

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			

REQUIRED SPECIMEN INFORMATION:

DATE COLLECTED: ____/____/____ Whole Blood Serum/Plasma Urine
 TIME COLLECTED: ____:____ AM/PM Skin Other _____

CHEMISTRY	HEMATOLOGY	URINE TESTING
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- Albumin (LAB45)
- Alkaline Phosphatase, Serum (LAB112)
- ALT (SGPT) (LAB132)
- Amylase Serum (LAB48)
- AST (SGOT) (LAB131)
- Basic Metabolic Panel (BMP)* (LAB15)
*BMP Includes: Electrolytes (CO₂, Cl, Na, K), Glucose, BUN, Creat, Calcium
- Bilirubin Unconjugated (LAB3606)
- Beta-Hydroxybutyrate (LAB2844)
- BUN (LAB140)
- Calcium Level, Total (LAB53)
- Calcium Ionized (LAB54)
- Chloride Level (LAB59)
- Cholesterol (LAB60)
- Creatine Kinase (CK) (LAB62)
- Carbon Dioxide, Total (CO₂) (LAB55)
- Comprehensive Metabolic Panel* (LAB17)
*CMP Includes: Electrolytes (CO₂, Cl, Na, K), Glucose, BUN, Creat, Calcium, AST, ALT, ALK PHOS, Protein, Albumin
- C-Reactive Protein (CRP) (LAB149)
- Creatinine (LAB383)
- Electrolytes (CO₂, Cl, Na, K) (LAB16)
- Ferritin (LAB68)
- Gamma Glutamyltransferase (GGT) (LAB85)
- Glucose Level (LAB3084)
- Immunoglobulin E Level (LAB74)
- Immunoglobulins Panel (IgA, IgG, IgM) (LAB3213)
 IgA (LAB73) IgG (LAB71) IgM (LAB72)
- Iron Level (LAB94)
- Iron Profile (Fe, TIBC, % Saturation) (LAB829)
- Lactic Acid Blood (LAB3574)
- Lactate Dehydrogenase (LDH) (LAB96)
- Lipase Level (LAB3253)
- Lipid Panel (Chol, Trig, LDL, HDL) (LAB18)
- Magnesium Serum (LAB103)
- Infectious Mono Screen (Monospot) (LAB3216)
- Phosphorous Serum (LAB113)
- Potassium Level (LAB114)
- Protein, Total (LAB118)
- Sodium Level (LAB122)
- Triglycerides (LAB134)
- VMA/HVA, Serum (LAB3548)
- Triglycerides (LAB134)
- Uric Acid (LAB141)

- CBC* (LAB294)
- CBC with Differential (LAB293)
- Erythrocyte Sedimentation Rate (ESR) (LAB322)
- Hematocrit (LAB289)
- Platelet Count (LAB301)
- Reticulocyte Count (LAB296)
- Sickle Cell Screen (LAB339)
- White Blood Cell (WBC) Count (LAB299)
*CBC Includes: RBC, HGB, HCT, MCV, MCH, MCHC, RDW, WBC, Platelet Count, MPV
**CBC with Differential Includes: Polys, Bands, Lymphocytes, Monocytes, Eosinophils, Basophils in addition to CBC

- Calcium, Urine Random (LAB371)
 - Creatinine, Urine Random (LAB384)
 - hCG, Urine Pregnancy Test (LAB437)
 - Microalbumin/Creatinine Urine (LAB689)
 - Osmolality, Urine (LAB420)
 - Potassium, Urine (LAB434)
 - Protein, Urine (LAB439)
 - Sodium, Urine (LAB444)
 - Urine Culture (LAB239)
 - Urinalysis (LAB1968) or UA w/Micro (LAB348)
 Culture if indicated?
- Collection Method: _____

ENDOCRINOLOGY	THERAPEUTIC DRUG MONITORING
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- 17-Hydroxyprogesterone (LAB720)
- Cortisol (LAB61)
- Estradiol (LAB523)
- Follicle Stimulating Hormone (FSH) (LAB86)
- Hemoglobin A1C (LAB90)
- IGF Binding Protein 3 (LAB3205)
- Insulin Level (LAB527)
- Insulin-Like Growth Factor 1 (LAB526)
- Luteinizing Hormone (LAB87)
- Testosterone Total by LC/MS (LAB3490)
- Thyroid Stimulating Hormone (TSH) (LAB129)
- Thyroxine (T₄), Free (LAB127)
- Triiodothyronine (T₃), Free (LAB3061)
- Triiodothyronine (T₃), Total (LAB136)
- Vitamin A (LAB580)
- Vitamin D, 25-Hydroxy Level, Total (LAB535)
- Vitamin E (LAB130)

