

PT. NO.	
PT NAME (Last, First)	
PT D.O.B.	M <input type="checkbox"/> F <input type="checkbox"/>
ORDERING PHYSICIAN / PHONE #	NPI #
SPECIMEN TYPE <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Urine <input type="checkbox"/> CSF <input type="checkbox"/> Whole Blood <input type="checkbox"/> Stool <input type="checkbox"/> Amniotic <input type="checkbox"/> Other	
DATE & TIME COLLECTED AM <input type="checkbox"/> PM <input type="checkbox"/>	
SENDER SPECIMEN #	
TIMED URINE COLLECTION	DATES START FINISH
INTERVAL (hours, min.)	TOTAL VOLUME
ICD (diagnosis) code	
SEND REPORT TO (Hospital, Clinic, Physician)	
TELEPHONE	
FAX	Fax Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
PATIENT ADDRESS	
CITY	STATE ZIP
TELEPHONE	
SUBSCRIBER NAME	
SUBSCRIBER ID. #	
GROUP#	
Premera Blue Cross Regence DSHS (attach current coupon)	
Medicare (answer required to question below)	
Is this a hospital outpatient or inpatient? Yes No (see reverse for additional information)	
OTHER INSURANCE NAME/ADDRESS	

CLINICAL LAB REQUEST
UW MEDICINE
REFERENCE LABORATORY SERVICES

University of Washington Medical Center
1959 NE Pacific St, NW 220
(206) 520-4600 or 1 800 713-5198
Seattle WA, 98195

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

General

1. Completely fill in left section.
2. Use a separate request form for each specimen type submitted.
3. For tests - see our online guide at <https://menu.labmed.uw.edu>.
4. Reflexive tests, panels and special testing information are indicated by an *. Information is on the back page.

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.

