Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

COMMUNITY SERVICE REQUEST

Department of Laboratories
4800 Sand Point Way NE, OC.8.720
Seattle, WA 98105 (206) 987-2102
www.seattlechildrens.org/labman

Seattle Children's MRN	Seattle Children's Account Number:	Processed By:	Date:

FAILURE TO COMPLETE MAY DELAY RESULTS

Patient's Last Name	First	Middle	Birthdate **(required)**	Sex

Outside Patient Number	Outside Specimen Number	Send Report To:
Ordering Provider		Address:
Physician Phone Number	**DIAGNOSIS / ICD-9 (REQUIRED):**	Phone/Fax:

IMPORTANT INFORMATION REGARDING BILLING AND MEDICAL NECESSITY:

PHYSICIAN NOTIFICATION: ICD-9 diagnosis codes must be provided for each test ordered. Only tests that you believe are appropriate for patient care should be ordered. Medicare/Medicaid will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

*****PLEASE PROVIDE COMPLETE BILLING INFORMATION ON THE BACK OF THIS FORM*****

SPECIMEN INFORMATION: Date collected: ____ / ____ / ____ ☐ Whole Blood ☐ Plasma ☐ Other: _____

Time collected: _____ am / pm ☐ Serum ☐ Urine _____

HEMATOLOGY

- ☐ **CBC, no differential***
- ☐ **CBC, with differential****
- ☐ **Erythrocyte Sedimentation Rate**
- ☐ **Hematocrit**
- ☐ **Platelet Count**
- ☐ **Reticulocyte Count**
- ☐ **Sickle Cell Screen**

*CBC, no Differential - RBC, HGB, HCT, MCV, MCH, MCHC, RDW, WBC, Platelet Count, MPV

**CBC, with Differential - Polys, Bands, Lymphocytes, Monocytes, Eosinophils, Basophils in addition to CBC

COAGULATION

- ☐ **D-Dimer**
- ☐ **Fibrinogen**
- ☐ **Partial Thromboplastin Time**
- ☐ **Prothrombin Time**
- ☐ **Thrombin Time**

THERAPEUTIC DRUGS

- ☐ **Carbamazepine (Tegretol)**
- ☐ **Phenobarbital**
- ☐ **Phenytoin (Dilantin)**
- ☐ **Tacrolimus (FK506)**
- ☐ **Valproic Acid (Depakene)**

Date & time of last dose: _____

ENDOCRINOLOGY

- ☐ **17-Hydroxyprogesterone**
- ☐ **Cortisol**
- ☐ **Follicle Stimulating Hormone (FSH)**
- ☐ **Free T4**
- ☐ **Glycosylated Hemoglobin (A1C)**
- ☐ **IGF BP-3**
- ☐ **Insulin**
- ☐ **Insulin-like Growth Factor 1**
- ☐ **Luteinizing Hormone**
- ☐ **Testosterone, Total**
- ☐ **Thyroid Stimulating Hormone**
- ☐ **Thyroxine (T4)**
- ☐ **Triiodothyronine (T3), Free**
- ☐ **Triiodothyronine (T3), Total**

CHEMISTRY

- ☐ **Albumin**
- ☐ **Alkaline Phosphatase**
- ☐ **ALT (SGPT)**
- ☐ **Amylase**
- ☐ **AST (SGOT)**
- ☐ **Bilirubin**
- ☐ **BUN**
- ☐ **Calcium**
- ☐ **Chloride**
- ☐ **Cholesterol**
- ☐ **CK (CPK)**
- ☐ **CO2**
- ☐ **C-Reactive Protein**
- ☐ **Creatinine**
- ☐ **Electrolytes (CO2, Chloride, Sodium, Potassium)**
- ☐ **Ferritin**
- ☐ **G-glutamyl Transferase (GGT)**
- ☐ **Glucose**
- ☐ **Immunoglobulins, Quant (IgA, IgG, IgM)**
  - ☐ IgA ☐ IgG ☐ IgM
- ☐ **Iron Profile (Fe Level, TIBC, % Saturation)**
- ☐ **Lactate dehydrogenase (LDH)**
- ☐ **Lipase**
- ☐ **Lipid Profile (Chol,Trig,LDL,HDL)**
- ☐ **Magnesium**
- ☐ **Monospot (Mono Screen)**
- ☐ **Phosphorus**
- ☐ **Potassium**
- ☐ **Protein, Total**
- ☐ **Sodium**
- ☐ **Triglycerides**
- ☐ **Uric Acid**