- 10-OH Oxcarbazepine Level (LAB2687)
- Carbamazepine (Tegretol) Level (LAB21)
- Cyclosporin Level (LAB874)
- Everolimus Level (LAB3012)
- Gabapentin (Neurontin) (LAB470)
- Lamotrigine (Lamictal) (LAB475)
- Levetiracetam (Keppra) (LAB477)
- Methotrexate Level Blood (LAB481)
- Methotrexate Level CSF (LAB2434)
- Phenobarbital (LAB30)
- Phenytoin (Dilantin) (LAB31)
- Posaconazole Level (LAB3397)
- Sirolimus Level (LAB875)
- Tacrolimus (FK506) (LAB876)
- Topiramate (Topamax) (LAB498)
- Valproic Acid (Depakene) (LAB24)
- Voriconazole Level (LAB3552)
- Zonisamide (Zonegran) Level (LAB504)

MICROBIOLOGY	VIROLOGY
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- Adenovirus PCR Quant, Blood (LAB2479)
- BK Virus PCR Quant, Blood (LAB1374)
- Blood Culture (Bacterial), Aerobic (LAB2525)
- Blood Culture (Bacterial), Aerobic + Yeast (LAB2526)
- Blood Culture (Bacterial), Anaerobic (LAB2527)
 Check if Lab needs to extend incubation time for yeast or slow growing organisms.
- CMV PCR Quant, Blood (LAB2487)
- CSF Meningitis/Encephalitis PCR Qual Panel (LAB2421)
- EBV PCR Quant, Blood (LAB2987)

- Hepatitis A Antibody, Total (LAB797)
- Hepatitis B Core Antibody, IgM (LAB549)
- Hepatitis B Surface Antibody (LAB472)
- Hepatitis B Surface Antigen (LAB471)
- Hepatitis C Antibody (LAB868)
- HIV Antigen and Antibody (LAB3170)
- Varicella Zoster Immune Status (LAB3537)

COAGULATION	STOOL TESTING	OTHER TESTING
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- D-Dimer (LAB313)
- Fibrinogen (LAB314)
- Partial Thromboplastin Time (LAB325)
- Prothrombin Time + INR (LAB320)
- Thrombin Time (LAB324)

- C. difficile Antigen and Toxin, plus Reflex PCR (LAB2535)
- Calprotectin, Stool (LAB2392)
- Rapid Stool Infectious Diarrhea PCR Panel (LAB2451)
- Stool Culture (LAB223)
- Stool Giardia + Crypto EIA (LAB1319)
- Stool Fat, Qualitative (LAB390)
- Stool Helminth Worm Exam (LAB2582)
- Stool Occult Blood (LAB694)

BILLING INFORMATION

PHYSICIAN NOTIFICATION: Only tests that you believe are appropriate for patient care should be ordered. Medicare/Medicaid will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

BILLING NOTIFICATION: All samples will be billed to the referring institution unless complete billing and diagnosis information is provided on this form. Contact Seattle Children's Laboratory Client Services for additional assistance (206) 987-2617.

BILL TO:

- Referring Institution (Preferred)** - Provide billing address or stamp institution's information.
 (Institutional billing will be done for all patients with Medicare except for established Seattle Children's patients.)

Billing Address:	Billing Contact Name:
Billing Contact Phone/Fax:	Billing Contact Email:

- Primary Insurance** (Attach copy of card.) **Medicaid** (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

Patient Address		
Guarantor Name	DOB	Relationship to Patient
Guarantor Address (if different from patient's)		
Guarantor Phone (if different from patient's)	Employer	
Primary Care Physician	Phone Number	
Insurance Company/Medical Coverage		
Claims Address	Phone Number	
Policy Number	Group Number	
Subscriber	Sex	Subscriber's DOB

- Secondary Insurance** (Attach copy of card.) **Medicaid** (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

Insurance Company/Medical Coverage		
Claims Address	Phone Number	
Policy Number	Group Number	
Subscriber	Sex	Subscriber's DOB

- Self Pay**- First, call Lab Client Services for pricing. Then, provide credit card information below or enclose a check with the sample.

Patient Address		
Guarantor Name	DOB	Relationship to Patient
Guarantor Address (if different from patient's)		
Guarantor Phone (if different from patient's)		
Name on Credit Card	Payment Amount	CVN
Card Number	Card Type	Expiration

Please visit our test catalog at <http://seattlechildrenslab.testcatalog.org> for testing information or call (206) 987-2617.