

PT. NO.

NAME (Last, First)

D.O.B.

M
F

CLINICAL LAB REQUEST

UW MEDICINE
REFERENCE LABORATORY SERVICES

General

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

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

1. Completely fill in left section. Tests in **BOLD** are available STAT.
2. Use a separate request form for each specimen type submitted.
3. For tests - see our online guide at <http://byblos.labmed.washington.edu>.
4. Reflexive tests, panels and special testing information are indicated by an *. Information is on the **back page**.

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.

ORDERING PHYSICIAN / PHONE #		UPIN #	
REQUIRED		REQUIRED	
SPECIMEN TYPE	<input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Urine <input type="checkbox"/> CSF		
	<input type="checkbox"/> Whole Blood <input type="checkbox"/> Stool <input type="checkbox"/> Amniotic <input type="checkbox"/> Other		
DATE & TIME COLLECTED		<input type="checkbox"/> AM <input type="checkbox"/> PM	
REQUIRED			
SENDER SPECIMEN #			
TIMED URINE COLLECTION	DATES	TIMES	
	START		
	FINISH		
INTERVAL (hours, min.)		TOTAL VOLUME	
ICD9 (diagnosis) code			
REQUIRED			
SEND REPORT TO (Hospital, Clinic, Physician)			
ADDRESS			
CITY		STATE	ZIP
TELEPHONE			
PATIENT ADDRESS			
CITY		STATE	ZIP
TELEPHONE		PATIENT SOC. SEC. #	
SUBSCRIBER NAME			
SUBSCRIBER ID. #			
GROUP#			
Premera Blue Cross Regence DSHS (attach current coupon)			
Medicare (answer required to question below)			
Is this either a hospital outpatient or inpatient? Yes No			
(see reverse for additional information)			
OTHER INSURANCE NAME/ADDRESS			

___ ACID PHOSPHATASE*	ACID
___ ACTH*	ACTH
___ ACTIVATED PROTEIN C RESISTANCE	APCR
___ ALBUMIN (MICRO), URINE	UMALB
___ ALDOLASE	ALASE
___ ALPHA-1-ANTITRYPSIN	A1AT
___ ALPHA FETOPROTEIN	___Tumor AFPNOT
___ Amniotic AAFPX	___ Gest. Age
___ ALUMINUM	AL
___ AMMONIA*	PLNH3
___ AMYLASE AY with/	___ FRACTIONATION*AYFR
ANTIBODY to:	
___ Citrullinated Peptides CCP	___ dsDNA DNAEL
___ ENA (Sm, RNP, SSA/B) AENP	___ GBM AGBM
___ H. Pylori HPYL	___ Jo-1 AJO1G
___ LKM ALKMA	___ Mitochondrial AMITO
___ Neuronal ANEUR	___ Neuronal, CSFCANEUR
___ Parietal Cell APCA	___ SCL-70 ASCLG
___ Sm ASMG	___ Sm/RNP SMRNPP
___ Smooth Muscle ASMA	___ SSA/Ro ASSAG
___ SSB/La ASSBG	
___ ANTI-BETA-2 GLYCOPROTEIN-I, IgG	B2GP
___ ANTI-BETA-2 GLYCOPROTEIN-I, IgM	B2GPM
___ ANTI-NEUTROPHIL CYTOPLASMIC AB (ANCA)	
(If all 3 tests ordered, log ANCAP)	
___ IFA ANCAIF	___ MPO AMPO
___ PR3 APR3	
___ ANTI-NUCLEAR ANTIBODIES	ANAG
___ Reflex to Comprehensive Panel*	ANARC
___ ANTI-PHOSPHOLIPID/CARDIOLIPINS*	APHOSG
___ ANTI-THROMBIN III ACTIVITY	AT3
___ APOLIPOPROTEIN ___A1 APOA1	___ B APOB
___ BENCE-JONES ___ID UIFIGX	___QUANT. UBJ
___ BETA-2-MICROGLOBULIN	BETA2, CBETA2
___ BILIRUBIN (OD450)*	___ Gestation ___weeks ABIL
___ BILIRUBIN, CHLORO EXTRACTION	ABILCE
___ B TYPE NATRIURETIC PEPTIDE*	BNAP
___ BONE ALKALINE PHOSPHATASE	BONAP
___ C1 ESTERASE INHIBITOR (If both ordered C1EP)	
___ Functional C1EF	___ Protein Level C1EPR
___ CA 125	CA125
___ CA 27.29	CA27
___ CALCIUM, IONIZED*	SRICG, PLIC
___ CALCIUM, URINE	UCA
___ CAROTENE*	CAR
___ CEA (Carcinoembryonic Antigen)	CEAG
___ CELIAC ANTIBODIES	CELIAC
___ Anti-Endomysial	AEMYA
Anti-tissue Transglutaminase	
___ IgA ATTGA	___ IgG ATTGG
___ both TTG	
Anti-Gliadin	
___ IgA AGLIAA	___ IgG AGLIAG
___ both GLIAD	
___ CERULOPLASMIN	CPLS
___ CHOLESTEROL, DIRECT, LDL	DLDL
___ CHROMOGENIC FACTOR X	CHRF10
___ CITRATE, URINE	UCTRC
COLD AGGLUTININ	
___ Titer CAGT	___ ID CAGIDG
___ COMPLEMENT ___C1 C1	___C3 C3
___C4 C4	___TOTAL TC
___ COPPER	CU
___ CORTISOL	CRT

