

PT. NO.

PT NAME (Last, First)

PT 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

UW LAB ACC. #  
**KANUKH**

LOGGED IN BY: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_

(206) 520-4600 Specimen Questions, Pick-up, Results/Billing  
<http://depts.washington.edu/rspvirus>  
<http://depts.washington.edu/labweb>

**Virology**

1. Universal transport media (liquid) recommended. No microbiology gel for viral cultures.
2. Flocked swabs (mini-tipped for NP swab) recommended. No foam swabs for viral cultures.
3. Culturette recommended for PCR detection from mucosal surfaces.
4. Reflex tests \* instructions can be found on back. Additional charges will be incurred for reflex testing.
5. Referral lab will report critical results directly to clinical personnel or to the referring laboratory.

ORDERING PHYSICIAN NPI #

SENDER SPECIMEN #

DATE & TIME COLLECTED  AM  PM

Specimen Type

Serum  Whole Blood  
 Plasma  Urine  
 CSF  Stool  
Other: \_\_\_\_\_

Acute Serum  Convalescent Serum  
 Follow-Up Convalescent (requested by Virology)

ICD/DIAGNOSIS  
**REQUIRED**

SEND REPORT TO (Hospital, Clinic, Physician)  
**REQUIRED**

TELEPHONE **913-588-0384**

FAX **913-588-8158** Fax Results?  Yes  No

PATIENT ADDRESS

CITY STATE ZIP

TELEPHONE

SUBSCRIBER NAME

SUBSCRIBER ID. #

GROUP#

Referring institution will be billed if the insurance company is located outside the state of Washington.

Medicare (answer required to question below)  
Is this a hospital outpatient or inpatient?  
Yes No  
(see reverse for additional information)

OTHER INSURANCE NAME/ADDRESS

**MOLECULAR VIROLOGY**

Herpes Viruses (serum, plasma, fluids)	Other Viruses (serum, plasma, fluids)	Tissues, Bone Marrow, Swabs, Other Biopsies
<input type="checkbox"/> CMV by PCR Quant. Blood Spot CMVBSQ	<input type="checkbox"/> ADENOVIRUS by PCR, Quant. ADVQN	<input type="checkbox"/> ADENOVIRUS by PCR, Qual. ADVQLT
<input type="checkbox"/> CMV by PCR, Quant. Eye Fluid** CMVEYE	<input type="checkbox"/> ADENOVIRUS by PCR, Quant. Urine UADVQN	<input type="checkbox"/> BKV by PCR, Qual. BKVQL
<input type="checkbox"/> CMV Resist. UL56 CMVDRL	<input type="checkbox"/> BK VIRUS DNA by PCR (serum, plasma) BKVQN	<input type="checkbox"/> CMV by PCR, Qual. CMVQLT
<input type="checkbox"/> CMV Resist. UL97 and UL54 CMVDRS	<input type="checkbox"/> BK VIRUS DNA by PCR (Urine) UBVQN	<input type="checkbox"/> EBV by PCR, Qual. EBVQLT
<input type="checkbox"/> CMV Resist. UL97, UL54 and UL56 CMVULR	<input type="checkbox"/> ENTERO/PARECHOVIRUS by PCR EPVQN	<input type="checkbox"/> HBV by PCR, Qual. HBVQLT
<input type="checkbox"/> CMV by PCR, Quant. CMVQN	<input type="checkbox"/> JC (PML Virus) by PCR JCVQN	<input type="checkbox"/> HCV by PCR, Qual. HCVQLT
<input type="checkbox"/> W/ Reflex UL97 and UL54 Seq* CMVRFRR	<input type="checkbox"/> JC (PML Virus) by PCR, Quant., Urine UJCVQN	<input type="checkbox"/> HSV1 & HSV2 by PCR, Qual. HS12QL
<input type="checkbox"/> EBV by PCR, Quant. EBVQ	<input type="checkbox"/> PARVO B19 DNA by PCR B19PCQ	<input type="checkbox"/> HHV6 by PCR, Qual. HH6QLT
<input type="checkbox"/> EBV by PCR, Quant Blood Spot EBVBSQ	<input type="checkbox"/> RESPIRATORY VIRUS PCR PANEL REVSQF	<input type="checkbox"/> HHV8 by PCR, Qual. HH8QLT
<input type="checkbox"/> HHV6 Chromosome Integration HH6ABC	<input type="checkbox"/> Adeno/Metapneumo/Rhino Virus PCR Panel FUSAMR	<input type="checkbox"/> JCV by PCR, Qual. JCVQLT
<input type="checkbox"/> HHV6 by PCR, Quant. HH6QN	<input type="checkbox"/> Coronavirus (Non SARS CoV2) PCR Panel FUSCOV	<input type="checkbox"/> Monkeypox by PCR, Qual. (Swab) MPXQLT
<input type="checkbox"/> HHV6 by PCR, Quant. with Reflex to HHV6 Chromosome Integration HH6RFX	<input type="checkbox"/> Influenza A, B & RSV by PCR FLURSV	<input type="checkbox"/> Parvo B19 by PCR, Qual. B19QLT
<input type="checkbox"/> HHV8 by PCR, Quant. HH8QN	<input type="checkbox"/> Parainfluenza PCR Panel FUSPIV	<input type="checkbox"/> VZV by PCR, Qual. VZVQLT
<input type="checkbox"/> HSV1 & HSV2 by PCR, Quant. HS12QN		<input type="checkbox"/> VZV Rapid PCR (CSF/Swab) VZVRPD
<input type="checkbox"/> HSV Acyclovir Drug Resistance HSVDR		
<input type="checkbox"/> RAPID HSV PCR (CSF/Swab) RPDHSV		
<input type="checkbox"/> VZV by PCR, Quant. VZVQN		
<input type="checkbox"/> VZV by PCR, Quant. Eye Fluid** VZVEYE		
<input type="checkbox"/> VZV Rapid PCR (CSF/Swab) VZVRPD		

