

<b>PT. NO.</b>		
<b>PT NAME</b> (Last, First)		
<b>PT D.O.B.</b>		M <input type="checkbox"/> F <input type="checkbox"/>
<b>ORDERING PHYSICIAN</b>	<b>NPI #</b>	
<b>SPECIMEN TYPE AND SOURCE</b>		
<b>DATE &amp; TIME COLLECTED</b>		<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>SENDER SPECIMEN #</b>		
<b>CONTACT INFORMATION</b> Please specify preferred contact person and information for ordering and testing related questions.  Contact Name: _____  Contact Number: _____		
<b>ICD/DIAGNOSIS</b>  <b>REQUIRED</b>		
<b>SEND REPORT TO (Hospital, Clinic, Physician)</b>  <b>REQUIRED</b>		
<b>TELEPHONE</b>		
<b>FAX</b>		Fax Results? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PATIENT ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>TELEPHONE</b>		
<b>SUBSCRIBER NAME</b>		
<b>SUBSCRIBER ID. #</b>		
<b>GROUP #</b>		
Premera Blue Cross    Regence    DSHS (attach current coupon)		
<b>Medicare (answer required question below)</b>  Is this either a hospital outpatient or inpatient? Yes    No (see reverse for additional information)		
<b>Other Insurance Name/Address</b>		

**CLINICAL LAB REQUEST**  
**UW MEDICINE**  
**REFERENCE LABORATORY SERVICES**

University of Washington Medical Center  
 1959 NE Pacific St, NW 220  
 Seattle, WA, 98195

<b>UW LAB ACC. #</b>	
<b>LOGGED IN BY:</b>	<b>PROCESSED BY:</b>

# Microbiology

1. Completely fill in left section. Check the back page for important information.
2. Use a separate request form for each specimen type submitted.
3. Inadequate information or inappropriate use of the form regarding test request may delay process.
4. Tests at <https://menu.labmed.uw.edu>. Reference Services (206) 520-4600 or (800) 713-5198.
5. If suspect CDC Select Agents, please send specimen DIRECTLY to STATE REFERENCE LAB.

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.

**CULTURE \***

Bacterial

Fungal

AFB (Includes smear as appropriate. For same day smear result, deadline: specimen at HMC by 9 am)

**ISOLATE IDENTIFICATION**

\*Organisms unidentifiable by phenotypic methods, MALDI-TOF or DNA probes (AFB) are reflexively identified by DNA sequence methods at an additional charge.

Indicate if you DO NOT want DNA seq. analysis performed.

(If suspect CDC Select Agent, please send specimen DIRECTLY to State Reference Lab)

Gram stain result (required for Bacterial isolates): \_\_\_\_\_

\*Bacterial by MALDI-TOF Mass Spectrometry    MSID

Bacterial by DNA Sequencing    BCTSEQ

\*Fungal

Please Check all that apply:

Mould    OIDF

Yeast    OIDF

R/O Cryptococcus gattii    OIDF

AFB by DNA Sequencing    AFBSEQ

\*AFB by DNA probe(s)

**SUSCEPTIBILITY STUDIES**

Organism: \_\_\_\_\_

Bacterial Susceptibility Panel

Bacterial MIC (single drug)    SENS  
Please specify antibiotic: \_\_\_\_\_

Candida MIC Panel    YSTMIC

Mould/non-Candida MIC (Send out test)    RMFC1  
Please specify antifungal: \_\_\_\_\_

M. tuberculosis/M. bovis (please circle one)    SENAFB  
susceptibility testing

**Note: MTB isolates must be shipped using Category A guidelines.**

Rapidly growing Mycobacteria susceptibility (Send out test)    MSND

Bacterial MIC with MBC (Send Out Test)    MBC  
Please specify antibiotic: \_\_\_\_\_

**NUCLEIC ACID AMPLIFICATION (NAA) DETECTION**

Chlamydia (CT) & N. gonorrhoeae (GC)    GCCTAD

CT only    CHLAD

GC only    GCCAD

Trichomonas (Genital and urine specimens only)    TRICAD

Please specify site:

Genital, source: \_\_\_\_\_

Urine (1st void only)