___ ACID PHOSPHATASE* ACID ___ ACTH* ACTHG1 ___ ACTIVATED PROTEIN C RESISTANCE APCR ___ ALBUMIN (MICRO), URINE UMALB ___ ALDOLASE ALASE ___ ALPHA-1-ANTITRYPSIN A1AT ___ ALPHA FETOPROTEIN, Tumor Marker AFPNOT ___ AMMONIA* PLNH3 ___ AMYLASE AY ANTIBODY to: ___ Anti-CCP ACCP2 ___ DFS70 ADFS70 ___ dsDNA DNAEL ___ ENA (Sm, RNP, SSA/BB) ENAP ___ GBM AGBM ___ H. Pylori HPYLAB ___ Jo-1 AJ01G ___ LKM ALKMA ___ Mitochondrial AMITO ___ Neuronal ANEUR ___ Neuronal, CSF CANEUR ___ Parietal Cell APCA ___ SCL-70 ASCLG ___ Sm ASMG ___ Sm/RNP SMRNP ___ SSB/La ASSBG ___ Smooth Muscle ASMA ___ SSA/Ro ASAG ___ ANTI-BETA-2 GLYCOPROTEIN-I, IgG B2GP ___ ANTI-BETA-2 GLYCOPROTEIN-I, IgM B2GPM ANTI Xa (Choose drug below) ___ UNFRACTIONATED HEPARIN ACTIVITY HIXA ___ LOW MOLECULAR WT HEPARIN LMWXA ___ RIVAROXABAN LEVEL RIVAR1 ___ APIXABAN LEVEL APIXN1 ___ Other: ___ ANTI-NEUTROPHIL CYTOPLASMIC AB (ANCA) (If all 3 tests ordered, log ANCAP) ___ IFA ANCAIF ___ MPO AMPO ___ PR3 APR3 ANTI-NUCLEAR ANTIBODIES ANAG ___ Reflex to Comprehensive Panel* ANARC ___ with Differentiator Panel* ANADP ANTI-PHOSPHOLIPID/CARDIOLIPINS* APHOSG ANTITHROMBIN ACTIVITY AT3 ___ APIXABAN LEVEL APIXN1 ___ APOLIPOPROTEIN B APOB BENCE-JONES ___ ID UIFIXG ___ QUANT. UBJ ___ BETA-2-MICROGLOBULIN BETA2, CBETA2 BILIRUBIN (OD450)* Gestation ___ weeks ABIL BILIRUBIN, CHLORO EXTRACTION ABILCE B TYPE NATRIURETIC PEPTIDE* BNAP C1 ESTERASE INHIBITOR (If both ordered C1EP) ___ Functional C1EF ___ Protein Level C1EPR ___ CA 125 CA125R ___ CA 27.29 CA153R CALCIUM, IONIZED* SRICG, PLIC CALCIUM, URINE UCA CAROTENE* CAROG CEA (Carcinoembryonic Antigen) CEA CELIAC ANTIBODIES, Reflexive CELRP ___ Anti-Endomysial AEMYA Anti-tissue Transglutaminase ___ IgA ATTGA ___ IgG ATTGG Anti-Deamidated Gliadin ___ IgA ADGPA ___ IgG ADGPG CERULOPLASMIN CPLS CHOLESTEROL, DIRECT, LDL DLLD CHROMOGENIC FACTOR X CHR10 CITRATE, URINE UCTRC COLD AGGLUTININ ___ Titer CAGT ___ ID CAGIDG	COMPLEMENT ___ C1 C1 ___ C3 C3 ___ C4 C4 ___ TOTAL CH50L ___ COPPER CU ___ CORTISOL CRT ___ C-PEPTIDE CPEP ___ CRP, High Sensitivity HSCRIP ___ CK ISOS BY ELECTRO. CKELP, CCKIG ___ CK MB MASS MBMASS ___ CREATINE KINASE (CK), TOTAL CK CRYOGLOBULINS* ___ Quant. CRYOG ___ ID CRYIDG ___ CSF IgG INDEX (IgG/Alb. Ratio)* CSFRAT ___ D-DIMER, QUANT. DDI ___ DHEA-SULFATE DHEAS ___ ERYTHROPOIETIN (EPO) EPO ___ ESTRADIOL EDOL ___ FACTOR 5 LEIDEN DNA F5DNA ___ FERRITIN FER ___ FETAL FIBRONECTIN* FFNG ___ FOLATE FOLAT ___ FOLLICLE STIM. HORMONE FSH ___ FREE LIGHT CHAINS FLC ___ G6PD G6PD ___ GAMMA GLUTAMYL TRANS. GGT ___ H. PYLORI Breath Test* (¹³ CO ₂) HPBT ___ HAPTOGLOBIN HPT HCG, BETA, QUANT. ___ Pregnancy PG ___ Tumor Marker HCGTUM ___ HB A1c A1C ___ HB ELECTROPHORESIS (qual., w/o interp.) HBELEC ___ Hemoglobinopathy/Thalassemia Screen w/Interpretive Report* THLRO Specify Ethnic Origin _____ ___ HB F, QUANTITATIVE HBSF ___ HB S, QUANTITATIVE HBSQH ___ HEMOCHROMATOSIS DNA HEMDNA ___ HEPARIN INDUCED PLATELET AB HIPAB ___ HEPARIN UNFRACT. - SEE ANTI Xa ___ HOMOCYSTEINE* HMCY ___ IMMUNOFIXATION IFIX IMMUNOGLOBULINS ___ IgG IGG ___ IgM IGM ___ IgA IGA ___ IgE IGET ___ INSULIN, TOTAL INS ___ INTERLEUKIN 6 IL6 ___ LACTATE, VENOUS VLAC ___ LEAD PB ___ with / ZPPH PBGRP ___ LIPASE LPASE ___ LIPID PANEL LIPID ___ LUPUS ANTICOAGULANT GRP* LUPGI (Includes Lupus & Anti-Phospholipid Ab) ___ LUPUS ANTICOAGULANT* LUPJ ___ LUTEINIZING HORMONE LH	MYOGLOBIN ___ Serum MYO ___ Urine* UMYO ___ NITROGEN, TOTAL UTNIT, FTNIT ___ N-TELOPEPTIDE w/ Creat UNTPG ___ OLIGOCLONAL BANDING* COLIGG ___ OSMOLALITY OSMO, UOSMO, FOSMOG ___ PARATHYROID HORMONE IPTH ___ with Calcium IPTHG ___ PORPHOBILINOGEN, URINE UPBG ___ PROGESTERONE PROG ___ PROLACTIN PRL ___ PROTEIN-C ACTIVITY PCCLOT ___ PROTEIN ELECTRO. ELP/ UELPG ___ With Reflexive Testing* ELPP/ UELPP ___ PROTEIN-S ANTIGEN, FREE PSAGF ___ PROTHROMBIN DNA (G20210A) PRODS ___ PSA, TOTAL PSA ___ PSA, TOTAL & REFLEX. FREE* PSAFRP ___ RETICULOCYTE COUNT RETIC ___ RHEUMATOID FACTOR RF ___ RIVAROXABAN LEVEL RIVAR1 ___ RPR SYPHS ___ SEX HORMONE BINDING GLOB. SHBG ___ T CELL SUBSETS TCSA TESTOSTERONE ___ Total TEST ___ Free FTSTAD (both FTTEST) THROMBOSIS PANELS* ___ Comprehensive Venous CVTHI ___ Venous VTHRI ___ F8 + CRP F8THRI THYROGLOBULIN BATTERY* THGLBN THYROID ANTIBODIES ___ Anti-Thyroid Peroxidase ATP02 ___ Anti-Thyroglobulin ATG2 THYROID TESTING: ___ T3 T3 ___ TSH TSH ___ T4 T4 ___ TSH Reflexive TSHRF4 ___ T4, Free T4FR ___ T3, Free T3FR TOXOPLASMA IMMUNE STATUS (IGG) TOXOG TOXOPLASMA ABS (IGG & IGM) TOXOGM TRANSFERRIN TRSF TRANSTHYRETIN (Pre-Albumin) TTHY TROPONIN - I TROPIG VISCOSITY, SERUM SRVIS VITAMIN(s)* ___ A VITA ___ B12 VITB12 ___ C VITCG ___ E VITE ___ Vitamin D (24, 25 DiHydroxy) CYP24A ___ Vitamin D (25 Hydroxy) VITDG2 ___ Vitamin D (1,25 DiHydroxy) VTD125 ___ VWF DISEASE GROUP* VWDG ___ VWF COLLAGEN BINDING VWFEB ___ ZINC* ZNG, UZN ___ ZINC PROTOPOR / HEME RATIO ZPPH
Other Requests/ Comments:		