\*\* Viral Quant Panel, Eye Fluid (CMV, HSV, VZV) EYEVQP

**HIV**

<input type="checkbox"/> HIV Screen* (HIV1 Ag, HIV1/2 Ab) (with confirmation of reactivities) HVAGAB	<input type="checkbox"/> HIV-1 P24 Antigen Quantitation HIVP24
<input type="checkbox"/> HIV-1 RNA Quantitation HRTABB	<input type="checkbox"/> HIV-1 Total Nucleic Acid Assay (Qualitative) HV1TNA
<input type="checkbox"/> HIV-1 Genotypic Resistance (Call 206 685-8037) HIVGRA	<input type="checkbox"/> HIV-2 RNA Quantitation HIV2VL
<input type="checkbox"/> HIV-1 Integrase Resistance (Call 206 685-8037) HVINTA	<input type="checkbox"/> HIV-2 DNA/RNA, Qualitative HIV2NA

**SEROLOGIES**

HEPATITIS	HERPES GROUP
<input type="checkbox"/> A Antibody (IgM) HAVIGM	<input type="checkbox"/> HSV 1 & 2 Antibody by Western blot HSWB
<input type="checkbox"/> A Antibody (IgG) HAVIGG	<input type="checkbox"/> HSV Seroconversion Panel (paired sera) 2VIRO
<input type="checkbox"/> B Surface Antigen* HBSAG or HBSAGX	<input type="checkbox"/> CMV Immune Status CMVS
<input type="checkbox"/> B Surface Antibody HBSA	<input type="checkbox"/> EBV Antibody Panel EBVEIA
<input type="checkbox"/> B Core Antibody HBCA	<input type="checkbox"/> Varicella Zoster Immune Status VZIS
<input type="checkbox"/> B "e" Antigen / Antibody HBE	
<input type="checkbox"/> C Antibody HCCAB	

**OTHER REQUESTS / COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

### CMS 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 and UL54 Genes)

Sample will be tested for CMV. If the CMV, Quant. is positive by PCR, a UL97 and UL54 resistance is performed. This test can also be ordered without reflexive testing (CMVQN).

#### HHV6 PCR Quant w/reflex to HHV6 Chromosome Integration

If the HH6 Quant is positive by PCR, HHV6 Chromosome Integration is performed. This test can also be ordered without reflexive testing (HH6QN).

#### HIV Screen with Reflexive Confirmation testing

Reactive HIV Screens (HIV1Ag, HIV-1 and 2 Ab) are confirmed in accordance with the CDC recommended 4th generation algorithm. Possible confirmatory assays include the Geenius HIV-1 and 2 Antibody Supplemental assay, HIV-1 RNA and HIV-2 RNA.

#### Hepatitis C Antibody

If Hepatitis C antibody is positive, Hepatitis C RNA by PCR is performed. This test can also be ordered without reflexive testing (HCABX).

#### Hepatitis B Surface Antigen

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