

PT. NO.

NAME (Last, First)

D.O.B.

M
F

UW MEDICINE
UNIVERSITY OF WASHINGTON MEDICAL CENTER
REFERENCE LABORATORY SERVICES

CLINICAL LAB REQUEST

Molecular Microbiology

1959 NE Pacific St, NW 177
Seattle, WA 98195

1. Completely fill in left section.
2. Use a separate request form for each specimen type submitted.
3. Consult laboratory guide for specimen requirements. For unlisted tests - call Community Services (206) 598-6066 or 800 713-5198.
4. Web site is <http://depts.washington.edu/molmicdx/>

UW LAB ACC. #	
LOGGED IN BY:	PROCESSED BY:

ORDERING PHYSICIAN	UPIN #
SPECIMEN TYPE	
DATE & TIME COLLECTED	<input type="checkbox"/> AM <input type="checkbox"/> PM
SENDER SPECIMEN #	
COMMENTS	
ICD9/DIAGNOSIS	
REQUIRED	
SEND REPORT TO (Hospital, Clinic, Physician)	
ADDRESS	
CITY	STATE ZIP
TELEPHONE	
EMAIL	

NOTE: 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.

ORGANISMS IDENTIFIED BY DNA SEQUENCE-BASED METHODS:

- | | |
|---|--------|
| <input type="checkbox"/> AFB Sequencing | AFBSEQ |
| <input type="checkbox"/> Bacterial Sequencing | BCTSEQ |
| <input type="checkbox"/> Fungal Sequencing | YSTSEQ |
| <input type="checkbox"/> Rapid <i>Mycoplasma</i> Identification | MPLSLC |

DETECTION AND IDENTIFICATION OF SPECIFIC PATHOGENS:

- | | |
|--|--------|
| <input type="checkbox"/> <i>Aspergillus</i> PCR - BAL | ASPPCR |
| <input type="checkbox"/> <i>Aspergillus</i> PCR - Tissue | ASPTIS |
| <input type="checkbox"/> <i>Bartonella</i> PCR - Tissue or Culture | BRTPCR |
| <input type="checkbox"/> <i>Mycobacterium tuberculosis</i> Complex PCR | TSEXAM |

DETECTION AND IDENTIFICATION OF MICROBIAL DNA FROM TISSUE:

- | | |
|--|--------|
| <input type="checkbox"/> Tissue Extraction and Amplification | TSEXAM |
| <input type="checkbox"/> AFB | |
| <input type="checkbox"/> Bacteria | |
| <input type="checkbox"/> Fungi | |

SPECIFIC GENE DETECTION - CULTURE ONLY:

- | | |
|---|--------|
| <input type="checkbox"/> <i>mecA</i> gene | MECPCR |
| <input type="checkbox"/> <i>Staphylococcus aureus</i> specific gene (sa442) | SAPCR |

SPECIFIC GENE DETECTION - STOOL:

- | | |
|--|-------|
| <input type="checkbox"/> <i>Clostridium difficile</i> toxin B gene | CDPCR |
|--|-------|

ORGANISM TYPING:

- | | |
|--------------------------------------|--------|
| <input type="checkbox"/> MRSA Typing | MRSATP |
|--------------------------------------|--------|

REFLEXIVE TESTING:

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

Other Requests

HCFA 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 impact 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.

Medicare Billing Information

Medicare billing policy prevents us from submitting a Medicare claim for laboratory testing referred to us on hospital inpatients or hospital outpatients. For these samples, we will bill the sending location.