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.

REFLEXIVE TESTING DESCRIPTIONS

ANTI-NUCLEAR ANTIBODIES WITH REFLEXIVE TESTING

Initial screening includes testing for ANA by IFA and ANA antibodies by Multiplex. If the initial screening results are positive, additional testing for anti-dsDNA and specific antibody testing for antibodies to Sm, Sm/RNP, RNP, SSA, SSB, RiboP, chromatin, Scl70, centromere B, and Jo1 will be performed at an additional charge. If ordered as a Differentiator Panel, additional testing for antibodies to anti-DFS70 will be performed, with an additional charge, if all other specific antibody results are negative/indeterminate and the ANA by IFA pattern is consistent with anti-DFS70.

CELIAC REFLEXIVE PANEL

Initial screening includes testing for IgA anti tTG, and IgG anti DGP. If indicated, additional testing for total IgA or anti-endomysial is performed, at an additional charge.

HEMOGLOBINOPATHY/THALASSEMIA REFLEXIVE GROUP

Standard testing is by isoelectric focusing hemoglobin electrophoresis (IEF) and high-performance liquid chromatography (HPLC). If a variant hemoglobin is detected, it will be identified and quantified if possible. If RBC indices indicate microcytosis, a zinc protoporphyrin:heme ratio (ZPPH) and RBC Inclusion Body evaluation with Brilliant Cresyl Blue (BCB) Prep will be performed, and if possible, Hb F and Hb A2 will be quantified.

Other reflexing algorithms are followed in the following situations:

- If patient is of Mediterranean ancestry, Hb A2 will be quantified even in the absence of microcytosis. If elevated, a BCB Prep will be done to exclude combined alpha- and beta-thalassemia traits.

- For non-microcytic adults found to have abnormal levels of Hb F or Hb A2, the levels will be reported.

- For infants younger than 6 months, IEF and ZPPH will be performed routinely; if RBC size indicates microcytosis, a BCB Prep, Hb A2 and Hb F quantifications will be performed. If non-microcytic, Hb A2 and/or Hb F levels will be reported if abnormal for age.

An interpretive report is provided unless only qualitative hemoglobin electrophoresis is ordered. Include a Thalassemia Clinical Data Sheet when ordering a Thalassemia Reflexive Panel. To obtain form, call 206.685.6066 or access via Reference Lab Services Test Order Forms, Supplemental Forms. <http://depts.washington.edu/labweb/referencelab/clinical/Test-Forms/thalassemia.pdf>

PROTEIN ELECTROPHORESIS REFLEXIVE TESTING

Initial testing is performed for serum protein electrophoresis. Samples demonstrating unusual protein band restrictions will be referred for immunofixation to identify.

