

PT. NO.

# CLINICAL LAB REQUEST

UW MEDICINE  
LABORATORY MEDICINE COMMUNITY SERVICES

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

NAME (Last, First)

(206) 598-6066 Billing/Specimen Pick-up  
(206) 987-2000 Virology Physician on 24-hour Call.

# Virology

D.O.B.

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- Chlamydia, viral and routine microbiology transport media MAY NOT be used interchangeably.
- Dacroswab (type 1) recommended for viral cultures.
- Culturette recommended for PCR detection from mucosal surfaces.
- Pur-Wrap swab recommended for chlamydia cultures.
- Reflex tests § instructions can be found on back. Additional charges will be incurred for added tests if reflex testing occurs. Please see fee schedule for pricing.

ORDERING PHYSICIAN / PHONE #		UPIN #	<b>VIRAL CULTURE &amp; ANTIGEN DETECTION</b> (206 987-2088)		<b>VIRAL ANTIGEN DETECTION (FA) 2CVIR</b>	
SENDER SPECIMEN #		VIRAL CULTURES: 2CVIR		___ RESPIRATORY (Adeno, Para, RSV, Influenza A & B) (Includes culture except during Flu season)		
DATE & TIME COLLECTED		___ SCREEN (Resp., Enteric, Herpes Group)		___ HERPES GROUP (HSV , VZV) (includes culture)		
		___ HERPES GROUP (HSV1, HSV2, CMV, VZV)		VIRAL RAPID ASSAYS ("shell vials")(INCLUDES CULTURE) 2CVIR		
		___ BUFFY COAT (includes CMV antigenemia)		___ Adenovirus ___ CMV ___ RSV ___ VZV		
		___ BAL- IMMUNOCOMPROMISED PT. (includes CMV/RSV rapid assays and resp./ herpes group FA's)		___ RSV without CULTURE (recommended Oct. - May only) 2CVIR		
Specimen Type		___ TISSUE- IMMUNOCOMPROMISED PT. (Includes CMV/VZV Rapid Assays)		___ CLOSTRIDIUM DIFFICILE TOXIN B CLDT		
<input type="checkbox"/> Serum <input type="checkbox"/> Whole Blood		___ SKIN/EYE CULTURE (includes HSV / VZV FA)		___ ENTERIC ADENOVIRUS by EIA SADEIA		
<input type="checkbox"/> Plasma <input type="checkbox"/> Urine		___ SARS-CoV CULTURE (must contact the lab before sending specimens)		___ ROTAVIRUS EIA SORTA		
<input type="checkbox"/> CSF <input type="checkbox"/> Stool				___ HERPES SUBTYPING - OUTSIDE ISOLATE 2CVIR		
Other: _____				___ VIRAL IDENTIFICATION - OUTSIDE ISOLATE 2CVIR		
<input type="checkbox"/> Acute Serum <input type="checkbox"/> Convalescent Serum		<b>HIV DETECTION</b> (206 341-5210)		<b>CHLAMYDIA</b> (206 341-5300)		
<input type="checkbox"/> Follow-Up Convalescent (requested by Virology)		___ HIV-1 & 2 AB Screen <sup>§</sup> (reflexive Western blot confirmation of reactivities) H12EG		___ CHLAMYDIA TRACHOMATIS CULTURE CHLC		
<b>ICD9/DIAGNOSIS</b>		___ HIV-1 CONFIRMATION by Western blot (WB) & EIA H12COG		___ CHLAMYDIA TRACHOMATIS by DFA CHLFA		
REQUIRED		___ HIV-1 & 2 EIA & WESTERN BLOT for pediatrics <2 yr old HIVPDP		___ C. TRACHOMATIS Amplified Nucleic Acid ID CHLAD (phone #: 206.731.5858)		
<b>SEND REPORT TO</b> (Hospital, Clinic, Physician)		HIV-1 RNA QUANTITATION		___ CHLAMYDIA TRACHOMATIS ANTIBODIES CHLSS/ CHLSP (includes Lymphogranuloma Venereum, LGV)		
ADDRESS		___ CLADE B (30 - 1,000,000 copies/mL) HRTPCR		___ CHLAMYDIA ANTIBODY BATTERY CHLSB (Trachomatis & Pneumoniae)		
