

Check box to mark request(s) **DO NOT USE HIGHLIGHTER**



Clinical Laboratories

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(608) 263-7060

MRN:

ALL FIELDS ARE REQUIRED

Patient name:

(Last, first, MI)

Order Date _____ Collect Date _____ Collect Time _____

DOB:

Location: _____ Collector ID _____ Contact # _____

Sex:

Billing/Authorizing Provider (Attending MD, NP, PA) - Please Print: _____

Diagnosis or ICD-10 Code

Ordering Provider (only if different): _____

Provider Signature _____

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

ADD-ON TEST STAT

Hematology Tests

- CBC with Differential ^P - **CBC**
- CBC without Differential ^P - **HS**
- Differential (Add on only) - **D1**
- Absolute Neutrophil Count - **ANC**
- Smear to Physician - **SMER**
- White Blood Cell - **WBC**
- Hematocrit - **HCT**
- Hemoglobin - **HGB**
- Platelet - **PLT**
- Reticulocyte - **RTC**
- ESR/ Sed Rate - **WEST**

- ENA Ab - **ENA**
- Ferritin - **FER**
- Folate - **FOL**
- FSH - **FSH**
- Glucose, Fasting - **HCFSGLU**
- Glucose, Random - **GLU**
- GGT - **GGT**
- HCG, Quantitative (Pregnancy) - **BHCG**
- HDL Cholesterol - **HDL**
- Hepatitis A Ab, IgG - **HAVIGG**
- Hepatitis A Ab, IgM - **HAVIGM**
- Hepatitis B Core Ab, Total - **HBCAB**
- Hepatitis B Surface Ab - **HBSABI**
- Hepatitis B Surface Ag - **HBSAG**
- Hepatitis C Ab - **HCV**
- Hemoglobin A1C - **A1C**
- HIV- 1,2 Ab ^C - **HIVABAG**
- HIV-1 RNA, Quant ^C - **XHIV1**

- Uric Acid - **URIC**
- Varicella-Zoster Ab, IgG - **VZIGG**
- Vitamin B12 - **B12**
- Vitamin D, 25-Hydroxy (Vitamin D Status) - **VITD**

Coagulation Tests

- Prothrombin Time/INR - **PROX**
- PTT - **APTT**

Stool Testing

- Occult Blood, Diagnostic - **OCLTD**
- Occult Blood, Immunoassay, Diagnostic- **IFOBD**
- Occult Blood, Immunoassay, Screen- **IFOBT**

Chemistry & Miscellaneous Tests

- Albumin - **ALB**
- Alkaline Phosphatase - **ALKP**
- Alpha-Fetoprotein - **AFP**
- ALT - **ALT**
- Ammonia - **NH3**
- Amylase - **AMYL**
- ANA - **ANAT**
- ANCA - **ANCA**
- AST - **AST**
- Basic Metabolic Panel ^P - **BMET**
- Beta-2-Microglobulin - **B2M**
- Bilirubin, Direct - **DBIL**
- Bilirubin, Total - **TBIL**
- BNP - **BNP**
- BUN - **BUN**
- C3 - **C3**
- C4 - **C4**
- C-Peptide - **CPEP**
- C-Reactive Protein - **CRPN**
- C-Reactive Protein, high sensitivity - **HSCRPN**
- CA125 - **CA125**
- CA19-9 - **CA199**
- CA27.29 - **CA2729**
- Calcium, Total - **CA**
- Cardioliipin Ab, IgG/IgM - **XCARGM**
- CEA - **CEA**
- Ceruloplasmin - **CER**
- Cholesterol - **CHOL**
- CK, Total - **CK**
- CMV Quant by PCR - **CMVDNA**
- Comprehensive Metabolic Panel ^P - **METB**
- Cortisol - **CORT**
- Creatinine - **CRET**
- Cyclosporine - **CSA**
- DNA Ab, double stranded - **DNA**
- Electrolytes ^P - **LYTE**

- IgA - **IgA**
- IgG - **IgG**
- IgM - **IgM**
- Immunofixation - **IFIX**
- Iron/TIBC with Saturation - **FETRANS**
- Kappa/Lambda Quant Free Light - **KLLTCH**
- LD, Total - **LDH**
- LH - **LH**
- Lipase - **LIPS**
- Lipid Panel ^{FP} - **LIPID**
- Magnesium - **MAG**
- Mitochondrial Ab - **AMIA**
- Phosphate - **PHOS**
- Potassium - **K**
- Prolactin - **PRLT**
- Protein, Total - **TP**
- Protein Electrophoresis & Total Protein - **SPE**
- Protein Electrophoresis & Total Protein w/Reflex to Immunofixation - **SPIFIX**
- PSA, Diagnostic - **PSA**
- PSA, Screening - **PSAM**
- PTH - **PTHIN**
- Rheumatoid Factor - **RF**
- Treponema Ab Immunoassay, Reflex to RPR and TP-PA - **TREPAB**
- RPR Only, No Confirmation - **RPR**
- Rubella Ab, IgG - **RUBIGG**
- Sirolimus - **SIRO**
- Smooth Muscle Ab - **XSMOO**
- Sodium - **NA**
- T3, Free - **FT3**
- T4, Free - **FT4**
- T4, Total - **T4**
- Tacrolimus - **TAC**
- Testosterone, Free - **FTES**
- Testosterone, Total - **TESTO**
- Tissue Transglutaminase IgA - **XTTGA**
- Triglycerides ^F - **TRIG**
- Troponin - **TROP**

Urine Tests

Indicate Specimen Source for the following tests:

- _____ Midstream - **MID**
- _____ Cath, Indwelling - **CATHI**
- _____ Cath, Single - **CATHS**

- Urinalysis, w/Microscopy - **UA**
- Urinalysis, no Microscopy - **UAD**
- Urinalysis, Microscopy Only - **UAM**
- Urinalysis with Microscopy, culture if >5 WBC/hpf - **UACULT**
- Urine Culture - **URNC**
 - NO Susceptibility
 - Urine Gram Stain - say **YES** to prompt

Random or Timed Urine Collections

Start Date _____ Stop Date _____
Start Time _____ Stop Time _____

- Creatinine (Random - **RCRET**, Timed - **UCR**)
- Creatinine Clearance - **UCCR**
- HCG, Qualitative, Urine (Pregnancy) - **PREG**
- IFIX, reflex to Quant, 24hr, Urine - **UIFIXR**
- Immunofixation, Urine (Random - **RFIX**, Timed - **UIFIX**)
- Microalbumin (Rand - **UMA**)
- Microalbumin/Creatinine Ratio - **UMACR**
- Protein (Random - **UTPR**, Timed - **UPRO**)
- Protein / Creatinine Ratio - **UPRCR**

Legend

C: Consent Form required for this test
F: Test requires 10-14 Hour Fast
P: Components of Panel tests are detailed in the Lab Test Directory found at www.uwhealth.org/lab

Other Tests: Use 'Request Form Microbiology' for Microbiology Tests