___ C-PEPTIDE	CPEP
___ CRP, High Sensitivity	HSCRIP
___ CK ISOS BY ELECTRO. CKELP, CCKIG	
___ CK MB MASS	MBMASS
___ CREATINE KINASE (CK), TOTAL	CK
___ CRYOGLOBULINS*	
___ Quant. CRYOG	___ID CRYIDG
___ CSF IgG INDEX (IgG/Alb. Ratio) CINDG	
___ D-DIMER, QUANT.	DDI
___ DHEA-SULFATE	DHEAS
___ ERYTHROPOIETIN (EPO)	EPO
___ ESTRADIOL	EDOL
___ FACTOR 5 LEIDEN DNA	F5DNA
___ FERRITIN	FER
___ FETAL FIBRONECTIN*	FFNG
___ FLUOR. POLAR. (Amniotic)	APOL
___ FOLATE	FOLAT
___ FOLLICLE STIM. HORMONE	FSH
___ FREE LIGHT CHAINS	FLC
___ G6PD, Qual.	G6PD
___ GAMMA GLUTAMYLTRANS.	GGT
___ 5-HIAA, URINE	UHIA
___ H. PYLORI Breath Test *(13CO2)	HPBT
___ HAPTOGLOBIN	HPT
___ HCG, BETA, QUANT.	
___ Pregnancy PG	___ Tumor Marker BHCG
___ HB A1c	A1C
___ HB ELEC (w/o interpretation)	HBELEC
___ With Reflexive Testing* & Interp.	
___ for Hb-opathy/Thalassemia	THLRO
Specify Ethnic Origin	
___ HB, QUANT.	___ HbA2 HBA2
___ HbF HBF	___ HbS HBSQH
___ HEMOCHROMATOSIS DNA	HEMDNA
___ HEPARIN ACTIVITY (Anti-Xa)	HEPACT
___ HEPARIN INDUCED PLATELET AB	HIPA
___ HOMOCYSTEINE*	HMCY
___ IMMUNE COMPLEXES	IMCG
___ IMMUNOFIXATION	IFIX
___ IMMUNOGLOBULINS ___IgG IGG	
___ IgM IGM	___IgA IGA
___ IgE IGE	
___ INSULIN, TOTAL	INS
___ LACTATE*	___ Art ABLAC
___ Ven VLAC	
___ LEAD PB	___with / ZPPH PBGRP
___ LIPASE	LPASE
___ LIPID PANEL	LIPID
___ LUPUS ANTICOAGULANT GRP*	LUPP
___ LUPUS INHIBITOR ASSAY	LUPINH
___ LUTEINIZING HORMONE	LH
MYOGLOBIN	
___ Serum MYO	___Urine* UMYO
___ NITROGEN, TOTAL	UTNIT, FTNIT
___ N-TELOPEPTIDE w/ Creat	UNTPG
___ OLIGOCLONAL BANDING*	COLIGG
___ OSMOLALITY	OSMO, UOSMO, FOSMO

