



## BILLING INFORMATION

- BILL TO:**     Referring Institution (Preferred) - Provide billing address if different from report address  
 (Institutional billing will be done for all patients with Medicare except for established Seattle Children's patients.)
- Insurance (Attach front and back copy of card)       DSHS (Only Alaska, Idaho, Montana & Washington accepted)
- Patient - please provide credit card information below or enclose a check

Guarantor		Relationship to patient	
Address			
Address (if different from patient's)			
Phone Number		Employer	
Insurance Company/Medical Coverage			
Claims Address			
Policy Number		Group Number	
Subscriber		Subscriber DOB	
Primary Care Physician		Phone Number	
Name On Credit Card		Amount Of Payment	
Card Number		Card Type	Expiration

### \*SPECIAL PROCESSING INSTRUCTIONS

SPECIMEN REQUIREMENTS FOR TESTS PERFORMED BY SEATTLE CHILDREN'S LAB ARE AVAILABLE AT [www.seattlechildrens.org/labman](http://www.seattlechildrens.org/labman)

**Pertussis by PCR:** Two nasopharyngeal swabs in sterile tubes are required; or, one in sterile tube and the other in Regan-Lowe transport medium. Transport swab to Seattle Children's Lab ASAP. Refrigerate or freeze specimen in sterile tube if > 2 hour transport delay is expected. Specimens in transport medium may be stored at room temperature.

**Pyruvate:** 2 mL whole blood in a grey top (Na Fluoride) tube with minimal tourniquet use. Place sample immediately on ice. Do not spin. Protein free filtrate must be made immediately. For questions concerning this test, please call Non-Core Chemistry at (206) 987-2565.

**To make protein free filtrate:**

- 1) Add 1mL cold 0.6 M perchloric acid (PCA) to 0.5 mL whole blood.
- 2) Mix well, then centrifuge
- 3) Remove supernatant
- 4) Freeze supernatant at -20°C
- 5) Ship on dry ice

**Instructions for making up 0.6 M PCA:**

- 1) 5.13 mL of 70% perchloric acid
  - 2) QS to volume with de-ionized water in a 100 mL volumetric flask
  - 3) Good for one month
- OR**
- 1) 4.49 mL of 8% perchloric acid
  - 2) QS to volume with de-ionized water in a 10 mL volumetric flask
  - 3) Good for one month

### \*REFLEXIVE TESTING POLICY AND DESCRIPTIONS:

\*Reflexive testing is performed when initial test results are positive or outside normal parameters; or when specimen type/patient demographics warrant medically appropriate additional testing. Ordering providers reserve the right to order tests without the reflex option by indicating restrictions on the requisition.

-**GAL-1 PUT Screen:** No longer available - Quantitative Gal-1 PUT is performed on all requests for Gal-1 PUT screen.

-**Sickle Cell Screen:** Hemoglobin electrophoresis performed on all positive screens, and all patients <6 months (including negative screens)

### SEND SPECIMENS TO:



Laboratory A-6901  
4800 Sand Point Way NE  
Seattle, WA 98105