

PT.NO.

NAME (Last, First)

D.O.B.

M
F

CLINICAL LAB REQUEST
UW MEDICINE
REFERENCE LABORATORY SERVICES

University of Washington Medical Center
1959 NE Pacific St, NW 220
Seattle, WA, 98195

(206) 685-6066 Billing/Specimen Pick-up
(206) 987-2000 Virology Physician on 24-hour Call.

UW LAB ACC. #
LOGGED IN BY: PROCESSED BY:

Virology

- 1. Chlamydia, viral and routine microbiology transport media MAY NOT be used interchangeably.
2. Dacroswab (type 1) recommended for viral cultures.
3. Culturette recommended for PCR detection from mucosal surfaces.
4. Pur-Wrap swab recommended for chlamydia cultures.
5. Reflex tests \$ instructions can be found on back. Additional charges will be incurred for reflex testing.

ORDERING PHYSICIAN / PHONE # UPIN #
SENDER SPECIMEN #
DATE & TIME COLLECTED
Specimen Type
ICD9/DIAGNOSIS
SEND REPORT TO
ADDRESS
CITY STATE ZIP
TELEPHONE
PATIENT ADDRESS
CITY STATE ZIP
TELEPHONE PATIENT SOC. SEC. #
SUBSCRIBER NAME
SUBSCRIBER ID. #
GROUP#
Blue Cross of WA Regence DSHS
Medicare (answer required question below)
Is this either a hospital outpatient or inpatient?
Other Insurance Name/Address
VIRAL CULTURE & ANTIGEN DETECTION (206 987-2088)
VIRAL ANTIGEN DETECTION (FA)
HIV (206 897- 5210)
CHLAMYDIA (206 897-5300)
MOLECULAR VIROLOGY (206 685-6656)
SEROLOGIES (206 987-2088)
HEPATITIS
OTHER REQUESTS / COMMENTS
*HHV6 Chromosome Integration (HHV6CI)

MEDICAL NECESSITY INFORMATION

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.

HCFA 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.

Reflexive Test Descriptions

CMV with Drug Resistance Testing (UL97 Gene)

Sample will be tested for CMV. If the CMV, Quant. is positive by PCR, a UL97 resistance is performed. This test can also be ordered without reflexive testing (CM-VQN).

HIV Screen with Reflexive Confirmation testing

If HIV-1 antigen plus HIV 1 & HIV 2 antibody combination assay is reactive, confirmatory tests are performed. Reactive samples are tested in a supplemental discriminatory HIV1 and HIV2 antibody assay to indicate best confirmatory assay approach. Potential confirmatory assays include HIV-1 Western blot, HIV-1 RNA, forwarding of sample to reference laboratory for HIV-2 antibody testing.

Hepatitis C Antibody Screen

If Hepatitis C antibody is positive by EIA, Hepatitis C RNA by PCR is performed.

Hepatitis B Surface Antigen

If Hepatitis B surface antigen is positive by EIA, Hepatitis B DNA Quantitation is performed. This test can also be ordered without reflexive testing (HBSAG).

HSV with HSV Typing

If the HSV Quant. or Qual. is positive by PCR, typing is performed. These tests can also be ordered without reflexive testing (HSVQN or HSVQLT).

HTLV1 & HTLV2 Antibodies

If antibody testing is positive by EIA, confirmation serology is sent out to reference laboratory.

RESPIRATORY VIRUS by PCR

If Influenza A is Positive, typing is performed. This test can also be ordered without reflexive testing (FLUPCR)

For outpatient use only: This partial ICD9 code list is being provided only as informational assistance in documenting medical necessity. It is not an all-inclusive list of codes for conditions related to tests on this requisition. If the correct diagnosis, sign or symptom code is not found here or on a service-specific ICD9 code list at your location, please write the diagnosis, signs or symptoms in the Medical Necessity box located on the bottom front of this sheet. Do not circle codes here, please transcribe them to the front.

MEDICAL NECESSITY DOCUMENTATION - PARTIAL ICD9 LIST					
CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
783.9	Abnormal X-ray findings, NOS	054.9	Herpes Simplex	782.1	Rash
786.4	Abnormal lab findings, NOS	063.9	Herpes Zoster	513.8	Respiratory Tract Infection
713.40	Arthralgia, NOS	042	HIV symptomatic / AIDS	363.20	Retinitis
716.90	Arthritis, site NOS	V08	HIV, asymptomatic	783.2	Splenomegaly
616.0	Cervicitis, acute	487.1	Influenza	V4281	Transplant, bone marrow, s/p
078.88	Chlamydia	464.0	Laryngitis, acute	V421	Transplant, heart, s/p
780.71	Chronic Fatigue Syndrome	785.6	Lymphadenopathy	V420	Transplant, kidney, s/p
707.9	Chronic Skin Ulcer, NOS	780.79	Melaise	V427	Transplant, liver, s/p
372.90	Conjunctivitis	322.9	Meningitis	V426	Transplant, lung, s/p
078.5	Cytomegalovirus Infection	075	Mononucleosis	V4283	Transplant, pancreas, s/p
787.91	Diarrhea	723.1	Myalgia	V4284	Transplant, peripheral stem cells, s/p
049.9	Encephalitis - Viral	429.0	Myocarditis	465.9	Upper Respiratory Infection
348.3	Encephalopathy, NOS	604.90	Orchitis, Epididymitis, NOS	597.80	Urethritis
008.8	Enteritis, viral	079.89	Parvovirus Infection	064.3	Urethritis
590.10	Esophagitis	420.91	Pericarditis, acute	616.1	Vaginitis, NOS
780.6	Fever	462	Pharyngitis, acute	099.9	Veneral Disease, NOS
009.1	Gastroenteritis, infectious	480.9	Pneumonia, viral, NOS	780.4	Vertigo / Dizziness
571.9	Hepatic Disease, chronic, NOS	138	Polymyositis / Residuals	079.99	Viral Syndrome
				078.10	Warts, NOS