

PLEASE CHECK BOX (DO NOT USE HIGHLIGHTER)



Clinical Laboratories
600 Highland Ave., Madison WI 53792-2472
(608) 263-7060

Patient Name: _____

(Please print)

DOB: _____ Sex: M F Client Supplied Patient ID: _____

Bill to WI Medical Assistance Bill to Medicare
Provide requested information if Wisconsin MA or Medicare.

Home Address: _____

City/ State/ Zip: _____

WI MA # or Medicare # _____

Provider Signature: _____

Signature Date/ Time: _____

Diagnosis or ICD-10 Code: _____

Bill to Client Client Code (optional): _____

Client Name: _____

Address: _____

City/ State/ Zip: _____

Collect Date: _____ Collect Time: _____

Billing/ Authorizing Provider (Attending MD, NP, PA) - **REQUIRED**

Fax #: _____

Contact #: _____

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order those tests that are medically necessary for the diagnosis or treatment of a patient rather than for screening purposes.

Special Coagulation Tests

- Heparin Induced Platelet Ab (PF4 AB) – **HEPAB** ADAMTS13 Activity, - **ADAMTS13** (NOTE: No reflex testing is done)

Flow Cytometry – Results for a CBC and Differential must accompany blood specimens.

Source: **Apheresis** Products

- T, B and NK -Cell Analysis – **FTCA** CD4 & CD8 – **FCD48**
 Immunodeficiency profile – **FPPLUS** CD19 & CD20 – **HCF1920**
 CD34 – **HCFAB34** CD4 & CD8, BAL – **HCCD48BAL**
 CBC w/ Differential – **CBBC** Other: _____
 Hematopathology - **PATHI** (MARK Dx below; testing dependent on marked Dx)
 Acute LEUK Chronic LEUK Lymphoma LGL/NK PNH Sezary

- Nucleated Cell Count - **TNCC**
 CD34 – **FAPCD34**
 Hematocrit – **APHCT**
 Platelet - **APPLT**
 Differential - **APDIFF**

BAL TESTING

- CMV Qualitative by PCR - **CMVBAL**
 Pneumocystis jirovecii by PCR – **PNJPCR**

- ANCA – **ANCA**
 Bacterial ID by 16s (for specimen) - **BID16S** Source: _____
 Required Clinical indication: _____
 Required Bacterial culture results: _____

DRUG SCREENING (see key below)

- Drug Screen, Serum¹ - **TSPNL**
 Drug Screen, Urine, STAT² - **UPNL**
 Drug Screen, Urine, GC/MS³ - **MSUPNL**

- Bacterial ID by MALDI-TOF (isolate only) – **SORG** Source: _____
 Beta-hydroxybutyrate - **BOH**
 BKV by PCR - **BKVPCR**
 CMV by PCR - **CMVDNA**
 Cryptococcal Ag with Titration if positive - **CRAG**
 EBV by PCR - **EBVPCR**
 Herpes simplex by PCR - **HSVPCR**
 Procalcitonin – **PRCTON**
 Respiratory Virus Panel with Bordetella, PCR – **RVPBPCR**
 Rubeola Ab, IgG (Measles) – **MEAIGG**
 Hepatitis B Surface Ab - **HBSABI**

TOXICOLOGY TESTING⁴

- Clomipramine - **CLOMI**
 Cyclosporine - **CSTD**
 Methotrexate - **MTX**
 Sirolimus - **SIRO**
 Tacrolimus - **TAC**
 Vitamin D (Ergocalciferol), 25-Hydroxy - **LCD25**

Other: _____

1 - Simultaneously screens and confirms the presence of parent drug substances and some metabolites in serum by GC/MS. Not available stat.
 2 - STAT Screening test for the following drugs or classes: Amphetamine/Methamphetamine, Barbiturates, Benzodiazepines, Cocaine Metabolites, Opiates, Phencyclidine (PCP)
 3 - Simultaneously screens and confirms the presence of over 90 drug substances and metabolites by GC/MS. Not available stat.
 4 - For Ethylene Glycol and Volatiles testing complete form: **UWH ETHYLENE GLYCOL/VOLATILES REQUEST FORM**