Clinical Lab Request

Genetics

Complete a requisition for each individual tested

Ship specimens to:
UW MEDICAL CENTER
LABORATORY MEDICINE - GENETICS LAB
1959 NE PACIFIC ST, ROOM NW220
SEATTLE, WA 98195-7110

Test Information:
http://depts.washington.edu/labweb/genetics

LAB ACC. #	LOGGED BY:

Genetics Lab (206) 598-6429 (Clinical questions)
Genetics Lab genelab@uw.edu (Clinical questions)
Laboratory Fax (206) 598-0304
Reference Services (206) 520-4600 (Specimen transport)

PATIENT NUMBER

PATIENT NAME M ☐ F ☐

DATE OF BIRTH

SPECIMEN COLLECTION DATE AND TIME

SENDER SPECIMEN NUMBER

REASONS FOR TESTING:
☐ Carrier Detection
☐ Diagnostic / Rule out
☐ Mutation Typing
☐ Presymptomatic
☐ Other (Specify) _____

Print Clear

Ethnic Background:

ICD Code: REQUIRED

ORDERING PROVIDER NPI #

PHONE: FAX:

EMAIL (PRIMARY CONTACT):

CONTACT PERSON:

PHONE: FAX:

Send Reports To (mailing address):

FAX Fax Results? ___ Yes ___ No

PATIENT BILLING ADDRESS

STREET

CITY STATE ZIP

TELEPHONE

SUBSCRIBER NAME

GROUP #

Premera Blue Cross Regence DSHS (attach current coupon)

Other Insurance Name/Address

Medicare (answer required question below)
Is this either a hospital outpatient or inpatient?
Yes No
(see reverse side for additional information)

Check Test Requested

Tumor/Somatic

☐ BRCA 1/2 - Complete Analysis (Tissue) BRCA12
☐ ALK FISH 671 ☐ ALK Resistance ALKHSP
☐ ROS1 FISH 423
☐ EGFR Mutations EGFRHS
☐ EGFR T790M T790
☐ PDL-1 - IHC (attach separate PhenoPath Req)
☐ BRAF Mutations BRAF ☐ BRAF Glioma BRAF
☐ HRAS Mutations HRASHS
☐ NRAS Mutations NRAS
☐ KRAS Mutations KRAS
☐ IDH Mutations IDH
☐ KIT Mutations, Melanoma KITML
☐ KIT & PDGFRA Mutations, GIST KITG
☐ Microsatellite Instability DNA Test MSI
☐ Mismatch Repair IHC 669
☐ UW-Oncoplex Cancer Gene Panel OPX
Indicate prior molecular results in clinical history
☐ UW-Oncoplex Single Gene OPG

Genetics/Hereditary

☐ Alpha Thalassemia (deletions) ATHAL
☐ Alpha Hemoglobin DNA Sequence HASEQ
☐ Beta Hemoglobin DNA Sequence HBSEQ
☐ Cystic Fibrosis ☐ 5T Allele (CBAVD) CFDNA
☐ Prothrombin 20210A (Factor II) PRODS
☐ Factor V Leiden (APC Resistance) F5DNA
☐ Fragile X DNA Test FX
☐ Hemochromatosis (HFE) HEMDNA
☐ Huntington Disease HDTEST
☐ Maternal Cell Contamination MCC
☐ Spinocerebellar Ataxia Panel (Types 1, 2, 3, 6, 7) SCAPN
☐ Spinocerebellar Ataxia, single test
Specify Type: _____ SCA 1, 2, 3, 6, 7
☐ Other: _____

☐ BRCA 1/2 - Complete Analysis BRCA12
☐ BRCA 1/2 - Ashkenazi Jewish 3-site BRCAAJ
☐ BROCA - Cancer Risk Panel BROCA
☐ ColoSeq - Lynch and Polyposis Panel COSEQ
☐ ColoSeq Tumor - Full Panel
☐ ColoSeq Tumor - Single Gene(s)_____
SPS: Do NOT log CSQTS/CSQTP
☐ Normal Control (blood) DNAPRP
(Required for ColoSeq Tumor tests)
☐ ColoSeq - Polyposis (APC and MUTYH) COSEQP
☐ Epileptic Encephalopathy Panel EPIPX
☐ Megalencephaly Panel MEGPX
☐ Immunoplex Panel (specify full or subpanel) IMD
☐ Full ☐ SCID ☐ Agamma ☐ FHLH
☐ MarrowSeq Panel MRW
☐ Single Gene Analysis (specify gene) SGN
_____
☐ Known Mutation* (specify gene & mutation) KMU
_____

Specimen Submitted

☐ Amniocytes
Fresh tissues are typically cultured prior to testing
☐ Chorionic Villi
Fresh tissues are typically cultured prior to testing
☐ Blood (5 mL EDTA /Lavender Top)
☐ Blood (BCT-1)
Required for cell free DNA
☐ DNA (source _____)
☐ Solid Tissue, FFPE
☐ Solid Tissue, fresh
Contact lab for acceptable types
☐ Solid Tissue, other
☐ Other: _____

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.

Pedigree / Family History/ Clinical History and Prior Molecular Results (Please attach notes and/or pedigree)

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.

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.