

PT. NO.	
PT NAME (Last, First)	
PT D.O.B.	M <input type="checkbox"/> F <input type="checkbox"/>
ORDERING PHYSICIAN	NPI #
PHONE #	
SPECIMEN SITE DESCRIPTION	
DATE & TIME COLLECTED	<input type="checkbox"/> AM <input type="checkbox"/> PM
SENDER SPECIMEN #	
COMMENTS	
ICD/DIAGNOSIS	REQUIRED
SEND REPORT TO (Hospital, Clinic, Physician)	REQUIRED
TELEPHONE	
EMAIL	
FAX	Fax results? <input type="checkbox"/> Yes <input type="checkbox"/> No
BILLING ADDRESS	Referring institution will be billed if the insurance company is located outside the state of Washington.
CITY STATE ZIP	
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	

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.

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 NTMPPCR, TBCPCR

Bacteria (reflex to NGS16S when multiple templates are present) BCTPCR (NGS16S)

Standard Bacterial PCR only (not recommended) BCTPCR

Fungi 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 BRTPCR

Legionella PCR LEGPCR

Tropheryma whipplei TWHPCR

Mycoplasma, Respiratory ¹ MPNPCR

Mycoplasma, Genital ² GUMPCR

Mycoplasma, Miscellaneous ^{1,2} MSMPPCR

¹ Detects M. pneumoniae ² Detects M genitalium, M. hominis, U. urealyticum, U. parvum

AFB

Mycobacterium tuberculosis Complex PCR TBCPCR

*Nontuberculous Mycobacteria (AFB other than MTB Complex) PCR NTMPPCR

*Sputum is not acceptable for NTMPPCR

Mycobacterium avium complex PCR (MAVPCR is included in NTMPPCR testing) MAVPCR

Fungi

Aspergillus PCR (detects A. fumigatus) - BAL* ASPPPCR

Aspergillus PCR (detects A. fumigatus) - Tissue* ASPTIS

Zygomycete PCR* ZGMPPCR

Histoplasma PCR* HISPCR

Cryptococcus PCR (detects C. neoformans and C. gattii)* CRYPPCR

Coccidioides PCR* COCPPCR

Pneumocystis PCR* PNEPCR

*If negative, do you want broad-range PCR for fungi (for normally sterile sites & BAL only) YES NO (FUNPCR)

Parasites

Toxoplasma PCR TOXPCR

Testing on Cultured Organisms

ORGANISMS IDENTIFIED BY DNA SEQUENCE-BASED METHODS:

AFB Sequencing Stain result _____ AFBSEQ

Bacterial Sequencing Stain result _____ BCTSEQ

Fungal Sequencing MLDSEQ/YSTSEQ

DETECTION OF SPECIFIC GENES

mecA gene MECPCR

STRAIN TYPING

Bacterial Strain Typing by Whole Genome Sequencing NGSTYP

MRSA Typing by *spa* and VNTR analysis 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.