UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
LABORATORY
CLIA# 50D0633053

1550 N. 115th Street
Seattle, WA 98133
(206) 368-1776

EXAMPLE ONLY

5UW

Dr. GARNER, ALEXIS

DATE	LAST NAME	FIRST NAME	M.I.
3/26/15	DOE, JOHN A. (U1234567, H56789)		

SPEC TIME	BIRTHDATE	SEX	S.S.N. (OPTIONAL)
15:07 (PM)	03/26/81	☒ MALE ☐ FEMALE	

RESPONSIBLE PARTY (FOR BILLING PURPOSES)

☐ SELF: ☐ OTHER: _____ PHONE (H): (___)___-____

ADDRESS: _____ PHONE (W): (___)___-____

CITY: _____ STATE: _____ EMPLOYER: _____

BILL: ☐ PATIENT ☐ DOCTOR OFFICE ☐ INSURANCE

☐ MEDICARE ☐ PRIVATE INSURANCE: _____ (Attach Copy of Card)

☐ MEDICAID BILLING ADDRESS: _____

SUBSCRIBER #: _____

GROUP #: _____

FASTING SPECIMEN REQUIRED: ☐ Yes ☐ No

IS PATIENT FASTING? ☐ Yes ☐ No

☐ CALL RESULTS TO DR. (print full name) _____ @ ph # _____

☐ CALL AFTER HRS. #

☒ FAX RESULTS TO DR. (print full name) _____ @ fax # (206) 744-9416

☐ COPY RESULTS TO DR. (print full name)

ICD (DX) CODE(S) REQUIRED:

NOT REQUIRED

240862 L PT. NAME DOE, JOHN A.

240862 L PT. NAME _____

240862 L PT. NAME _____

240862 L PT. NAME _____

240862 L PT. NAME _____

240862 L PT. NAME _____

☑ PANELS (PST)

BMP		BASIC METABOLIC PANEL
CMP		COMP. METABOLIC PANEL
LYTES		ELECTROLYTES PANEL
LIPID		LIPID PANEL ✻
LIVER		HEPATIC FUNCTION PANEL (Liver)
RFP		RENAL FUNCTION PANEL

☑ COAG & HEME

PT		PROTIME (PT) + INR ✻	BLU
PTT		PTT ✻	BLU
CBCND		BLOOD COUNT ✻	LAV
CBCWD		CBC + DIFF ✻	LAV
PLT		PLATELET COUNT	LAV
RET		RETIC COUNT	LAV
ESR		SEDIMENTATION RATE	LAV

☑ DRUG TESTING

TIME LAST DOSE:

CARBA		CARBAMAZEPINE (Tegretol)	RED
DIG		DIGOXIN ✻	RED
LITH		LITHIUM ✻	SST
DIL		PHENYTOIN (Dilantin)	RED
UDA		URINE DRUG SCREEN W/CONFIRM ✻	URN
VALP		VALPROIC ACID	PST

☑ CHEMISTRY (PST)

ALB		ALBUMIN	FOLAT		FOLATE
ALP		ALK. PHOS	GGT		GGT ✻
ALT		ALT (SGPT)	GLU		GLUCOSE ✻
AST		AST (SGOT)	HCYST		HOMOCYSTEINE
AMM		AMMONIA	LDH		LDH
AMY		AMYLASE	LIPAS		LIPASE
BILID		BILI, DIRECT	MG		MAGNESIUM
BILIT		BILI, TOTAL	PHOS		PHOS
BUN		BUN	K		POTASSIUM
CA		CALCIUM	PALB		PREALBUMIN
CL		CHLORIDE	TP		PROTEIN
CHOL		CHOL ✻	NA		SODIUM
CPK		CPK	TROPN		TROPONIN
CRP		CRP	URIC		URIC ACID
CCRP		CRP, CARDIO	B12		VITAMIN B12
CMB		CPK+CKMB			
CREAT		CREATININE			
FER		FERRITIN ✻			
GTT#		GLUCOSE TOLERANCE: _____ HRS			
HCGQL		HCG (Qualitative)			
HCGQ		HCG (Quantitative) ✻			
RF		RHEUMATOID FACTOR			

☑ CHEMISTRY (MISC/SST)

