PATIENT M.R.N.

PATIENT NAME (Last, First)

PATIENT D.O.B. M ☐ F ☐

PATIENT ADDRESS

CITY, STATE, ZIP CODE

ORDERING PHYSICIAN | N.P.I. #

ORDERING PHYSICIAN PHONE NUMBER

Please submit one specimen or block per order form. If multiple specimen aliquots are submitted, we will pool up to two of them.

DETAILED SPECIMEN SITE/DESCRIPTION REQUIRED

Tissue ☐ Fluid ☐ FFPE ☐ Pure Culture ☐

DATE & TIME COLLECTED ☐ AM ☐ PM

SENDER SPECIMEN NUMBER/BLOCK NUMBER REQUIRED

COMMENTS

Is the patient immunocompromised?

YES ☐ NO ☐ NOT KNOWN ☐

ICD/DIAGNOSIS REQUIRED

CLIENT CODE (Don't have one? Call 1-800-713-5198) REQUIRED

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

PHONE NUMBER FOR CRITICAL RESULT

FAX NUMBER

Medicare (answer required to question below)

Is this either a hospital outpatient or inpatient?

YES ☐ NO ☐

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

BILLING ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER

Formalin-Fixed Paraffin Embedded Blocks

Enclose a FedEx label or account number (otherwise return shipment will be via standard USPS)

Address for return:

_____

_____

_____

Send sample to:

Attention: Molecular Microbiology
UW Central Lab SPS
1601 Lind Ave SW, Room 171A
Renton, WA 98057
Phone: 206-520-4600
(FedEx First Overnight or UPS Next Day Air Early recommended)

OTHER REQUESTS

Rev. 03/2026

CLINICAL LAB REQUEST

UW MEDICINE

REFERENCE LABORATORY SERVICES

Molecular Microbiology

UW LAB ACC. #

LOGGED IN | PROCESSED BY

1. Completely fill in section on the left and use a separate request form for each specimen type submitted.
2. For unlisted tests - call Reference Laboratory Services (206) 520-4600 or (800) 713-5198.
3. Website: **http://depts.washington.edu/molmicdx** | Email: **molmicdx@uw.edu**
4. Referral lab will report critical results directly to clinical personnel or to the referring laboratory.

NOTE: 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.

TESTING ON DIRECT PATIENT SPECIMENS

For solid tissue, please note that we do not process more than 1 cm^3. Submit only the portion of the specimen with the greatest diagnostic potential. Frozen specimens are recommended, when possible, but we also accept formalin-fixed paraffin-embedded tissue. Fresh samples should be submitted frozen on dry ice. Due to the presence of normal microbiota, not all specimens are acceptable for broad-range PCR. Please refer to our website for more information on our tests, shipping information, acceptable specimens, and an updated order form.

All results are reported with appropriate taxomonic identification.

REFLEXIVE TESTING: When suspected pathogenic microorganisms are detected, identification procedures are performed, as appropriate for the organism and specimen.

BROAD-RANGE PCR AND NEXT-GENERATION SEQUENCING (NGS)

☐ AFB (If sputum sample, only TBCDNA and MAVDNA will be performed.) NTMDNA, TBCDNA

☐ Bacteria [with reflex to NGS16S when multiple templates are present and reflex to species identification within Bacteria of the Order Enterobacterales] BCTDNA, [NGS16S], [ENBDNA]
NOTE: Order CLMDNA to detect Chlamydiales

☐ Fungi [with reflex to NGSITS when multiple templates are present] FUNDNA, [NGSITS]

PATHOGEN-SPECIFIC PCR

BACTERIA

☐ Bartonella PCR BRTDNA

☐ Mycoplasma and Ureaplasma PCR (detects M. pneumoniae, M. genitalium, M. hominis, U. urealyticum, U. parvum) MPLDNA

☐ Chlamydiales PCR CLMDNA

☐ Legionella PCR LEGDNA

☐ Tropheryma whipplei PCR TWHDNA

☐ Treponema pallidum DNA detection by NAAT TPLDNA

AFB

☐ Mycobacterium tuberculosis complex PCR TBCDNA

☐ Mycobacterium avium complex PCR (MAVDNA is part of NTMDNA testing) MAVDNA

☐ ‡Nontuberculous Mycobacteria PCR (AFB other than MTB Complex) NTMDNA
‡Not acceptable: Sputum (see MAVDNA)

FUNGI

☐ Aspergillus PCR* (detects A. fumigatus) ASPDNA

☐ Coccidioides PCR* COCDNA

☐ Mucorales PCR* MUCDNA

☐ Cryptococcus PCR* (detects C. neoformans and C. gattii) CRYDNA

☐ Histoplasma PCR* HISDNA

☐ Pneumocystis PCR* PNEDNA

*If negative, reflex to broad-range Fungi PCR (when appropriate)? ☐ YES ☐ NO [FUNDNA]

PARASITES

☐ Acanthamoeba and Balamuthia PCR AMBPCR

☐ Toxoplasma PCR TOXDNA

☐ Leishmania PCR LSHDNA

TESTING ON CULTURED ORGANISMS

ORGANISMS IDENTIFIED BY DNA SEQUENCE-BASED METHODS

☐ AFB Sequencing Stain result_____ ASEQID

☐ Bacterial Sequencing Stain result_____ BSEQID

☐ Fungal Sequencing *Select one: ☐ Mold ☐ Yeast MSEQID/YSEQID

☐ Bacterial ID by Whole Genome Sequencing BWGSID

DETECTION OF SPECIFIC GENES

☐ mecA gene MECPCR

☐ MTB Resistance by Whole Genome Sequencing MTBWGR

STRAIN TYPING

☐ Bacterial Strain Typing by Whole Genome Sequencing Organism ID_____ NGSTYP

OTHER TESTING

☐ Bacterial PCR without reflex NGS16S* NRBDNA
NOTE: Order CLMDNA to detect Chlamydiales

☐ Fungal PCR without reflex NGSITS* NRFDNA

*Without reflex to NGS, the individual species comprising a polymicrobial specimen cannot be resolved or reported.

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.