Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

GENERAL LAB REQUISITION

Department of Laboratories
4800 Sand Point Way NE, OC.8.720
Seattle, WA 98105 (206) 987-2102
http://seattlechildrenslab.testcatalog.org

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 CODE:**	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**
- ☐ **Culture & Shiga Toxin Assay**
- ☐ **Shiga Toxin Assay Only**

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

_____

_____

BILLING INFORMATION

PHYSICIAN NOTIFICATION: 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.

BILLING NOTIFICATION: All samples will be billed to the referring institution unless complete billing and diagnosis information is provided on this form. Contact Seattle Children's Laboratory Client Services for additional assistance (206) 987-2617.

BILL TO:

☐ **Referring Institution (Preferred)** - Provide billing address or stamp institution's information.
(Institutional billing will be done for all patients with Medicare except for established Seattle Children's patients.)

Billing Address:	Billing Contact Name:
Billing Contact Phone/Fax:	Billing Contact Email:

☐ **Primary Insurance** (Attach copy of card.) ☐ **Medicaid** (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

Patient Address		
Guarantor Name	DOB	Relationship to Patient
Guarantor Address (if different from patient's)		
Guarantor Phone (if different from patient's)		Employer
Primary Care Physician		Phone Number
Insurance Company/Medical Coverage		
Claims Address		Phone Number
Policy Number		Group Number
Subscriber	Sex	Subscriber's DOB

☐ **Secondary Insurance** (Attach copy of card.) ☐ **Medicaid** (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

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

☐ **Self Pay**- First, call Lab Client Services for pricing. Then, provide credit card information below or enclose a check with the sample.

Patient Address		
Guarantor Name	DOB	Relationship to Patient
Guarantor Address (if different from patient's)		
Guarantor Phone (if different from patient's)		
Name on Credit Card	Payment Amount	CVN
Card Number	Card Type	Expiration

Please visit our test catalog at http://seattlechildrenslab.testcatalog.org for testing information or call (206) 987-2102.

Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

Ship to: LABORATORY
4800 Sand Point Way NE, M/S: OC.8.720
SEATTLE, WA 98105