

PT. NO.

NAME (Last, First)

D.O.B.

CLINICAL LAB REQUEST

UW MEDICINE
UNIVERSITY OF WASHINGTON MEDICAL CENTER
REFERENCE LABORATORY SERVICES

After hours & Weekends:

Harborview Medical Center
(206) 731-3451
UW Medical Center
(206) 598-6224

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

M
F

Toxicology

1959 NE Pacific St, NW 220
Seattle, WA 98195

1. Completely fill in left section. Tests in **BOLD** are available STAT.
2. Consult our Web site for test information, <http://depts.washington.edu/labweb>

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.

ORDERING PHYSICIAN REQUIRED		UPIN # REQUIRED
SPECIMEN TYPE	<input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Whole Blood <input type="checkbox"/> Other _____	
SENDER SPECIMEN #		
DATE & TIME COLLECTED REQUIRED	<input type="checkbox"/> Peak <input type="checkbox"/> AM <input type="checkbox"/> Trough <input type="checkbox"/> PM	
DATE/TIME OF LAST DOSE	DOSAGE	
CONCURRENT MEDICATIONS (within 48 hours)		
ICD9/DIAGNOSIS REQUIRED		
SEND REPORT TO (Hospital, Clinic, Physician)		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
PATIENT ADDRESS		
CITY	STATE	ZIP
TELEPHONE	PATIENT SOC. SEC. #	
SUBSCRIBER NAME		
SUBSCRIBER ID. #		
GROUP #		
Premera Blue Cross Regence DSHS (attach current coupon)		
Medicare (answer required question below)		
Is this either a hospital outpatient or inpatient? Yes No (see reverse for additional information)		
Other Insurance Name/Address		

THERAPEUTIC DRUG LEVELS

___ ACETAMINOPHEN TYL	___ LAMOTRIGINE LAMOT	___ PROCAINAMIDE PCAING
___ AMITRIPTYLINE AMNR	___ LIDOCAINE LIDO	___ + N-ACETYLPROCAINAMIDE
___ + NORTRIPTYLINE	___ LITHIUM LI	___ QUINIDINE QUIN
___ CAFFEINE CAFQN	___ METHOTREXATE MTX	___ SALICYLATE ASA
___ CARBAMAZEPINE	___ MYCOPHENOLIC ACID MPA	___ SIROLIMUS SIROL
___ Total CBAM	___ MYCOPHENOLIC ACID PANEL MPAP	___ TACROLIMUS (FK506) TACRO
___ Free & Total FTCBAM	(includes MPA and MPA Glucuronide)	
___ CYCLOSPORINE by LCMS CSA	___ NORTRIPTYLINE NTRP	___ THEOPHYLLINE THEO
___ DESIPRAMINE DES	___ PENTOBARBITAL PENTO	___ THIOCYANATE TCN
___ DIGOXIN DIG	___ PHENOBARBITAL PHNO	___ VALPROIC ACID
___ DOXEPIN DXDS	___ PHENYTOIN	___ Total VPA
___ + DESMETHYLDOXEPIN	___ Total DIL	___ Free & Total FTVPA
___ FLECAINIDE FLCAIN	___ Free & Total FTDIL	
___ IMIPRAMINE IMDS		
___ + DESIPRAMINE		

ANTIBIOTICS

Please provide antibiotic regimen under "concurrent medications".

___ AMIKACIN AMIKA	___ VANCOMYCIN VANCO, CVANCO
___ GENTAMICIN GENTA	___ OTHER ANTIBIOTIC ASSAYS: ASAY
___ TOBRAMYCIN TOBRA	antibiotic _____
___ Peak ___ Trough ___ Random	

DRUG SCREENING AND OVERDOSE

Suspected Drugs	Clinical Status of Patient
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ALCOHOL SCREEN, SERUM OR PLASMA

___ Ethanol, Methanol, Isopropanol, Acetone	AS
___ Ethanol Only	ETOH
___ Methanol Only	MEOH

___ MDMA (Ecstasy), URINE, QUAL. UXTCQL

___ NICOTINE & METABOLITES, URINE, QUANT.* UNICG

___ OXYCODONE, URINE, QUAL. UOXCQL

CARBON MONOXIDE (Whole Blood)

___ Arterial ABCO	___ Venous VCO
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___ TRICYCLIC ANTIDEPRESSANTS, TOTAL SERUM TTRI

(Semiquantitative)

___ ETHYLENE GLYCOL, SERUM EGLY

___ DRUG SCREEN PANEL 1, SERUM * DRUG1

___ DRUG SCREEN, URINE, COMPREHENSIVE* UDRSC

___ DRUG SCREEN, URINE, STANDARD * UDRSS

* See back side for further ordering information

___ Amphetamines	UAMTQL
___ Barbiturates	UBRBQL
___ Benzodiazepine	UBNZQL
___ Cannabinoids	UTHCQL
___ Cocaine	UCOCQL
___ Ethanol	UETHQL
___ Methadone	UMDNQL
___ Opiates	UOPIQL
___ Phencyclidine	UPCPQL
___ Tricyclic Antidepressants	UTRIQL

___ DRUG SCREEN, SEDATIVE/HYPNOTIC, SERUM SHDS

Other Tests

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.

URINE DRUG INFORMATION

1. Urine drug tests noted with an asterisk on the front side are available in a screening panel or they can be ordered individually.

Please check the desired individual drug(s) only under the DRUG SCREEN URINE, STANDARD header. Checking the header will order the entire panel. Alternatively, you may write in the desired individual drug(s) in the OTHER TESTS box.

2. Urine drug tests noted with an asterisk on the front side are assayed using an immunochemical method. Positive immunochemical results can be confirmed by gas chromatography/ mass spectrography methodology for an additional charge. If confirmation is desired, please call the Toxicology lab at 206.731.3451 to request the appropriate confirmation. Confirmation testing is not available STAT because it is referred to an outside laboratory.

DRUG SCREEN PANEL 1, SERUM

Includes Acetaminophen, Alcohol, Salicylate, Sedative/Hypnotic Drug Screen, Tricyclics

DRUG SCREEN, URINE, COMPREHENSIVE

Includes Drug Screen, Urine, Standard plus GC MS screen for additional drugs

DRUG SCREEN, URINE, STANDARD

Includes Amphetamines, Barbiturates, Benzodiazepine, Cannabinoids, Cocaine, Ethanol, Methadone, Opiates, Phencyclidine, Tricyclic Antidepressants

NICOTINE & METABOLITES, URINE, QUANT.

Includes Anabasine, Cotinine, Nicotine, Nor nicotine and Trans-3 Hydroxycotinine.