

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

CLINICAL LAB REQUEST
UW MEDICINE
REFERENCE LABORATORY SERVICES

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

UW LAB ACC. #	
LOGGED IN BY:	PROCESSED BY:

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
