

PATIENT M.R.N.

PATIENT NAME (Last, First)

PATIENT D.O.B.

M☐F☐

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.

REQUIRED

DATE & TIME COLLECTED

☐ AM☐ PM

SENDER SPECIMEN NUMBER/BLOCK NUMBER

REQUIRED

COMMENTS

Is the patient immunocompromised?

YES☐NO☐NOT KNOWN☐

ICD/DIAGNOSIS

REQUIRED

CLIENT CODE (Don't have one? Call 1-800-713-5198)

REQUIRED

SEND REPORT TO (Hospital, Clinic, Physician) ADDRESS

REQUIRED

PHONE NUMBER FOR CRITICAL RESULT

FAX NUMBER

Medicare (answer required to question below)

Is this either 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

CITY, STATE, ZIP CODE

PHONE NUMBER

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

CLINICAL LAB REQUEST

UW MEDICINE

REFERENCE LABORATORY SERVICES

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.

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)

☐ AFB (If sputum sample, only TBCDNA and MAVDNA will be performed.)

NTMDNA, TBCDNA

☐ Bacteria [and reflex to NGS16S when multiple templates are present, and reflex to species identification within Bacteria of the Order Enterobacterales]

BCTDNA, [NGS16S], [ENBDNA]

☐ Standard Bacterial PCR only (not recommended) [and reflex to species identification within Bacteria of the Order Enterobacterales]

BCTDNA, [ENBDNA]

☐ Fungi [and reflex to NGSITS when multiple templates are present]

FUNDNA, [NGSITS]

☐ Standard Fungal PCR only (not recommended)

FUNDNA

PATHOGEN-SPECIFIC PCR

BACTERIA

☐ Bartonella PCR

BRTDNA

☐ Legionella PCR

LEGDNA

☐ Mycoplasma PCR

MPLDNA

☐ Tropheryma whipplei PCR

TWHDNA

(detects M. pneumoniae, M. genitalium, M. hominis, U. urealyticum, U. parvum)

☐ Treponema pallidum DNA detection by NAAT

TPLDNA

AFB

☐ Mycobacterium tuberculosis complex PCR

TBCDNA

☐ Nontuberculous Mycobacteria PCR (AFB other than MTB Complex)

NTMDNA

☐ Mycobacterium avium complex PCR (MAVDNA is part of NTMDNA testing)

MAVDNA

*Not acceptable: Sputum (see MAVDNA)

FUNGI

☐ Aspergillus PCR* (detects A. fumigatus)

ASPDNA

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

CRYDNA

☐ Coccidioides PCR*

COCDNA

☐ Histoplasma PCR*

HISDNA

☐ Mucorales PCR*

MUCDNA

☐ Pneumocystis PCR*

PNEDNA

*If negative, reflex to broad-range Fungi PCR (when appropriate)?

☐ YES☐ NO

[FUNDNA]

PARASITES

☐ Acanthamoeba and Balamuthia PCR

AMBPCR

☐ Leishmania PCR

LSHDNA

☐ Toxoplasma PCR

TOXDNA

TESTING ON CULTURED ORGANISMS

ORGANISMS IDENTIFIED BY DNA SEQUENCE-BASED METHODS

☐ AFB Sequencing

Stain result

ASEQID

☐ Bacterial Sequencing

Stain result

BSEQID

☐ Fungal Sequencing

*Select one: ☐ Mold☐ Yeast

MSEQID/YSEQID

☐ Bacterial ID by Whole Genome Sequencing

BWGSID

DETECTION OF SPECIFIC GENES

☐ mecA gene

MECPCR

☐ MTB Resistance by Whole Genone Sequencing

MTBWGR

STRAIN TYPING

☐ Bacterial Strain Typing by Whole Genome Sequencing

Organism ID

NGSTYP

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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.