



Department of Laboratories
4800 Sand Point Way NE, M/S: FB.2.441, Seattle, WA 98105

LEGAL PATIENT NAME OR EPIC LABEL			ORDERING PROVIDER
DATE OF BIRTH	MRN	SEX ASSIGNED AT BIRTH <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	ICD-10 CODE(S)

PHYSICIAN NOTIFICATION: ICD-10 diagnosis codes must be provided for each test ordered. Medical necessity and physician orders must be documented in the patient's medical record. Only tests that you believe are appropriate for patient care should be ordered. Medicare (and other Federally funded health care programs) will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

DATE COLLECTED: _____ / _____ / _____

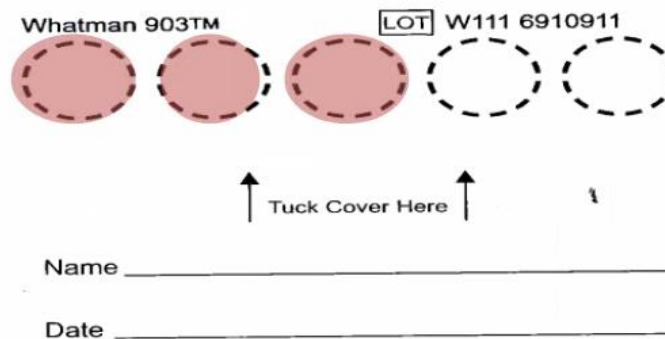
TIME COLLECTED: _____ AM / PM

Dried Blood Spot Testing

Hemoglobin A1c, Blood Spot (LAB5028)

INSTRUCTIONS: Note date and time of collection on requisition. Collect 3 full circles on dried blood spot collection card (see below), allow to air dry for 3 hours, and submit (or mail) to Seattle Children's Laboratory.

EXAMPLE:



Lab Use Only:

Bill patient/insurance; check EPIC for matching future order and collect/log in if applicable.