PT. NO.			CLINICAL LAB REQUEST University		of Washington Medical Cente 1959 NE Pacific St, NW 22	0	
			REFERENCE LABORATORY SERVICES		Seattle, WA, 9819		DCESSED BY:
IAME (Last, First)			Virology		685-6066 Billing/Specimen Pick-u Virology Physician on 24-hour Ca		
D.O.B.		M 🗆 F 🗔	 Chlamydia, viral and routine microbiology transpor Dacroswab (type 1) recommended for viral culture Culturette recommended for PCR detection from n Pur-Wrap swab recommended for chlamydia cultu 	s. nucosal surfaces. res.			
RDERING PHYSIC	NAN / PHONE #	UPIN #	5. Reflex tests § instructions can be found on back.		VIRAL ANTIGEN DETECT		
	JIAN / FIIONE #	OF IN #	VIRAL CULTURE & ANTIGEN DETECTION (206 987-2088 VIRAL CULTURES:) 2CVIR	2CVIR		
			SCREEN (Resp., Enteric, Herpes Group)	2011	RESPIRATORY (Adence		
ENDER SPECIME	N #		HERPES GROUP (HSV1, HSV2, CMV, VZV)		(Includes culture excep HERPES GROUP (HS	ot during annual Influenza (Jan./F SV VZV)	Feb.) season)
			BUFFY COAT (includes CMV antigenemia)		(Will always include cu	lture)	
ATE & TIME COLL	ECTED		BAL-IMMUNOCOMPROMISED PT. (includes CMV/	(RSV	VIRAL RAPID ASSAYS ("s Adenovirus		2CVIR
			Rapid assays and resp./ herpes group FA's)			propriate culture for virus reques	-
			TISSUE- IMMUNOCOMPROMISED PT.		RSV without CULTUF	RE (recommended Oct May on	ly) 2CVIR
	Serum	Whole Blood	(Includes CMV Rapid Assay)		CLOSTRIDIUM DIFF		CLDT
Specimen Type	Plasma	Urine	SKIN/EYE CULTURE (includes HSV / VZV FA)		ENTERIC ADENOVIE	RUS by EIA	SADEIA
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CSF Other:		SARS- CoV CULTURE (must contact the lab before	e sending specimens)	ROTAVIRUS EIA		SORTA
					HERPES SUBTYPIN	G - OUTSIDE ISOLATE	2CVIR
Acute Serum Convalescent Serum			HIV (206 897- 5210)		CHLAMYDIA (206 897-53	00)	
	Convalescent (req	uested by Virology)	HIV Screen [§] (HIV1 Ag, HIV1/2 Ag & Ab) (with confirmation of HIV-1 RNA QUANTITATION	reactives) HVAGAB HRTABB	CHLAMYDIA TRACH	OMATIS CULTURE	CHLC
CD9/DIAGNOSIS			HIV-1 ENFUVIRTIDE RESISTANCE (Call 206 987- 2088)	HIVERA	C. TRACHOMATIS An	nplified Nucleic Acid ID	CHLAD
REQUIRED			Provide HIV Copy # Date Done (sho HIV-1 GENOTYPIC RESISTANCE (Call 206 987- 2088)	ould be < 2 months) HIVGRA	(phone #:206.731 CHLAMYDIA PNEUM	.5858) . CULTURE (206 987-2088)	2CVIR
END REPORT TO	(Hospital, Clinic, Physic	cian)		ould be < 2 months)			
		,	HIV-1 INTEGRASE RESISTANCE (Call 206 987- 2088) Provide HIV Copy # Date Done (sho	HVINTA ould be < 2 months)			
DDRESS			HIV-1 P24 ANTIGEN QUANTITATION	HIVP24			
			HIV-1 PROVIRAL DNA (Qualitative) HIV-2 RNA Quantitation	HIVPCR HIV2VL			
				(serum, plasma, fluid	ls)	Tissues, Bone Marrow, Swal	hs Other
			1 · · · ·	IRUS by PCR, QUAN		<u>Biopsies</u>	<u>, o inor</u>
ITY	STATE	ZIP		S DNA by PCR (CSF, s		BKV CMV	BKVQL CMVQLT
				JS DNA by PCR (Urine) UBKQN	EBV	EBVQLT
ELEPHONE				PARECHOVIRUS by	PCR EPVPCR	HSV	HSVQLT
				ZA SUBTYPING PA	NEL BY PCR FLUPCR	HSV Reflexive Test HHV6	ting [§] HSQRFX HH6QLT
ATIENT ADDRESS			CMV Reflexive Testing S CMVRFX INFLUEN	NZA A 275Y MUTATIO	ON BY PCR FLUMUT	TISSUE VIRAL DETECT	
	·		CMV Begist Seg LIL 97 CMV/197 JC (PML	Virus) DNA by PCR	JCVQN	virus to test	
				RUS by PCR	SNOROV	Hepatitis Viruses (serum, pla	asma)
ITY	STATE	ZIP		B19 DNA by PCR	B19PCQ	HEP B DNA QUANT.	HBVPCQ
				ATORY VIRUS by PC		HEP C RNA QUANT.	HCVQNT
ELEPHONE	PATIENT	SOC. SEC. #		IRUS Follow-Up, PCF	· · · · · · · · · · · · · · · · · · ·	HEP C RNA GENOTY	PE HCPCGT
UBSCRIBER NAM			Vilus to t		MPVPIVRSV nust be known positive)		
			· · · ·	oV by PCR	SARPCR		
SUBSCRIBER ID. #				ILE VIRUS by PCR	WNVQN		
			SEROLOGIES (206 987-2088)	,	HERPES GROUP		
BROUP#			HEPATITIS		HSV 1 & 2 ANTIBODY	by Western blot	HSWB
Blue Cross of WA Regence DSHS (attach current coupon			A/B/C PANEL (HBsAG [§] , anti-HBs, anti-HBc, anti-HA, anti-HC [§]	§) HABC	HSV SEROCONVERS	ION PANEL (paired sera)	HSWBP
Medicare (answer required question below)			A & B BATTERY (HBsAG [§] , anti-HBS, anti-HBC, anti-HA)	HABB	CMV IMMUNE STATUS	3	CMVS
medicare (an	swer required ques	stion below)	A ANTIBODY (IgG, IgM)	HAS	CMV IgM & IgG		CMVSGM
Is this either a hospital outpatient or inpatient?			A VACCINE SCREEN (IgG Only)	HAVAC	EBV ANTIBODY PANE		EBVEIA
Yes No			B SURFACE ANTIGEN § HBSAG or HBSAGX	SSS HBB	VARICELLA ZOSTER		VZIS
(see reverse for a	additional information)		B SUBFACE ANTIBODY HBSA	ASS HBB	VARICELLA ZOSTER	TITER (paired sera)	VZTP