CA125		CA125 ✻	ICA		CA, IONIZED	
CCP		CCP AB	CEA		CEA ✻	
AFET		AFP ✻	IRON		IRON ✻	
ANAG		ANA	VIDF		VIT D, FRACT ✻	
ANARC		ANA REFLEX COMP. PANEL				
ELPI		ELECTROPHORESIS (+ Interp)				
ELPN		ELECTROPHORESIS (No Interp)				
HELI		H. PYLORI IgG ANTIBODY ✻				
HAC		HEMOGLOBIN A1C ✻				LAV
HCQNT		HEP C QUANT RNA BY PCR				
HSVG		HERPES SIMPLEX AB 1 & 2				
HIV		HIV 1 & 2 ✻ (Confirm if Positive)				T LAV
IMM		PROTEIN IMMUNOFIXATION ELP				
IRONP		IRON, TIBC, % SAT. ✻				
NTEL		NTX ✻ (N-TELOPEPTIDE, URINE)				URN
[ ] COMPLEX PSA SCRN (SCPSA) ✻			[ ] COMPLEX PSA, DIAG. (CPSA) ✻			
[ ] TOTAL PSA, (SNPSA) ✻ (For annual screening)			[ ] TOTAL PSA, DIAG. (PSA) ✻ (For prostate conditions)			

SEE BACK OF REQ

☑ MICROBIOLOGY

SPECIFIC SOURCE: _____ (Include specific body site)

URINE: ☐ CATH ☐ FOLEY ☐ CLEAN CATCH

		AEROBIC CULTURE
GRAM		GRAM STAIN
CXANA		ANAEROBIC CULTURE
CXFUN		FUNGAL CULTURE
KOH		KOH (FUNGAL SMEAR)
CXAFB		AFB CULT WITH SMEAR
CXBLD		BLOOD CULTURE
		MRSA/SA SCREEN
RSS		STREP GP A, RAPID (THROAT)
CXGRA		STREP GP A CULTURE
CXGRB		STREP GP B CULTURE (VAG/REC) ✻
		✻ ☐ YES, PENICILLIN ALLERGY
CXYST		YEAST SCREEN
BVS		BACTERIAL VAGINOSIS
CXHSV		HERPES SIMPLEX CULTURE
CHPCR		CHLAMYDIA BY PCR ✻✻
GCPCR		GONORRHOEAE BY PCR ✻✻
✻✻ ___ Cervical/Endocervical ___ Urethral ___ Urine		
STLEU		STOOL WBCs
OVAP		OVA AND PARASITE
CDPCR		C. DIFFICILE TOXIN PCR
GIARD		GIARDIA ANTIGEN

☑ ENDOCRINE (PST) ☑ (SST)

TSH		TSH ✻	FSH		FSH
T4		T4 ✻	LH		LH
FT4		T4, FREE ✻	CORTA		CORTISOL, AM
FT3S		T3, FREE	TEST		TESTOST.
TT3		T3, TOTAL ✻	PLAC		PROLACTIN
T3UP		T3, UPTAKE ✻			
PTH		PTH, INTACT (Gold SST & PST)			

☑ HEPATITIS (PST)

PROHP		ACUTE HEPATITIS PANEL ✻
HEPA		HEP A TOTAL ANTIBODY
HEPAM		HEP A ANTIBODY IgM
HBCAB		HEP B CORE TOTAL AB
HBCRM		HEP B CORE ANTIBODY IgM
HBSAB		HEP B SURFACE ANTIBODY
HBSAG		HEP B SURFACE ANTIGEN
HEPC		HEP C VIRUS ANTIBODY

☑ PRENATAL

PQUAD		QUAD SCREEN	SST
MAFET		MATERNAL AFP	SST

Complete "Prenatal Risk Requisition" form for QUAD and MAFET testing

OB#		OB PROFILE # _____ (Details on Back)	
OB3GT		3 HR GLUCOSE TOLERANCE	PST
ABORH		BLOOD GROUP (ABO/RH)	T LAV
ABSC		AB SCREEN / IND COOMBS	T LAV

☑ URINALYSIS (RANDOM)

UA		URINALYSIS	URN
UA, CSIF		UA + C&S IF INDICATED ✻	URN

☑ 24-HR URINE

TV: HT: WT:

MISCELLANEOUS TESTS: NOTE BELOW

FORM #A-394 REV. 1/14

240862L

"TWO PATIENT IDENTIFIERS ARE REQUIRED ON ALL SPECIMENS. SPECIMENS NOT LABELLED CORRECTLY WILL BE REJECTED"

☒ Kleihauer-Betke (KLB)

PROCESSING NOTE (Lab Use Only):

DARK GRAY HIGHLIGHTS ARE REQUIRED FIELDS

SEE OTHER SIDE

LAB USE ONLY													COLLECTION TIME:	DRAWN BY:	SITE OF DRAW:	REC'D BY:	CHECKED BY:
PST	SST	RED	BLU	LAV	GRN	GRY	URN	CULT	PCR	VIR	BV	FLD					