___ PARATHYROID HORMONE*	IPTH
___with Calcium*	IPTHG
___ PORPHOBILINOGEN, URINE	UPBG
___ PROGESTERONE	PROG
___ PROLACTIN	PRL
___ PROTEIN-C ACTIVITY	PCCLOT
___ PROTEIN ELECTRO.	CELP/ELP/UELPG
___With Reflexive Testing*	ELPP/UELPP
___ PROTEIN-S ANTIGEN, FREE	PSAGF
___ PROTHROMBIN DNA (G20210A)	PRODS
___ PSA, TOTAL	PSA
___ PSA, TOTAL & REFLEX. FREE*	PSAFRP
___ RETICULOCYTE COUNT	RETIC/HRETIC
___ RHEUMATOID FACTOR	RF
___ SEX HORMONE BINDING GLOB.	SHBG
___ T CELL SUBSETS	TCSA
TESTOSTERONE	
___ Total TEST	___ Free FTSTAD (both FTTEST)
THROMBOSIS PANELS*	
___ Comprehensive Venous	CVTHR2
___ Venous	VTHR2
___ F8 + CRP	F8THR
THYROGLOBULIN BATTERY*	
THGLBN	
THYROID ANTIBODIES	
___ Anti-Thyroid Peroxidase	ATPO
___ Anti-Thyroglobulin	ATG
THYROID TESTING:	
___ T3 T3	___TSH TSH
___ T4 T4	
___ T4, Free T4FR	___ T3, Free T3FR
TOXOPLASMA IMMUNE STATUS (IGG)	
TOXOG	
___ TOXOPLASMA ABS (IGG & IGM)	TOXOGM
___ TRANSFERRIN	TRSF
___ TRANSTHYRETIN (Pre-Albumin)	TTHY
___ TROPONIN - I	TROPIG
___ VISCOSITY, SERUM	SRVIS
___ VITAMIN(s)*	___ VITB1G, VITB2G,
___ VITB6G, VITDG	others are VIT#
___ VWF DISEASE GROUP*	VWDG
___ VWF COLLAGEN BINDING	VWFCB
___ ZINC*	ZN, UZN
___ ZINC PROTOPOR / HEME RATIO	ZPPH

Other Requests/Comments:

HCFA 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.

REFLEXIVE TESTING DESCRIPTIONS

AMYLASE WITH REFLEXIVE FRACTIONATION

If the total amylase value is above the reference range, a reflexive fractionation is performed which reports both pancreatic and salivary fractions.

ANTI-NUCLEAR ANTIBODIES WITH REFLEXIVE TESTING

Initial screening includes testing for ANA and anti-SSA. If the initial screening results are positive for ANA, additional testing for anti-dsDNA and specific antibody testing for antibodies to Sm, RNP and SSB (Extractable Nuclear Antigens - ENA) will be performed.

HEMOGLOBIN ELECTROPHORESIS -

THALASSEMIA/HEMOGLOBINOPATHY REFLEXIVE GROUP

Initial testing includes a CBC and isoelectric focusing hb electrophoresis (IEF). If CBC is microcytic (or if patient is at-risk for thalassemia with normal indices), ZPPH, ferritin, RBC inclusion bodies, and if possible, quantitative HbF and HbA2 are performed. If a variant hb is detected on IEF, citrate agar hb electrophoresis is performed and if possible, the variant hb is quantitated. An interpretive report is provided. (No interpretive report if only qualitative hb electrophoresis is ordered). Exceptions include young children for whom Hb Bart's was detected on the state lab newborn screen and patients of Greek or Italian ancestry who appear to be normal. In the former case, we perform a BCB inclusion body test to exclude a significant alpha-thalassemia trait and HB A2 quantification to exclude coincident beta thalassemia trait. In the latter case we quantify Hb A2 and perform a BCB inclusion body test if the Hb A2 is elevated to exclude combined alpha- and beta-thalassemia traits.

In cases where an unusual hemoglobin variant is detected, DNA may be isolated to allow sequencing of the alpha and beta globin genes to identify the variant hemoglobin. If you do not want this additional testing, write "I do not want DNA testing" on the front of this form under "Other Requests/Comments:" OR check the "I do not want DNA testing" box on the clinical data sheet. Include a clinical data sheet for the Thalassemia Reflexive Panel, call 206.685.6066 or use Appendix C in the Guide to Laboratory Testing.

If the hematocrit is elevated, citrate agar electrophoresis will be performed to detect a high oxygen affinity hemoglobin. (These variants generally are not detected by isoelectric focusing since the amino acid changes in these variants do not cause a net change in the charge of the proteins.)

