PRINT SAVE AS RESET

Place patient label here:

OUTPATIENT LABORATORY ORDER FORM

Fax to: 414-266-2597 Phone: 414-266-2500 (Fax and Phone number for ALL Children's Laboratory locations)

Required Patient Information:

Last Name: _____ First name: _____ Date of Birth: _____

Address: _____Phone Number:_____ Patient Sex: ☐ Male ☐ Female

Required Ordering Information:

Diagnosis(es) or Signs/Symptoms: _____

Children's Wisconsin does 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 & symptoms, abnormal test results or other reasons for the tests.*

Additional Clinical Instructions: _____

Required Provider Information:

Order Date: _____ Time: _____

Ordering Provider Name (PRINT): _____ Telephone Number: _____

Ordering Provider Address: _____

Provider Signature: _____ Date: _____ Time: _____

BLOOD
- ☐ ADB (Antidnase B)
- ☐ Albumin
- ☐ Aldolase
- ☐ Alkaline Phosphatase
- ☐ ALT
- ☐ Amino Acids
- ☐ Amylase
- ☐ ANA
- ☐ ASO (Antistreptolysin O)
- ☐ AST
- ☐ Basic Metabolic Panel
- ☐ Bilirubin Direct (BUBC)
- ☐ Bilirubin Total
- ☐ BUN
- ☐ Calcium
- ☐ CBC no diff
- ☐ CBC w/diff
- ☐ Cholesterol
- ☐ Comprehensive Metabolic Panel
- ☐ Cortisol
- ☐ Creatinine
- ☐ Creatinine Kinase
- ☐ CRP
- ☐ CMV Panel
- ☐ EBV Panel
- ☐ Electrolytes
- ☐ Ferritin
- ☐ Fibrinogen
- ☐ FSH
- ☐ Folate
- ☐ Glucose
- ☐ Hemoglobin
- ☐ Hgb A1C
- ☐ Hgb Id w/Interpretation
- ☐ Hepatitis A IGM
- ☐ Hepatitis B Panel
- ☐ Hepatitis C
- ☐ HIV Screen
- ☐ IGA
- ☐ IGF-1
- ☐ IGF Binding Protein 3
- ☐ Insulin
- ☐ Ionized Calcium
- ☐ Iron
- ☐ Iron w/TIBC
- ☐ LDH
- ☐ Lead
- ☐ LH
- ☐ Lipase
- ☐ Lipid Panel
- ☐ Liver Panel
- ☐ Lyme Ab w/Reflex
- ☐ Magnesium
- ☐ MonoSpot
- ☐ Platelet Function Screen
- ☐ Phosphate
- ☐ Potassium
- ☐ Pregnancy Serum
- ☐ Prolactin
- ☐ Prothrombin Time (PT)
- ☐ PTT
- ☐ PTH Intact
- ☐ Reticulocyte Count
- ☐ Rheumatoid Factor (RF)
- ☐ RPR: for monitoring
- ☐ RPR w/RflxTPPA: diagnostic
- ☐ Sed Rate (ESR)
- ☐ Sodium (NA)
- ☐ T3
- ☐ T4
- ☐ T4 Free
- ☐ Testosterone
- ☐ Total Protein
- ☐ TSH
- ☐ TSH w/reflex FRT4
- ☐ Tissue Tranglutaminase AB IGA
- ☐ Triglycerides
- ☐ Uric Acid
- ☐ Vitamin D 25OH
- ☐ Vitamin B12
- ☐ Von Willebrand Screen

DRUG LEVELS
- ☐ Cyclosporin
- ☐ Dilantin
- ☐ Felbamate
- ☐ FK506
- ☐ Keppra
- ☐ Lacosamide
- ☐ Lamotrigine
- ☐ Phenobarbital
- ☐ Tegretol
- ☐ Trileptal
- ☐ Valproic Acid

BLOOD BANK
- ☐ ABORH
- ☐ DAT
- ☐ IAT
- ☐ Type and Screen

BLOOD CULTURES
- ☐ Source: _____

GENETICS
- ☐ Chromosome Congenital
- ☐ Chromosome Fragile X
- ☐ DDDA

SPECIAL TESTING
- ☐ Sweat Chloride

Call to schedule:

Local: (414) 607-5280

Toll-free: (877) 607-5280

URINE TESTS
- ☐ 24 hour urine

Specify: _____
- ☐ Amino Acids Urine
- ☐ Calcium Urine
- ☐ Creatinine Urine
- ☐ Microalbumin Urine
- ☐ Organic Acids Urine
- ☐ Macroscopic
- ☐ Macro w/Rflx Cx
- ☐ Macro/Micro Urine
- ☐ Macro/Micro/Rflx Cx
- ☐ Microscopic Urine
- ☐ Urine Culture only
- ☐ Urine Pregnancy

STOOL TESTS
- ☐ Blood Occult
- ☐ Calprotectin
- ☐ C-diff
- ☐ Crypto & Giardia
- ☐ H Pylori
- ☐ Lactoferrin
- ☐ Ova & Parasites
- ☐ Enteric Path: Viral

Enteric Path: Bacterial:

☐Common ☐Uncommon

(*Call 414-266-2554 for details*)

ALLERGY TESTING
- ☐ Environmental Panel
- ☐ List single allergens:

_____

_____

Any additional tests, instructions, or call back requests:

TESTING PRIORITY: ☐ Routine ☐ Standing Order: Frequency: _____ Number of orders: ____

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.*

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C1786N (12/24)