Children's Hospital of Wisconsin

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

2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4

INFORMATION IN BOXES IS REQUIRED

Patient Name: _____ Medical Record #: _____
(Last) (First) (MI) (If known)

Visit #:_____ Gender: ☐ Male ☐ Female Date of Birth: _____ Order Date:_____ /_____ /_____ Time: _____
(If known) Month / Day / Year

Providers/Physician Offices: An important message from Children's Hospital of Wisconsin
Children's Hospital of 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 Hospital of 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 -Adult
- ☐ Allergy Environmental - Ped
- ☐ 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 Direct
- ☐ Bilirubin Total
- ☐ BUN
- ☐ Calcium
- ☐ CBC no Diff
- ☐ CBC w/Auto Diff
- ☐ Cholesterol
- ☐ Chromosome Congenital
- ☐ Chromosome Fish
- ☐ Chromosome Fragile X
- ☐ Comprehensive Metabolic Panel (CMP)
- ☐ Cortisol
- ☐ Creatinine
- ☐ Diff (manual)
- ☐ 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

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 (must draw blood creat within 4 hrs of collection)
- ☐ Pregnancy Urine
- ☐ Urine Amino Acids
- ☐ Urine Organic Acid

STOOL
- ☐ Stool CX
- ☐ Giardia/Crypto
- ☐ H. Pyloric Ag
- ☐ Occult Blood
- ☐ Ova & Parasites
- ☐ Rotavirus

RESPIRATORY
- ☐ Rapid Strep Ag (incl CX on negative)
- ☐ Beta Strep CX (w/o Rapid AG)
- ☐ Throat CX

GENERAL CULTURES
Identify source: _____ _____
- ☐ Aerobic
- ☐ Anaerobic
- ☐ Blood
- ☐ Fungus
- ☐ Mycobacterium (AFB)

PCR TESTING
- ☐ Enterovirus
- ☐ Influenza A&B
- ☐ Pertussis/Parapertussis

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.*