



**Laboratory Utilization Committee (LUC)
Request for Laboratory Screening or Diagnostic Tests**

*This form must be completed in full by the requesting physician.
Submit the completed form to the LUC [mail to:brian.harry@cuanschutz.edu]*

Name of Test	
Does this replace a laboratory test currently in use at our institution?	<p align="center">YES NO</p> <p>If yes, list the test(s) it will be replacing:</p>
Proposed formulary tier	<p align="center">1 (no restrictions) 2 (restricted to specialty)</p> <p>List specialty(ies):</p>
Name of company performing the test	
Other laboratories currently performing this assay/test (if not proprietary)	
Indications for the test (What condition is this intended to diagnose or confirm? How will the results of this test be used in clinical management?)	
Patient population to be tested	
Biological matrix (blood, serum, urine, meconium, hair, oral fluid, tissue biopsy, etc.)	
Turnaround time for results	
Frequency of repeat testing	
Estimated annual usage	<p>Number of inpatients: Number of outpatients:</p>
Test method (e.g., LC-MS/MS, next generation sequencing, immunoassay, etc.)	
Estimated cost to perform test	
Additional comments: (e.g., specimen handling instructions, specimen stability, unusual equipment needed, etc.)	

Note: Please attach supporting peer-reviewed literature that you wish to be considered in the evaluation process.

Requesting Physician's Name & Department (please print)

Requesting Physician's Signature

____/____/____
Date