G [CIGG]
<input type="checkbox"/> IMMUNOGLOBULIN G INDEX [CINDG] (also need serum sample)
<input type="checkbox"/> LACTATE DEHYDROGENASE [CLD]
<input type="checkbox"/> OLIGOCLONAL BANDING [COLIG] (also need serum sample)
<input type="checkbox"/> PROTEIN [CTP]
<input type="checkbox"/> 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

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

NON-BLOOD

LOCATION	ORD.STA.NO.
PT.NO.	
NAME	
DOB	

ORDERING PHYSICIAN / PROVIDER		UPIN or UWP CODE	
COLLECTION DATE REQUIRED	COLLECTION TIME REQUIRED	TIMED URINE COLLECTION	
MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING		START: FINISH:	
ICD9 CODE (PREFERRED) or DIAGNOSIS / SIGNS & SYMPTOMS		Date:	Date:
		Time:	Time:
		Interval: _____ Hrs. _____ Min.	
		Total Volume: _____ ml	

CLINICAL LAB REQUEST
VIROLOGY

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

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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)

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 [HCPCGT]
- ___ HHV6 DNA by PCR [HH6QN]
- ___ HHV8 DNA by PCR [HH8PCR]
- ___ HSV DNA by PCR [HSVQN]
___ Type I or II Typing by PCR [HSVPC]
- ___ 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 [CMVQL]
- ___ EBV DNA by PCR [EBVQL]
- ___ HSV DNA by PCR [HSVQL]
- ___ HHV6 DNA by PCR [HH6QL]
- ___ VZV DNA by PCR [VZVQL]

OTHER REQUESTS

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.

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

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

- VIRAL CULTURES: [2CVIR]
 - ___ SCREEN (Respiratory, Enteric, Herpes Group)
 - ___ HERPES GROUP (HSV1, HSV2, CMV, VZV)
 - ___ BUFFY COAT (included CMV antigenemia)
- VIRAL 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)
- VIRAL 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: _____

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

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