



OUTPATIENT LABORATORY ORDER

PATIENT LABEL

Completed requests should be faxed to: Non-Surgical Patient: (414) 266-2597, Surgical Patient: (414) 266-3378, Any Sweat Chloride Patient: (414) 607-5288

INFORMATION IN BOXES IS REQUIRED

Patient Name: (Last) (First) (MI) Medical Record #: Order Date: / / Time: Visit #: (If known) Gender: Male Female Date of Birth: Collection Date: / / Time: Month / Day / Year

Providers/Physician Offices: An important message from Children's Wisconsin

Children's Wisconsin would like to remind providers that we will not accept diagnosis(es) that include the terms "probable", "possible", "suspected", "rule out", "questionable" when ordering diagnostic services for your patient. Instead, Children's Wisconsin requires that you document the patient's signs & symptoms to the highest degree of specificity known. This should include signs and symptoms, abnormal test results or other reasons for the tests.

Diagnosis(es) or Signs/Symptoms: Additional Clinical Instructions: PMD Name: Ordering Provider Name (please print) Telephone Number: Ordering Provider Address: Provider Signature: Date: Time (Required):

- BLOOD
6MP
Albumin
Aldolase
Alkaline Phosphatase
Allergens, single
Allergy Environmental
Allergy Food - Adult
Allergy Food Ped
Allergy Food and Nut -Adult
Allergy Food and Nut - Ped
Allergy Food and Seafood-Adult
Allergy Food and Seafood - Ped
Allergy Milk Panel
Allergy Nut
Allergy Seafood
ALT (SGPT)
Amino Acids
Amylase
ANA
Apo A
Apo B
ASO
AST(SGOT)
Basic Metabolic Panel (BMP)
Bilirubin Conjugated
Bilirubin Total
BUN
Calcium
CBC no Diff
CBC with Diff

- Cholesterol
Chromosome Cyto Congenital
Chromosome Fish Misc. (Specify probes below)
Chromosome Fragile X
Comprehensive Metabolic Panel (CMP)
Cortisol
Creatinine
EBV Panel
Electrolytes
Ferritin
Fibrinogen
Glucose
Hgb A1C
Hgb ID
Hgb S&F
Hep A IgM
Hep B Panel
HIV Screen
IgA
Ionized Calcium
Iron
LDH
Lead
Lipid Panel
Liver Panel
Magnesium
Mono Spot
PFA (Platelet Function Screen)
Phosphate
Potassium
Pregnancy Serum
Total Protein

- PT
PTT
Retic Count
Sed Rate
T3
T4
T4 Free
TPMT Genetics
TSH
Tissue Transglutaminase AB IgA
Triglycerides
Uric Acid
Von Willebrand Screen
DRUG LEVELS
Cyclosporin
Dilantin
Felbamate
FK506 (Prograf)
Keppra
Lamotrigine
Phenobarbital
Tegretol
Trileptal
Valproic Acid
Lacosamide
Sirolimus
BLOOD PRODUCTS
Type and screen
Type and crossmatch product # units

- Irradiated
CMV negative
Autologous
SPECIAL TESTS
Sweat Chloride
Call to schedule: Local - (414) 607-5280 Tollfree - (877) 607-5280
URINE
Urine Macro
Urine Complete
Urine Macro / reflex CX
Urine Complete /w reflex CX
Urine Micro
Urine CX only
Creatinine Clearance ht wt (must draw blood creat within 4 hrs of collection)
Pregnancy Urine
Urine Amino Acids
Urine Organic Acid
STOOL
Giardia/Crypto
H. Pylori Ag
Occult Blood
Ova & Parasites
Bacterial Enteric pathogens
Viral Enteric pathogens

- RESPIRATORY
Group A Strep NAAT
Influenza A&B NAAT
Pertussis/parapertussis NAAT
RSV NAAT
Throat CX
GENERAL CULTURES
Identify source:
Aerobic
Aerobic/Anaerobic
Blood
Fungus
Mycobacterium (AFB)
PCR TESTING
Enterovirus
Check one:
STAT Routine
Surgery Pre-Op
Date of Surgery:
Frequency if Standing order
Weekly
Monthly
times / year
LAB USE ONLY:
Have you read back the information?
Initials:

ADDITIONAL TESTS / SURGICAL SPECIMENS Please include patient history and instructions below:

CALL BACK REQUESTS: Provider Telephone Number (Including area code):

Medical Necessity Regulations - At the government's request, the Clinical Laboratories would like to remind all providers that when ordering tests that will be paid under federal health programs, including Medicare and Medicaid, will pay only for those tests the relevant program deems to be (1) included as a covered service, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