CITY STATE ZIP		___ NON - CLADE B (50 - 100,000 copies/mL) HRTPCU		___ CHLAMYDIA PNEUM. CULTURE (206 987-2088) 2CVIR		
TELEPHONE		___ HIV-1 GENOTYPIC RESISTANCE ASSAY (206 526-2088) HIVGRR		___ CHLAMYDIA PNEUM "TWAR" ABS (IgM, IgG) CHLTWS/CHLTWP		
<b>PATIENT ADDRESS</b>		Provide HIV Copy # _____ Date Done _____ (should be < 2 months)				
CITY STATE ZIP		___ HIV-1 PROVIRAL DNA (Qualitative) HIVPCR				
TELEPHONE		HIV CULTURE ___ Qualitative HIVC ___ Quantitative HIVQC				
<b>SUBSCRIBER NAME</b>		___ HIV-1 P24 ANTIGEN QUANTITATION HIVP24				
CITY STATE ZIP		<b>MOLECULAR DIAGNOSIS</b> (206 667-6999)		<i>Other Viruses (serum, plasma, fluids)</i>		
TELEPHONE		Hepatitis Viruses (serum, plasma)		___ ADENOVIRUSES by PCR, QUANT. ADVQN		
<b>PATIENT SOC. SEC. #</b>		___ HEP B DNA QUANT. HBVPCQ		___ BK VIRUS DNA by PCR (CSF, serum, plasma) BKVQN		
		___ HEP C RNA QUANT. HCVQNT		___ BK VIRUS DNA by PCR (Urine) UBKVQN		
		___ HEP C RNA GENOTYPE HCPCGT		___ ENTEROVIRUS RNA by PCR ENTPCR		
		Herpes Viruses (serum, plasma, fluids)		___ HUMAN METAPNEUMOVIRUS by PCR MPVPCR		
		___ HSV DNA by PCR HSVQN		___ JC (PML Virus) DNA by PCR JCVPCC		
		___ HSV DNA TYPING by PCR HSVTYP		___ PARVOVIRUS B19 DNA by PCR B19PCQ		
		___ CMV DNA by PCR CMVQN		___ SARS CoV by PCR SARPCR		
		___ EBV DNA QUANT. EBVQ		___ WEST NILE VIRUS by PCR WNVQN		
		___ HHV6 DNA by PCR HH6QN				
		___ HHV8 by PCR, QUANT. HH8QN		<i>Drug Resistance Testing</i>		
		___ VZV DNA by PCR VZVQN		___ CMV Resistance Seq. UL97 CMVU97		
<b>SUBSCRIBER ID. #</b>		<b>SEROLOGIES</b> (206 987-2088)		<b>HERPES GROUP</b>		
<b>GROUP#</b>		HEPATITIS		___ HSV 1 & 2 ANTIBODY by Western blot HSWB		
Blue Cross of WA Regence DSHS (attach current coupon)		___ A/B/C PANEL (HBsAG <sup>§</sup> , anti-HBs, anti-HBc, anti-HA, anti-HC <sup>§</sup> ) HABC		___ HSV SEROCONVERSION PANEL (paired sera) HSWBP		
Medicare (answer required question below)		___ A & B BATTERY (HBsAG <sup>§</sup> , anti-HBs, anti-HBc, anti-HA) HABB		___ CMV IMMUNE STATUS CMVS		
Is this either a hospital outpatient or inpatient?		___ A ANTIBODY (IgG, IgM) HAS		___ CMV IgM & IgG CMVSGM		
Yes No		___ A VACCINE SCREEN (IgG Only) HAVAC		___ EBV ANTIBODY PANEL EBVEIA		
(see reverse for additional information)		___ B SURFACE ANTIGEN <sup>§</sup> HBSAG		___ VARICELLA ZOSTER IMMUNE STATUS VZIS		
Other Insurance Name/Address		___ B SURFACE ANTIBODY HBSA		___ VARICELLA ZOSTER TITER (paired sera) VZPT		
_____		___ B CORE ANTIBODY (TOTAL) HBCA		___ HUMAN HERPES 8 <sup>§</sup> HHV8		
_____		___ B CORE ANTIBODY (IgM) HBCM				
_____		___ B "e" ANTIGEN/ ANTIBODY HBE		<b>MISCELLANEOUS</b>		
_____		___ C ANTIBODY SCREEN <sup>§</sup> HCAB		___ COXSACKIE B1-B6 TITER (paired sera) CBSP		
_____		___ C ANTIBODY CONFIRMATION by PCR HCABCO		___ HTLV 1 & 2 ANTIBODY SCREEN <sup>§</sup> HTL12		
		OTHER REQUESTS / COMMENTS		___ MEASLES IMMUNE STATUS RBIS		
				___ MUMPS IMMUNE STATUS MPIS		
				___ RUBELLA IMMUNE STATUS RUIS		
				___ WEST NILE VIRUS SEROLOGY (June - Sept. Only) VSWNV		

