CLINICAL LAB REQUEST
UW MEDICINE
REFERENCE LABORATORY SERVICES

Molecular Microbiology

PT. NO.

PT NAME (Last, First)

PT D.O.B.

M ☐

F ☐

ORDERING PHYSICIAN | **NPI #**

PHONE #

SPECIMEN SITE DESCRIPTION _____

DATE & TIME COLLECTED ☐ AM ☐ PM

SENDER SPECIMEN #

COMMENTS

Is patient immunocompromised?
___Yes ___No ___Not Known

ICD/DIAGNOSIS   REQUIRED

SEND REPORT TO (Hospital, Clinic, Physician)

REQUIRED

TELEPHONE

EMAIL

FAX

Referring institution will be billed if the insurance company is located outside the state of Washington.

BILLING ADDRESS

CITY   **STATE**   **ZIP**

TELEPHONE

RETURN FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE TO:

_____

_____

_____

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

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, 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
___ AFB (Only TBCPCR and MAVPCR for sputum)   **NTMPCR, TBCPCR**
___ Bacteria (reflex to NGS16S when multiple templates are present)   **BCTPCR (NGS16S)**
    ___ Standard Bacterial PCR only (not recommended)   **BCTPCR**
___ Fungi   **FUNPCR**

Next Generation Sequencing
___ Bacteria (reflex to NGS16S for poly-microbial specimens with amplifiable template)   **BCTPCR (NGS16S)**

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**
___ Legionella PCR   **LEGPCR**
___ Tropheryma whipplei   **TWHPCR**
___ Mycoplasma, Respiratory [1]   **MPNPCR**
___ Mycoplasma, Genital [2]   **GUMPCR**
___ Mycoplasma, Miscellaneous [1,2]   **MSMPCR**
    [1] Detects M. pneumoniae [2] Detects M genitalium, M. hominis, U. urealyticum, U. parvum

AFB
___ Mycobacterium tuberculosis Complex PCR   **TBCPCR**
___ *Nontuberculous Mycobacteria (AFB other than MTB Complex) PCR   **NTMPCR**
    ***Not acceptable: Sputum, see MAVPCR**
___ Mycobacterium avium complex PCR (MAVPCR is part of NTMPCR testing)   **MAVPCR**

Fungi
___ Aspergillus PCR (detects A. fumigatus) - BAL*   **ASPPCR**
___ Aspergillus PCR (detects A. fumigatus) - Tissue*   **ASPTIS**
___ Zygomycete PCR *   **ZGMPCR**
___ Histoplasma PCR *   **HISPCR**
___ Cryptococcus PCR (detects C. neoformans and C. gattii) *   **CRYPCR**
___ 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**

Testing on Cultured Organisms

ORGANISMS IDENTIFIED BY DNA SEQUENCE-BASED METHODS:
___ AFB Sequencing   Stain result_____   **AFBSEQ**
___ Bacterial Sequencing   Stain result_____   **BCTSEQ**
___ Fungal Sequencing   **MLDSEQ/YSTSEQ**

DETECTION OF SPECIFIC GENES
___ mecA gene   **MECPCR**

STRAIN TYPING
___ Bacterial Strain Typing by Whole Genome Sequencing   **NGSTYP**

Other Requests

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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.