



**CLINICAL PATHOLOGY SPECIAL LABORATORIES - TEST REQUEST FORM**

CHECK APPROPRIATE BOX FOR BILLING

INSURANCE BILLING: COMPLETE SECTION 1-6 BELOW

GRANT ACCOUNT \_\_\_\_\_

PATIENT BILLING (SELF PAY): COMPLETE SECTION 1-2 BELOW

WHOLESALE/ACCOUNT \_\_\_\_\_

3000001

PATIENT NAME (LAST, FIRST, MI) - PLEASE PRINT		LAST	FIRST	MIDDLE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
PATIENT HISTORY #	DOB	PHYSICIAN NAME (LAST, FIRST)		PHONE/PIC #	
PHYSICIAN SIGNATURE			DATE & TIME OF COLLECTION		
PATIENT LOCATION					

1. PATIENT ADDRESS (STREET OR PO BOX)		CITY/STATE	ZIP CODE
2. PATIENT PHONE #	PATIENT SOCIAL SECURITY #		PATIENT MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D
GUARANTOR NAME (LEAVE BLANK IF PATIENT IS GUARANTOR)		GUARANTOR PHONE #	RACE <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> OTHER
GUARANTOR ADDRESS (STREET OR PO BOX)		CITY/STATE	ZIP CODE
3. MEDICARE: PRIMARY/SECONDARY	MEDICARE # & LETTER	4. MEDICAID #	STATE
5. OTHER INSURER <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		COMPANY NAME	ADDRESS
EFFECTIVE DATE	SUBSCRIBER NAME	POLICY #	PHONE #
		GROUP #	

**PATIENT HISTORY/DIAGNOSIS**

**SPECIMEN TYPE:**  URINE  PERIPHERAL BLOOD  BONE MARROW CORE  BONE MARROW ASPIRATE  AMNIOCENTESIS  TISSUE BIOPSY (specify site and type)  BODY FLUID (specify type)  OTHER, specify type

Consultation requests may involve testing that screens for certain abnormalities (of) the diagnosis, followed by reflex testing for further confirmation. Testing includes professional interpretation. Prior notification and approval by a pathologist is strongly recommended. NOTE: send specimens for the molecular oncology testing stat directly to the molecular path lab, except for tissue biopsies which should be sent stat to surgical pathology.