VIROLOGY

- ☐ **Hepatitis A Antibody**
- ☐ **Hepatitis B Core Antibody**
- ☐ **Hepatitis B Surface Antibody**
- ☐ **Hepatitis B Surface Antigen**
- ☐ **Hepatitis C Antibody**
- ☐ **HIV Antigen & Antibody**
- ☐ **Varicella Zoster (VZ) Immune Status**

STOOL TESTS

- ☐ **Culture**
- ☐ **C. difficile toxin**
- ☐ **Fat, Stool, Qualitative**
- ☐ **Occult Blood, Stool**
- ☐ **Ova & Parasites**
- ☐ **Rotavirus**

URINE TESTS

- ☐ **Culture & Sensitivity**
- ☐ **Pregnancy Test, Urine** HCG U
- ☐ **Urinalysis** UA
  - ☐ Culture ☐ Culture if indicated

Collection Method: _____

GENITAL

- ☐ **Bacterial culture (includes Gram stain)**
- ☐ **Pap Smear**
- ☐ **r/o gonorrhea**
- ☐ **r/o yeast culture**

Source _____

MICROBIOLOGY - OTHER

Blood Cultures:

- ☐ **Blood Culture (Bacterial), Aerobic** (BacT/AlertPF, yellow)
- ☐ **Blood Culture (Bacterial), Anaerobic** (BacT/AlertSN, purple)
  - ☐ **Check if Lab needs to extend incubation time for yeast or slow growing organisms**

Specify site _____

Miscellaneous:

- ☐ **Routine Bacterial Culture & Sensitivity**
- ☐ **Fungal Culture**

Source _____

OTHER

_____

_____

_____

*** REFLEXIVE TESTING INFORMATION IS ON THE BACK OF THIS REQUISITION**

BILLING INFORMATION

ALL INFORMATION MUST BE COMPLETE

Please contact Laboratory Client Services at (206) 987-2617 with any billing questions or concerns.

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 copies of card) ☐ DSHS (Only Alaska, Idaho, Montana & Washington accepted)

☐ Patient (please provide credit card information below or enclose a check)

Patient Address		Patient Phone
Guarantor Name	DOB	Relationship to Patient
Guarantor Address (if different from patient's)		
Guarantor Phone (if different from patient's)		Employer

Insurance Company/Medical Coverage	
Claims Address	Phone Number
Policy Number	Group Number
Subscriber	Subscriber DOB

Primary Care Physician	Phone Number

Name on Credit Card	Amount of Payment	CVN
Card Number	Card Type	Expiration

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.

PTT: TT is performed if PTT >50 seconds; PTT >60 seconds for patient < 3 months of age.

Sickle Screen: Hemoglobin electrophoresis is sent to UW Laboratory on all positive screens, and all patients <6 months (including negative screens).

UA: Ictotest is performed if bilirubin is positive on chemstrip or if color and specific gravity seem discrepant.

§ **Hepatitis A Total:** If Hepatitis A Total is reactive, Hepatitis A IgM is performed to rule out current infection versus previous exposure.

§ **Hepatitis B Surface Ag:** If reactive, test is repeated in duplicate as confirmation test.

§ **Hepatitis C Ab:** If reactive, test is repeated in duplicate as confirmation test.

Bacterial/Fungal Culture: Gram Stains performed to provide rapid diagnostic information to initiate therapy.

§ **Additional charges may be associated with confirmation testing.**

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