

PT. NO.
PT NAME (Last, First)
PT D.O.B.
M <input type="checkbox"/>
F <input type="checkbox"/>

CLINICAL LAB REQUEST
 UW MEDICINE
 REFERENCE LABORATORY SERVICES

UW LAB ACC. #
LOGGED IN
PROCESSED BY:

Molecular Microbiology

1. Completely fill in left section and use a separate request form for each specimen type submitted.
2. For unlisted tests - call Reference Laboratory Services (206) 520-4600 or (800) 713-5198.
3. Website: <http://depts.washington.edu/molmicdx> Email: molmicdx@uw.edu

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	NPI #
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PHONE #

SPECIMEN SITE DESCRIPTION

DATE & TIME COLLECTED	<input type="checkbox"/> AM
	<input type="checkbox"/> PM

SENDER SPECIMEN #

COMMENTS
Is patient immunocompromised?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known

ICD/DIAGNOSIS

SEND REPORT TO (Hospital, Clinic, Physician)
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TELEPHONE

EMAIL

FAX

Referring institution will be billed if the insurance company is located outside the state of Washington.

BILLING ADDRESS

CITY	STATE	ZIP
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TELEPHONE

RETURN FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE TO:

Send sample to: Attention: Molecular Diagnosis Specimen Processing, NW220 University of Washington Medical Center 1959 NE Pacific Street Seattle, WA 98195-7110 Phone: (206) 520-4600 or 800-713-5198

Testing on Direct Patient Specimens
 For solid tissue, please note that we do not process more than 1 cubic cm. Submit only the portion of the specimen with the greatest diagnostic potential. Fresh specimens are recommended when possible, but we also accept formalin fixed paraffin embedded tissue. Fresh samples should be submitted frozen on dry ice. Due to the presence of normal microbiota, not all specimens are acceptable for broad-range PCR. Please refer to our website for more information on our tests, acceptable specimens and an updated order form, <http://depts.washington.edu/molmicdx>.

Please submit one specimen per order form. If multiple specimen "aliquots" are submitted, we will pool them, unless otherwise indicated. If multiple FFPE blocks are submitted from the same body site with an order form, shavings from a maximum of 2 PET blocks will be combined for testing.

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

BROAD-RANGE PCR
 ___ AFB
 ___ Bacteria (reflex to NGS16S when multiple templates are present)
 ___ Standard Bacterial PCR only (not recommended)
 ___ Fungi

NTMPPCR, TBCPCR
 BCTPCR (NGS16S)
 BCTPCR
 FUNPCR

Next Generation Sequencing
 ___ Bacteria (reflex to NGS16S for poly-microbial specimens with amplifiable template)

BCTPCR (NGS16S)

PATHOGEN-SPECIFIC PCR
 Requests for pathogen-specific PCRs, not listed below, will be reflexively tested by the corresponding Broad-range PCR, if applicable.

Bacteria
 ___ Bartonella PCR - Tissue
 ___ Legionella PCR
 ___ Tropheryma whipplei
 ___ Mycoplasma, Respiratory ¹
 ___ Mycoplasma, Genital ²
 ___ Mycoplasma, Miscellaneous ^{1,2}
¹ Detects M. pneumoniae ² Detects M genitalium, M. hominis, U. urealyticum, U. parvum

BRTPCR
 LEGPCR
 TWHPCR
 MPNPCR
 GUMPCR
 MSMPCR

AFB
 ___ Mycobacterium tuberculosis Complex PCR
 ___ *Nontuberculous Mycobacteria (AFB other than MTB Complex) PCR
 *Sputum is not acceptable for NTMPPCR
 ___ Mycobacterium avium complex PCR (MAVPCR is included in NTMPPCR testing)

TBCPCR
 NTMPPCR
 MAVPCR

Fungi
 ___ Aspergillus PCR (detects A. fumigatus) - BAL*
 ___ Aspergillus PCR (detects A. fumigatus) - Tissue*
 ___ Zygomycete PCR*
 ___ Histoplasma PCR*
 ___ Cryptococcus PCR (detects C. neoformans and C. gattii)*
 ___ Coccidioides PCR*
 ___ Pneumocystis PCR*
 *If negative, do you want broad-range PCR for fungi (for normally sterile sites & BAL only) ___ YES ___ NO

ASPPCR
 ASPTIS
 ZGMPCR
 HISPCR
 CRYPPCR
 COCPPCR
 PNEPCR
 (FUNPCR)

Parasites
 ___ Toxoplasma PCR

TOXPCR

Testing on Cultured Organisms

ORGANISMS IDENTIFIED BY DNA SEQUENCE-BASED METHODS:
 ___ AFB Sequencing Stain result _____
 ___ Bacterial Sequencing Stain result _____
 ___ Fungal Sequencing _____

AFBSEQ
 BCTSEQ
 MLDSEQ/YSTSEQ

DETECTION OF SPECIFIC GENES
 ___ mecA gene

MECPCR

STRAIN TYPING
 ___ Bacterial Strain Typing by Whole Genome Sequencing
 ___ MRSA Typing by spa and VNTR analysis

NGSTYP
 MRSATP

Other Requests

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 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.