MEDICAL NECESSITY INFORMATION

____ VARICELLA ZOSTER TITER (paired sera)

____ COXSACKIE B1-B6 TITER (paired sera)

HTLV 1 & 2 ANTIBODY SCREEN §

MEASLES IMMUNE STATUS

MUMPS IMMUNE STATUS

RUBELLA IMMUNE STATUS

____ HUMAN HERPES 8 §

MISCELLANEOUS

HBCM

HBE

HCAB

HCABCO

HHV8

CBSP

HTL12

RBIS

MPIS

RUIS

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.

*HHV6 Chromosome Integration (HHV6CI)

B SURFACE ANTIBODY HBSA

B CORE ANTIBODY (IgM)

B "e" ANTIGEN/ ANTIBODY

C ANTIBODY SCREEN §

OTHER REQUESTS / COMMENTS

B CORE ANTIBODY (TOTAL) HBCA

C ANTIBODY CONFIRMATION by PCR

Other Insurance Name/Address

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

∞de	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
793.9	Abrormel X-rey findings, NOS	054.9	Herpes Singlex	782.1	Pash
796.4	Abrormal lab findings, NOS	063.9	Herpes Zoster	519.8	Respiratory Tract Infection
719.40	Anthrelgie, NOS	042	HV symptometic / JUDS	363.20	Retinitis
716.90	Arthritis, siteNOS	Vos	HV, esymptometic	789.2	Splenomegaly
616.0	Cervicitis, ecute	487.1	Influenze	V4281	Transplant, bonemarrow, s/p
078.88	Chlamydia	464.0	Laryngtis, acuta	V421	Transplant, heart, sip
780.71	Chronic Fetigue Syndrome	785.6	Lymphedencpathy	V420	Trensplent, kidney, s/p
707.9	Chronic Skin Ulcer, NOS	780.79	Malaise	V427	Trensplent, liver, sip
372.30	Conjunctivitis	322.9	Meningilis	V426	Transplant, lung, s/p
078.5	Cylomegalovirus Infection	075	Monoruckosis	V4283	Transplant, panoreas, sip
787.91	Diarthea	729.1	Nyalgia		Transplant, periphipheral stem cells, s/p
049.9	Encephalitis - Viral	429.0	Nyocerditis	465.9	Upper Respiratory Infection
348.3.	Encephelopethy,NOS	604.90	Orchitis,Epiclidymitis, NOS	597.80	Urethritis
008.8	Enteritis, vinel	079.89	Pervovirus Infection	364.3	Uvetis
530, 10	Esophagitis	420.91	Pericerditis, ecute	616.1	Veginitis, NOS
	Fovor	462	Pheryngitis, ecute	099.9	Vereral Disease, NOS
	Gastroenterifs, infectious		Pneumonia, viral, NOS		Vertigo / Dinziness
S71.9	Hepatic Disease, chronic, NOS	138	Polionyelitis / Residuels		Virel Syndrome
				078.10	Werts, NOS