### MEDICAL NECESSITY INFORMATION

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.

## 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.

## Reflexive Test Descriptions

### HIV-1&2 EIA With Reflexive Western Blot Confirmation

If HIV 1&2 EIA is reactive, HIV1 Western blot is performed. If HIV1 Western blot does not confirm EIA reactivity, further supplemental assays will be performed, and the sample may be forwarded to a reference laboratory for HIV2 antibody confirmation.

### Hepatitis C Antibody Screen

If Hepatitis C antibody is positive by EIA, Hepatitis C RNA by PCR is performed.

### Hepatitis B Surface Antigen

If Hepatitis B surface antigen is positive by EIA, Hepatitis B DNA Quantitation is performed.

### Human Herpes 8

If EIA equivocal, HHV8 latent and lytic antibody testing is performed.

### HTLV1 & HTLV2 Antibodies

If antibody testing is positive by EIA, confirmation serology is sent out to reference laboratory.

## MEDICAL NECESSITY DOCUMENTATION - PARTIAL ICD9 LIST

For outpatient use only: This partial ICD9 code list is being provided only as informational assistance in documenting medical necessity. It is not an all-inclusive list of codes for conditions related to tests on this requisition. If the correct diagnosis, sign or symptom code is not found here or on a service-specific ICD9 code list at your location, please write the diagnosis, signs or symptoms in the Medical Necessity box located on the bottom front of this sheet. Do not circle codes here, please transcribe them to the front.

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
793.9	Abnormal X-ray findings, NOS	054.9	Herpes Simplex	782.1	Rash
796.4	Abnormal lab findings, NOS	053.9	Herpes Zoster	519.8	Respiratory Tract Infection
719.40	Arthralgia, NOS	042	HIV symptomatic / AIDS	363.20	Retinitis
716.90	Arthritis, site NOS	V08	HIV, asymptomatic	789.2	Splenomegaly
616.0	Cervicitis, acute	487.1	Influenza	V42.81	Transplant, bone marrow, s/p
078.88	Chlamydia	464.0	Laryngitis, acute	V42.1	Transplant, heart, s/p
780.71	Chronic Fatigue Syndrome	785.6	Lymphadenopathy	V42.0	Transplant, kidney, s/p
707.9	Chronic Skin Ulcer, NOS	780.79	Malaise	V42.7	Transplant, liver, s/p
372.30	Conjunctivitis	322.9	Meningitis	V42.6	Transplant, lung, s/p
078.5	Cytomegalovirus Infection	075	Mononucleosis	V42.83	Transplant, pancreas, s/p
787.91	Diarrhea	729.1	Myalgia	V42.84	Transplant, peripheral stem cells, s/p
049.9	Encephalitis - Viral	429.0	Myocarditis	465.9	Upper Respiratory Infection
348.3.	Encephalopathy, NOS	604.90	Orchitis, Epididymitis, NOS	597.80	Urethritis
008.8	Enteritis, viral	079.89	Parvovirus Infection	364.3	Uveitis
530.10	Esophagitis	420.91	Pericarditis, acute	616.1	Vaginitis, NOS
780.6	Fever	462	Pharyngitis, acute	099.9	Veneral Disease, NOS
009.1	Gastroenteritis, infectious	480.9	Pneumonia, viral, NOS	780.4	Vertigo / Dizziness
571.9	Hepatic Disease, chronic, NOS	138	Poliomyelitis / Residuals	079.99	Viral Syndrome
				078.10	Warts, NOS