PROTEIN ELECTROPHORESIS REFLEXIVE TESTING

Initial testing is performed for serum protein electrophoresis. Samples demonstrating unusual protein band restrictions will be referred for immunofixation to identify.

PROSTATE SPECIFIC ANTIGEN REFLEXIVE PANEL

Free PSA testing will be performed when total PSA results are 2.0-15.0 ng/mL, done at an additional charge. Contact the lab medicine resident on call at (206) 598-6190 to request testing outside this range.

THYROGLOBULIN BATTERY

Initial screen includes testing for Thyroglobulin and Anti-Thyroglobulin. If the antibody is positive, Thyroglobulin Recovery testing will be added at no additional charge.

GROUP/PANELS TESTING

ANTI-PHOSPHOLIPIDS GROUP/CARDIOLIPINS - Includes Beta-2 Glycoprotein-I, Cardiolipins, A, G, M

LUPUS ANTICOAGULANT - Includes Lupus Inhibitor, Anti-Phospholipid and Cardiolipins

THROMBOSIS PANELS

- Comprehensive Venous - includes Venous Panel and Prothrombin DNA Screen
- Venous - Includes Activated Protein C Resis. Anti-Thrombin III, Protein C Activity, Protein-S Free Antigen, and Lupus Inhibitor

VON WILLEBRAND DISEASE GROUP - Includes Von Willebrand Factor Antigen, Factor VIII Activity, Von Willebrand Factor Multimer and VWF Collagen Binding

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.

SPECIAL COLLECTION REQUIREMENTS

The information below can be found in the Guide to Laboratory Testing or on our website at <http://byblos.labmed.washington.edu/bcard/search.asp>

ACID PHOSPHATASE Specimen should be preserved in 25uL of 0.7M Acetic Acid for every mL of serum.

ACTH One 7 mL EDTA (purple top) tube, chill tube on wet ice before drawing blood, send to laboratory immediately on wet ice.

AMMONIA One 5 mL green or lime green Hemogard (SST) tube, send to laboratory immediately on wet ice.

B-TYPE NATRIURETIC PEPTIDE Collect in a plastic tube with EDTA anticoagulant. Separate plasma from cells quickly after collection. Deliver plasma to lab frozen or refrigerated.

BILIRUBIN (OD450)/Chloroform Extraction Performed on amniotic fluid. Protect from light. If hemoglobin is present in the OD450, a Chloroform Extraction is performed.

CALCIUM, IONIZED 7 mL plain red or gold vacutainer tube. Allow to clot at room temperature, centrifuge with stopper within 1.5 hours of collection. Send entire unopened tube. Sarstedt, green top and microtainers are not acceptable.

CAROTENE One 10 mL red top tube. Wrap in foil to protect sample from light.

CRYOGLOBULINS Two 10 mL red top tubes, specimen must be maintained at 37°C and transported to lab as soon as possible at 37°C.

FETAL FIBRONECTIN Call Reference Services for collection kits, 206 685-6066 or 800 713-5198.

H. PYLORI BREATH TEST Call Reference Services at 206 685-6066 or 800 713-5198 for information on obtaining test.

HOMOCYSTEINE, TOTAL One 5 mL EDTA (purple top) tube, chill tube on wet ice before drawing blood, send to laboratory immediately on wet ice.

L-LACTATE One 5 mL gray top tube, send to laboratory immediately on wet ice.

MYOGLOBIN, URINE Myoglobin in urine is UNSTABLE (30% decrease in 30 min.). Transfer 10 mL urine to a Urine Myoglobin Preservative Tube immediately upon collection. These Myoglobin preservative tubes, which contain 200 mg of sodium bicarbonate, are available from the laboratory and should be on hand prior to collection.

OLIGOCLONAL BANDING Testing requires 2 specimens, a CSF & a serum.

PARATHYROID HORMONE 7 mL red top. Preferred: Clot 20 minutes at room temperature. Centrifuge, separate and freeze immediately. Acceptable: Serum clotted in the cold (1-2 hours); centrifuged, separated and frozen immediately.

PORPHYRINS and PORPHOBILINOGENS All tests need to be protected from light. See reflexive section for Porphyrin Reflexive Panel.

RENIN One 7 mL lavender top tube, collected at room temperature. Send to laboratory immediately.

VITAMINS A OR E One 5 mL green top tube. Wrap in foil to protect from light.

ZINC One 10 mL red or green top Sarstedt syringe. No contact with glass.