

PATIENT M.R.N.	
PATIENT NAME (Last, First)	
PATIENT D.O.B. M <input type="checkbox"/> F <input type="checkbox"/>	
ORDERING PHYSICIAN	N.P.I. #
ORDERING PHYSICIAN PHONE NUMBER	
Please submit one specimen or block per order form. If multiple specimen aliquots are submitted, we will pool up to two of them.	
DETAILED SPECIMEN SITE/DESCRIPTION Tissue <input type="checkbox"/> Fluid <input type="checkbox"/> FFPE <input type="checkbox"/> Pure Culture <input type="checkbox"/>	
DATE & TIME COLLECTED AM <input type="checkbox"/> PM <input type="checkbox"/>	
SENDER SPECIMEN NUMBER/BLOCK NUMBER	
COMMENTS	
Is the patient immunocompromised? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT KNOWN <input type="checkbox"/>	
ICD/DIAGNOSIS	
CLIENT CODE (Don't have one? Call 1-800-713-5198)	
SEND REPORT TO (Hospital, Clinic, Physician) ADDRESS Allina Health Laboratory - Send Outs 2800 10th Ave S, Ste 2000 Minneapolis, MN 55407	
PHONE NUMBER FOR CRITICAL RESULT 612-863-4356	
FAX NUMBER 612-863-3186	
Medicare (answer required to question below) Is this either a hospital outpatient or inpatient? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Referring institution will be billed if the insurance company is located outside the state of Washington.	
BILLING ADDRESS	
PO Box 342	
CITY, STATE, ZIP CODE	
Minneapolis, MN 55442	
PHONE NUMBER	
612-863-0437	
RETURN FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE TO:	
Send sample to: Attention: Molecular Microbiology UW CLSPS 1601 Lind Ave SW, Room 117 Renton, WA 98057 Phone: 206-520-4600 (FedEx First Overnight or UPS Next Day Air Early recommended)	
OTHER REQUESTS	
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	

CLINICAL LAB REQUEST
UW MEDICINE
REFERENCE LABORATORY SERVICES

UW LAB ACC. #	
LOGGED IN	PROCESSED BY

Molecular Microbiology

1. Completely fill in section on the left 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
4. Referral lab will report critical results directly to clinical personnel or to the referring laboratory.

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 cm³. Submit only the portion of the specimen with the greatest diagnostic potential. Frozen 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.

All results are reported with appropriate taxonomic identification.
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)

- | | |
|--|----------------------------|
| <input type="checkbox"/> AFB (If sputum sample, only TBCDNA and MAVDNA will be performed.) | NTMDNA, TBCDNA |
| <input type="checkbox"/> Bacteria [and reflex to NGS16S when multiple templates are present, and reflex to species identification within Bacteria of the Order Enterobacterales] | BCTDNA, [NGS16S], [ENBDNA] |
| <input type="checkbox"/> Standard Bacterial PCR only (not recommended) [and reflex to species identification within Bacteria of the Order Enterobacterales] | BCTDNA, [ENBDNA] |
| <input type="checkbox"/> Fungi [and reflex to NGSITS when multiple templates are present] | FUNDNA, [NGSITS] |
| <input type="checkbox"/> Standard Fungal PCR only (not recommended) | FUNDNA |

PATHOGEN-SPECIFIC PCR

BACTERIA

- | | | | |
|---|--------|---|--------|
| <input type="checkbox"/> Bartonella PCR | BRTDNA | <input type="checkbox"/> Legionella PCR | LEGDNA |
| <input type="checkbox"/> Mycoplasma PCR (detects M. pneumoniae, M. genitalium, M. hominis, U. urealyticum, U. parvum) | MPLDNA | <input type="checkbox"/> Tropheryma whipplei PCR | TWHDNA |
| | | <input type="checkbox"/> Treponema pallidum DNA detection by NAAT | TPLDNA |

AFB

- | | | | |
|---|--------|--|--------|
| <input type="checkbox"/> Mycobacterium tuberculosis complex PCR | TBCDNA | <input type="checkbox"/> *Nontuberculous Mycobacteria PCR (AFB other than MTB Complex) | NTMDNA |
| <input type="checkbox"/> Mycobacterium avium complex PCR (MAVDNA is part of NTMDNA testing) | MAVDNA | *Not acceptable: Sputum (see MAVDNA) | |

FUNGI

- | | | | |
|---|--------|--|----------|
| <input type="checkbox"/> Aspergillus PCR* (detects A. fumigatus) | ASPDNA | <input type="checkbox"/> Cryptococcus PCR* (detects C. neoformans and C. gattii) | CRYDNA |
| <input type="checkbox"/> Coccidioides PCR* | COCDNA | <input type="checkbox"/> Histoplasma PCR* | HISDNA |
| <input type="checkbox"/> Mucorales PCR* | MUCDNA | <input type="checkbox"/> Pneumocystis PCR* | PNEDNA |
| *If negative, reflex to broad-range Fungi PCR (when appropriate)? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | [FUNDNA] |

PARASITES

- | | | | |
|--|--------|---|--------|
| <input type="checkbox"/> Acanthamoeba and Balamuthia PCR | AMBPCR | <input type="checkbox"/> Leishmania PCR | LSHDNA |
| <input type="checkbox"/> Toxoplasma PCR | TOXDNA | | |

TESTING ON CULTURED ORGANISMS

ORGANISMS IDENTIFIED BY DNA SEQUENCE-BASED METHODS

- | | | |
|--|---|---------------|
| <input type="checkbox"/> AFB Sequencing | Stain result _____ | ASEQID |
| <input type="checkbox"/> Bacterial Sequencing | Stain result _____ | BSEQID |
| <input type="checkbox"/> Fungal Sequencing | *Select one: <input type="checkbox"/> Mold <input type="checkbox"/> Yeast | MSEQID/YSEQID |
| <input type="checkbox"/> Bacterial ID by Whole Genome Sequencing | BWGSID | |

DETECTION OF SPECIFIC GENES

- | | | | |
|------------------------------------|--------|--|--------|
| <input type="checkbox"/> mecA gene | MECPCR | <input type="checkbox"/> MTB Resistance by Whole Genome Sequencing | MTBWGR |
|------------------------------------|--------|--|--------|

STRAIN TYPING

- | | | |
|---|-------------------|--------|
| <input type="checkbox"/> Bacterial Strain Typing by Whole Genome Sequencing | Organism ID _____ | NGSTYP |
|---|-------------------|--------|

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.