Throat

Rectal

**SEROLOGY**

Anti-Streptolysin O    ASOS

**PARASITOLOGY**

Giardia antigen (stool)    SGRDAG

Cyclospora, Cryptosporidia    CYCLOP

Cystoisospora (formerly Isospora) (stool)

Ova & Parasites (stool) by wet mount & trichrome    OAPP

Acanthamoeba (culture & wet mount)    ACANC

Helminth/Parasite (visual identification)    OI DP

Malaria (thick, thin, antigen detection)    MALP

Other blood parasites    BLDP

Please specify: \_\_\_\_\_

Arthropod identification (Lice, Tick, Mite)    OI DBUG

**FUNGAL ANTIGEN DETECTION**

Cryptococcal Antigen

CSF    CCAFS  
 Prior cryptococcal culture performed

Serum    SRCAFS

Aspergillus Galactomannan EIA

Blood    ASPGMS

BAL    BALASP

Non-blood, non-BAL fluid    MASPGM

**ORGANISM-SPECIFIC TESTS**

Legionella Culture    LEGC

C. difficile, Toxogenic (PCR)    CDTP

Pneumocystis (microscopic exam)    PNEUP  
(performed on BAL or induced sputum)

H. pylori (culture, Gram stain)    HPYC  
For best recovery, contact micro lab before collecting specimen

**URINALYSIS**

Workup only    UAWK  
If macroscopic tests are abnormal, reflexive microscopic examination is performed

Complete    UAC

**MOLECULAR DIAGNOSTICS**

Forms available at:  
<http://depts.washington.edu/molmicdx/forms/order.pdf>

**OTHER REQUESTS**

Please specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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.

## Important Testing Information

### AFB Incubation (30°C)

Skin and superficial tissue specimens are cultured at 30°C in addition to routine 37°C incubation to R/O mycobacteria (AFB's) which prefer lower temperatures.

### AFB Stain with Culture

AFB stain is included with AFB culture except for CSF and urine specimens, which have AFB smears done by request only. However, when AFB stain only is ordered, AFB culture is always performed.

### Anaerobic Culture

Anaerobic culture is included with routine bacterial culture on tissues, body fluids, abscesses, and wounds collected appropriately to preserve anaerobic flora. The following specimens are not cultured anaerobically except by written request: CSF, urine, bone marrow, skin, genital, ear, eye, R/O GC, stool, R/O pertussis, environmental, and swabs in routine transport medium.

### CDC Select Agents

For more information about CDC select agents and the regulations, please visit: <http://www.selectagents.gov/>. The list of CDC select agents includes, but is not limited to *Bacillus anthracis*, *Burkholderia mallei*, *Burkholderia pseudomallei*, *Brucella abortus*, *Brucella melitensis*, *Brucella suis*, *Coxiella burnetii*, *Francisella tularensis*, and *Yersinia pestis*.

### Communicable Disease Test Confirmation and Notification

Per state regulations, certain specimens are sent to the Washington State Laboratory of Public Health for confirmatory testing. Please see link for the complete list: <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions.aspx>

### Cryptococcal Antigen

Back-up cultures are performed on positive CSF specimens submitted for diagnosis using cryptococcal antigen-detection methods. If previous cryptococcal culture of the same CSF specimen was performed at other laboratories, please indicate in the form. For all positive cryptococcal antigen tests, the antigen titer is determined.

### Gram Stain

Gram stain is included with routine bacterial culture on all specimens except throat, nose, urine, stool, R/O grp B Strep, routine genital, R/O GC, vascular catheter, quantitative biopsy, and specimens in blood culture bottles. Order separately if required.

### Homogenization and Concentration

To optimize organism recovery, tissues are homogenized, and body fluid and lower respiratory specimens may be concentrated by centrifugation or filtration prior to culture.

### Identification and Susceptibility Testing

When suspected pathogenic microorganisms are isolated, identification and susceptibility procedures are performed, as appropriate for the organism and specimen.

### DNA sequencing

Clinically significant organisms unidentifiable by traditional phenotypic methods are reflexively identified by DNA sequence methods. Phenotypic methods are first attempted on all fungal isolates from outside clients before being reflexively sent for DNA sequence methods.

### Special Stain with Ova and Parasite Exam

The ova and parasite exam also includes a special permanent stain, such as the trichrome stain.