PT. NO.	

CLINICAL LAB REQUEST
UW MEDICINE
REFERENCE LABORATORY SERVICES

UW LAB ACC. #

LOGGED IN	PROCESSED BY:

PT NAME (Last, First)

Molecular Microbiology

1. Completely fill in left section 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

PT D.O.B.

M ☐
F ☐

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.

ORDERING PHYSICIAN	NPI #

Testing on Direct Patient Specimens
For solid tissue, please note that we do not process more than 1 cubic cm. Submit only the portion of the specimen with the greatest diagnostic potential. Fresh 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, acceptable specimens and an updated order form, http://depts.washington.edu/molmicdx.

PHONE #

Please submit one specimen per order form. If multiple specimen "aliquots" are submitted, we will pool them, unless otherwise indicated. If multiple FFPE blocks are submitted from the same body site with an order form, shavings from a maximum of 2 PET blocks will be combined for testing.

SPECIMEN SITE DESCRIPTION _____

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

DATE & TIME COLLECTED
☐ AM
☐ PM

BROAD-RANGE PCR
___ AFB (Only TBCPCR and MAVPCR for sputum) NTMPCR, TBCPCR
___ Bacteria (reflex to NGS16S when multiple templates are present) BCTPCR (NGS16S)
  ___ Standard Bacterial PCR only (not recommended) BCTPCR
___ Fungi FUNPCR

SENDER SPECIMEN #

Next Generation Sequencing
___ Bacteria (reflex to NGS16S for poly-microbial specimens with amplifiable template) BCTPCR (NGS16S)

COMMENTS

Is patient immunocompromised?
___Yes ___No ___Not Known

PATHOGEN-SPECIFIC PCR
Requests for pathogen-specific PCRs, not listed below, will be reflexively tested by the corresponding Broad-range PCR, if applicable.

ICD/DIAGNOSIS

Bacteria
___ Bartonella PCR - Tissue BRTPCR
___ Legionella PCR LEGPCR
___ Tropheryma whipplei TWHPCR
___ Mycoplasma, Respiratory [1] MPNPCR
___ Mycoplasma, Genital [2] GUMPCR
___ Mycoplasma, Miscellaneous [1,2] MSMPCR

SEND REPORT TO (Hospital, Clinic, Physician)
UChicago Microbiology Lab
5841 S. Maryland Ave
Room TW050, MC0001
Chicago, IL 60637

[1] Detects M. pneumoniae [2] Detects M genitalium, M. hominis, U. urealyticum, U. parvum

AFB
___ Mycobacterium tuberculosis Complex PCR TBCPCR
___ *Nontuberculous Mycobacteria (AFB other than MTB Complex) PCR NTMPCR
  *Not acceptable: Sputum, see MAVPCR
___ Mycobacterium avium complex PCR (MAVPCR is part of NTMPCR testing) MAVPCR

TELEPHONE 773-702-6133
EMAIL vtesic@bsd.uchicago.edu
FAX 773-702-2375

Fungi
___ Aspergillus PCR (detects A. fumigatus) - BAL* ASPPCR
___ Aspergillus PCR (detects A. fumigatus) - Tissue* ASPTIS
___ Zygomycete PCR * ZGMPCR
___ Histoplasma PCR * HISPCR
___ Cryptococcus PCR (detects C. neoformans and C. gattii) * CRYPCR
___ Coccidioides PCR* COCPCR
___ Pneumocystis PCR* PNEPCR
  *If negative, do you want broad-range PCR for fungi (for normally sterile sites & BAL only) ___ YES ___ NO (FUNPCR)

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

BILLING ADDRESS
See Other Requests

CITY	STATE	ZIP

Parasites
___ Toxoplasma PCR TOXPCR

TELEPHONE
773-702-1316

Testing on Cultured Organisms

ORGANISMS IDENTIFIED BY DNA SEQUENCE-BASED METHODS:
___ AFB Sequencing Stain result_____ AFDSEQ
___ Bacterial Sequencing Stain result_____ BCTSEQ
___ Fungal Sequencing MLDSEQ/YSTSEQ

RETURN FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE TO:
_____
_____
_____

DETECTION OF SPECIFIC GENES
___ mecA gene MECPCR

STRAIN TYPING
___ Bacterial Strain Typing by Whole Genome Sequencing NGSTYP

Send sample to:
Attention: Molecular Diagnosis
Specimen Processing, NW220
University of Washington Medical Center
1959 NE Pacific Street
Seattle, WA 98195-7110
Phone: (206) 520-4600 or 800-713-5198

Other Requests Billing:
The University of Chicago Medicine
Laboratory Referral Services
5841 S. Maryland Ave, Room TW005, MC0006
Chicago, IL 60637

Rev. 04/2019