

PT. NO.	
PT NAME (Last, First)	
PT D.O.B. M <input type="checkbox"/> F <input type="checkbox"/>	
ORDERING PHYSICIAN	NPI #
PHONE #	
SPECIMEN SITE DESCRIPTION	
DATE & TIME COLLECTED	<input type="checkbox"/> AM <input type="checkbox"/> PM
SENDER SPECIMEN #	
COMMENTS Is patient immunocompromised? ___ Yes ___ No ___ Not Known	
ICD/DIAGNOSIS	
SEND REPORT TO (Hospital, Clinic, Physician ADDRESS) Allina Health Laboratory 2800 10th Ave, Ste 2000 Minneapolis, MN 55407	
TELEPHONE 612-863-4356	
FAX 612-863-4093	
Medicare (answer required to question below) Is this a hospital outpatient or inpatient? Yes No	
Referring institution will be billed if the insurance company is located outside the state of Washington.	
BILLING ADDRESS P.O. Box 342	
CITY Minneapolis,	STATE MN
ZIP 55442	
TELEPHONE 612-863-0437	
RETURN FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE TO: N/A	
FedEx First Overnight or UPS Next Day Air Early recommended Send sample to: Attention: Molecular Diagnosis Specimen Processing, NW220 University of Washington Medical Center 1959 NE Pacific Street Seattle, WA 98195-7110 Phone: (206) 520-4600 or 800-713-5198	

CLINICAL LAB REQUEST

UW MEDICINE
REFERENCE LABORATORY SERVICES

UW LAB ACC. #

LOGGED IN

PROCESSED BY:

Molecular Microbiology

1. Completely fill in left section and use a separate request form for each specimen type submitted.
2. For unlisted tests - call Reference Laboratory Services (206) 520-4600 or (800) 713-5198.
3. Website: <http://depts.washington.edu/molmicdx> Email: molmicdx@uw.edu

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.

Testing on Direct Patient Specimens

For solid tissue, please note that we do not process more than 1 cubic cm. Submit only the portion of the specimen with the greatest diagnostic potential. **Fresh specimens are recommended when possible**, but we also accept formalin fixed paraffin embedded tissue. Fresh samples should be submitted frozen on dry ice. **Due to the presence of normal microbiota, not all specimens are acceptable for broad-range PCR. Please refer to our website for more information on our tests, shipping information, acceptable specimens and an updated order form, <http://depts.washington.edu/molmicdx>.**

Please submit one specimen per order form. If multiple specimen "aliquots" are submitted, we will pool them, unless otherwise indicated. If multiple FFPE blocks are submitted from the same body site with an order form, shavings from a maximum of 2 PET blocks will be combined for testing.

REFLEXIVE TESTING: When suspected pathogenic microorganisms are detected, identification procedures are performed, as appropriate for the organism and specimen.

BROAD-RANGE PCR AND NEXT GENERATION SEQUENCING (NGS)___ [†]AFB (Only TBCPCR and MAVPCR for sputum)

NTMPPCR, TBCPCR

___ [†]Bacteria (reflex to NGS16S when multiple templates are present, reflex to identification of species when bacteria of Enterobacteriaceae family is present)

BCTPCR, NGS16S, ENBPCR

___ [†]Fungi

FUNPCR

[†] Results are reported with appropriate taxonomic identification.

PATHOGEN-SPECIFIC PCR

Requests for pathogen-specific PCRs not listed below will be reflexively tested by the corresponding Broad-range PCR, if applicable.

Bacteria

___ Bartonella PCR - Tissue

BRTPCR

___ Tropheryma whippelii PCR

TWHPCR

If pathogen is not listed (such as Treponema) select **Broad-Range PCR** at top.

AFB

___ Mycobacterium tuberculosis Complex PCR

TBCPCR

___ [†]Nontuberculous Mycobacteria (AFB other than MTB Complex) PCR

NTMPPCR

___ Mycobacterium avium complex PCR (MAVPCR is part of NTMPPCR testing)

MAVPCR

Fungi

___ Aspergillus PCR (detects A. fumigatus) *

ASPPCR

___ Zygomycete PCR *

ZGMPCR

___ Histoplasma PCR *

HISPCR

___ Cryptococcus PCR (detects C. neoformans and C. gattii) *

CRYPPCR

___ Coccidioides PCR*

COCPCR

___ Pneumocystis PCR*

PNEPCR

*If negative, do you want broad-range PCR for fungi (for normally sterile sites & BAL only) ___ YES ___ NO

(FUNPCR)

Parasites

___ Toxoplasma PCR

TOXPCR

OCULAR FLUID VIROLOGY

___ Viral Quant Panel, eye fluid (CMV, HSV, VZV)

EYEVQP

___ EBV, quant, eye fluid

EBVQ

REQUIRED - If both molecular micro and virology are ordered, the surgeon must indicate the testing priority.

___ Bacterial/Fungal

___ Viral

CMS 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.

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.