BIOCHEMICAL GENETICS			MOLECULAR DIAGNOSTICS (DNA)			SPECIAL COAGULATION		
ICD9 CODE	TEST NAME	TEST CODE	ICD9 CODE	TEST NAME	TEST CODE	ICD9 CODE	TEST NAME	TEST CODE
<input type="checkbox"/>	acylcarnitine profile (green top)	JACYL	<b>GENETIC DISEASE TESTING</b>			<input type="checkbox"/>	HEPARIN / HEPARINOID / LMWH ASSAY (SPCOAG)	
<input type="checkbox"/>	AMINO ACID PROFILE (green top)	AAPRO	<input type="checkbox"/>	HEMOCHROMATOSIS (HFE)	HEMPCR	Specify drug _____		
<input type="checkbox"/>	AMINO ACID PROFILE, urine, random	UAAPRO	<input type="checkbox"/>	FACTOR II / FACTOR V LEIDEN	TPPNI	<input type="checkbox"/>	MIXING STUDIES	
<input type="checkbox"/>	AMINO ACID PROFILE, CSF	CAAPRO	<input type="checkbox"/>	FRAGILE X	FXDNA	<input type="checkbox"/>	INHIBITOR SCREEN (Specify Factor)	
<input type="checkbox"/>	AMINO ACID PROFILE, 24 hr urine	UTAAPR	<input type="checkbox"/>	CYSTIC FIBROSIS	CFPNL	<input type="checkbox"/>	INHIBITOR TITER (Specify Factor)	
<input type="checkbox"/>	FERRIC CHLORIDE, urine, random	FERCHL	<input type="checkbox"/>	OTHER, specify _____		<b>VON WILLEBRAND PANEL (order separately)</b>		
<input type="checkbox"/>	galactose-1-phosphate (green top)	JMISC	<b>INFECTIOUS DISEASE TESTING</b>			<input type="checkbox"/>	FACTOR VIII ACTIVITY	
<input type="checkbox"/>	Galactose-1-phosphate uridylyltransferase (green top)	JMISC	<input type="checkbox"/>	HEPATITIS C VIRAL LOAD	HEPCVL	<input type="checkbox"/>	VON WILLEBRAND FACTOR ANTIGEN	
<input type="checkbox"/>	Qualitative Screen CYSTINE + HOMOCYSTINE urine, random	CYSTHO	<input type="checkbox"/>	HIGH HEP C VIRAL LOAD	HEPCVC	<input type="checkbox"/>	RISTOCETIN COFACTOR	
<input type="checkbox"/>	KETO ACIDS, urine, random	KETOAC	<input type="checkbox"/>	HEPATITIS C GENOTYPING	HCVG	<b>FIBRINOLYTIC PANEL (order separately)</b>		
<input type="checkbox"/>	METABOLIC SCREEN, urine, random	UMETSC	<input type="checkbox"/>	LOW HIV VIRAL LOAD	LHIVL	<input type="checkbox"/>	PLASMINOGEN	
<input type="checkbox"/>	MUCOPOLYSACCHARIDES, urine, random	UMUCPL	<input type="checkbox"/>	HIV VIRAL LOAD	HIVVLD	<input type="checkbox"/>	ALPHA 2 ANTIPLASMIN	
<input type="checkbox"/>	ORGANIC ACIDS, urine, random	UORGAC	<input type="checkbox"/>	HIV GENOTYPING	HIVG	<b>HYPERCOAGULABLE PANEL (order separately)</b>		
<input type="checkbox"/>	REDUCING SUBSTANCES, urine, random	REDUCE	<input type="checkbox"/>	B. PERTUSSIS	BORPCR	<input type="checkbox"/>	PROTEIN C	
<input type="checkbox"/>	TYROSINE METABOLITES, urine, random	TYROM	<input type="checkbox"/>	HERPES SIMPLEX VIRUS I/II	HSVPCR	<input type="checkbox"/>	PROTEIN S	
<input type="checkbox"/>	very long chain fatty acids (serum)	JVLCFA	<input type="checkbox"/>	CMV VIRAL LOAD	CMVVL	<input type="checkbox"/>	AT III	
<input type="checkbox"/>	OTHER, specify _____		<input type="checkbox"/>	ENTEROVIRUS	EVPCR	<input type="checkbox"/>	APC RESISTANCE	
<input type="checkbox"/>	OTHER, specify _____		<input type="checkbox"/>	OTHER, specify _____		<b>LUPUS ANTICOAGULANT PANEL (includes Staclot, DRVVT, and PTTLA)</b>		
<b>CYSTINE, QUANTITATIVE (check one)</b>			<b>SPECIAL HEMATOLOGY / IMMUNOLOGY</b>			<input type="checkbox"/> FACTOR ASSAY Specify assay _____		
<input type="checkbox"/>	Blood (green top)	AASPC	<input type="checkbox"/>	BONE MARROW EVALUATION	BMPED	<input type="checkbox"/> PLATELET FUNCTION STUDIES (should be scheduled at least 1 day in advance) (includes ADP, collagen, epinephrine, ristocetin and arachidonic acid)		
<input type="checkbox"/>	Random Urine	UAASPC	<input type="checkbox"/>	T, B, Natural Killer Cell Flow Panel	TBKNK	<b>OTHER:</b>		
<input type="checkbox"/>	24 Hour Urine [Laboratory to record Total Volume _____ ml]	UAASPC	<input type="checkbox"/>	T Helper Suppressor Panel	THS	<input type="checkbox"/>		
			<input type="checkbox"/>	Paroxysmal Nocturnal Hemoglobinuria Screen	PNHSCR	<input type="checkbox"/>		
			<input type="checkbox"/>	CYTOCHEMICAL STAINS	CYTOST	<input type="checkbox"/>		
			<input type="checkbox"/>	LEUKEMIA/LYMPHOMA	CD0	<input type="checkbox"/>		
			<input type="checkbox"/>	CHRONIC GRANULOMATOUS SCREEN	CGDSCR	<input type="checkbox"/>		
			<input type="checkbox"/>	OTHER _____		<input type="checkbox"/>		

Every effort has been made to provide this proof error free. However, since mistakes do occur, we ask that you carefully check its contents for spelling, punctuation & arrangement. Final approval becomes your responsibility when signing off...  
 Thank You  
 Approved WITHOUT changes  
 Approved WITH changes as marked on the proof.  
 Signed \_\_\_\_\_

UVAH31