PROSTATE SPECIFIC ANTIGEN REFLEXIVE PANEL

Free PSA testing will be performed when total PSA results are 2.0-15.0 ng/mL, done at an additional charge. Contact the lab medicine resident on call at (206) 598-6190 to request testing outside this range.

THYROGLOBULIN BATTERY

Initial screen includes testing for Thyroglobulin and Anti-Thyroglobulin. If the antibody is positive, Thyroglobulin Recovery testing will be added at no additional charge.

GROUP/PANELS TESTING

ANTI-PHOSPHOLIPIDS GROUP/CARDIOLIPINS - Includes Beta-2 Glycoprotein-I, Cardiolipins, A, G, M

LUPUS ANTICOAGULANT GROUP- Includes Lupus Anticoagulant, Anti-Phospholipid and Cardiolipins

LUPUS ANTICOAGULANT – Initial testing includes Dilute Russell Viper Venom Assay (DRVVT). If DRVVT is negative and if clinically indicated, the hexagonal phase phospholipid test (HEXPL) will be added on reflexively.

THROMBOSIS PANELS

- Comprehensive Venous - includes Venous Panel and Prothrombin DNA Screen

- Venous Panel: - Includes Activated Protein C Resistance (i.e. Factor V Leiden Activity), Antithrombin, Protein-S Free Antigen, and Lupus Anticoagulant

VON WILLEBRAND DISEASE GROUP - Includes Von Willebrand Factor Antigen, Factor VIII Activity, Von Willebrand Factor Multimer and VWF Collagen Binding

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.

SPECIAL COLLECTION REQUIREMENTS

The information below can be found in the Guide to Laboratory Testing or on our website at <http://byblos.labmed.washington.edu/bcard/search.asp>

ACID PHOSPHATASE Specimen should be preserved in 25uL of 0.7M Acetic Acid for every mL of serum.

ACTH One 7 mL EDTA (purple top) tube, chill tube on wet ice before drawing blood, send to laboratory immediately on wet ice.

AMMONIA One 4 mL green or lime green Hemogard (PST) tube, send to laboratory immediately on wet ice.

B-TYPE NATRIURETIC PEPTIDE Collect in a plastic tube with EDTA anticoagulant. Separate plasma from cells quickly after collection. Deliver plasma to lab frozen or refrigerated.

BILIRUBIN (OD450)/Chloroform Extraction Performed on amniotic fluid. Protect from light. If hemoglobin is present in the OD450, a Chloroform Extraction is performed.

CALCIUM, IONIZED 5 mL Rapid serum tube (RST) or gold vacutainer tube. Allow to clot at room temperature, centrifuge with stopper within 1.5 hours of collection. Send entire unopened tube. Sarstedt, green top and microtainers are not acceptable.

CAROTENE One 10 mL red top tube. Wrap in foil or aliquot into a brown Starstedt tube to protect from light.

CRYOGLOBULINS Two 10 mL red top tubes, specimen must be maintained at 37°C and transported to lab as soon as possible at 37°C.

CSF IgG Index Requires CSF and Serum

FETAL FIBRONECTIN Call Reference Services for collection kits, 206 685-6066 or 800 713-5198

H. PYLORI BREATH TEST Call Reference Services at 206 685-6066 or 800 713-5198 for information on obtaining test.

HOMOCYSTEINE, TOTAL One 5 mL EDTA (purple top) tube, chill tube on wet ice before drawing blood, send to laboratory immediately on wet ice.

MYOGLOBIN, URINE Myoglobin in urine is UNSTABLE (30% decrease in 30 min.). Transfer 10 mL urine to a Urine Myoglobin Preservative Tube immediately upon collection. These Myoglobin preservative tubes, which contain 200 mg of sodium bicarbonate, are available from the laboratory and should be on hand prior to collection.

OLIGOCLONAL BANDING Testing requires 2 specimens, a CSF & a serum.

PORPHYRINS and PORPHOBILINOGENS All tests need to be protected from light. See reflexive section for Porphyrin Reflexive Panel.

VITAMINS A or E One 5 mL green top tube. Wrap in foil or aliquot into a brown Starstedt tube to protect from light.

ZINC One 10 mL red Sarstedt syringe or royal blue top trace metal tube. No contact with glass or rubber. Aliquot sample into a plastic vial ASAP.