Seattle Children's
HOSPITAL · RESEARCH · FOUNDATION

Off-Site Sweat Chloride

Department of Laboratories
4800 Sand Point Way NE FB.2.441
Seattle, WA 98105 (206) 987-2617
http://seattlechildrenslab.testcatalog.org/

Patient's Last Name	First	Middle	Birth Date **(Required)**	Legal Sex	Gender Identity

Outside Patient Number	Outside Specimen Number	Send Report To

Ordering Provider	Address

Phone Number	Diagnosis/ICD Code **(Required)**	Phone/Fax

SPECIMEN INFORMATION

☑ Chloride, Sweat (LAB2397)

☐ Check if this is a newborn screening referral.

REQUIRED SPECIMEN INFORMATION:
DATE COLLECTED: _____/_____/_____

Specimen Type:
☐ Sweat (minimum volume is 15 mcL per collection)

Note: Two separate samples are preferred: one from the left arm or leg and one from the right arm or leg. Do not combine samples from different collection sites. Sweat should be collected for 30 minutes on each site. Do not exceed 30 minutes collection time. Please contact Lab Client Services at (206) 987-2617, Opt. 5 with questions.

Off-Site Sweat Chloride Procedure Notes (Complete Sections Below):

Left Side Collection Site:	**Collection Time**	**Right Side Collection Site:**	**Collection Time**
	Start Time: _____ Finish Time: _____		Start Time: _____ Finish Time: _____

BILLING INFORMATION

***All Samples will be billed to the referring institution unless complete billing and diagnosis information is provided when appropriate.**

BILL TO:	☐ Referring Institution (provide billing address if different from report address) ☐ Insurance (attach front and back copy of card) ☐ DSHS (Only Alaska, Idaho, Montana, and Washington accepted)

Patient Address	Patient Phone

Guarantor Name	DOB	Relationship to Patient

Guarantor Address (if different from patient's)

Guarantor Phone (if different from patient's)	Employer

Insurance Company/Medical Coverage

Claims Address	Insurance Phone Number

Policy/ID Number	Group Number

Subscriber Name	Subscriber DOB