Children's Hospital of Wisconsin
A member of Children's Hospital and Health System.

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

Shaded areas indicate required information

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

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

BLOOD
- ☐ 6MP
- ☐ Albumin
- ☐ Aldolase
- ☐ Alkaline Phosphatase
- ☐ ALT (SGPT)
- ☐ Amino Acids
- ☐ Amylase
- ☐ ANA (titer if positive)
- ☐ Antithyroid Ab panel
- ☐ ASO
- ☐ AST(SGOT)
- ☐ Bilirubin Direct
- ☐ Bilirubin Total
- ☐ BUN
- ☐ Calcium
- ☐ CBC w/Auto DIFF
- ☐ Celiac Panel
- ☐ Chem Profile
- ☐ Cholesterol
- ☐ Chromosome Congenital
- ☐ Chromosome Fish
- ☐ Chromosome Fragile X
- ☐ Chromosome Sub Telomeric Probe
- ☐ Cortisol
- ☐ Creatinine
- ☐ Diff (manual)
- ☐ EBV Ab
- ☐ Electrolytes
- ☐ Environmental Panel Adult

- ☐ Environmental Panel Pediatric
- ☐ Ferritin
- ☐ Fibrinogen
- ☐ Food Panel Adult
- ☐ Food Panel Pediatric
- ☐ Glucose
- ☐ Hgb A1C
- ☐ Hgb ID
- ☐ Hgb S Level
- ☐ Hep A IgM
- ☐ Hep B Panel (Bs Ab, Ag, B Core)
- ☐ HIV Screen (Consent form required)
- ☐ Iron
- ☐ LDH
- ☐ Lead
- ☐ Lipid Panel
- ☐ Liver Panel (ALB, ALKP, ALT, AST, DBIL, TBIL, TP)
- ☐ Magnesium
- ☐ Mono Spot
- ☐ PFA (Platelet Function Screen)
- ☐ pH Blood
- ☐ Phosphate
- ☐ Potassium
- ☐ Pregnancy Serum
- ☐ Total Protein
- ☐ PT
- ☐ PTT

- ☐ RAST
  List allergies:_____
  _____
- ☐ Retic Count
- ☐ Sed Rate
- ☐ Sickle Cell Screen
- ☐ Sodium
- ☐ T3
- ☐ T4
- ☐ T4 Free
- ☐ TPMT Genetics
- ☐ TSH
- ☐ Triglycerides
- ☐ Uric Acid
- ☐ Von Willebrand Screen

BLOOD PRODUCTS
- ☐ Type and screen
- ☐ Type and crossmatch product _____
  # units _____
  - ☐ Irradiated
  - ☐ CMV negative
  - ☐ Autologous

SPECIAL TESTS
- ☐ Bleeding Time
- ☐ Sweat Chloride
  Call to schedule:
  Local - (414) 607-5280
  Tollfree - (877) 607-5280
- ☐ NBT
  Call to schedule:
  414-266-2522

URINE
- ☐ Creatinine Clearance
- ☐ Organic Acid
- ☐ Pregnancy Urine
- ☐ Urinalysis Macro
- ☐ Urinalysis Macro/reflexCX
- ☐ Urinalysis Micro
- ☐ Urine Amino Acids

STOOL
- ☐ Occult Blood
- ☐ Rotavirus
- ☐ Ova & Parasites
- ☐ Giardia/Crypto

CULTURES
Identify source: _____
_____
- ☐ Aerobic
- ☐ AFB
- ☐ Anaerobic
- ☐ Blood
- ☐ Fungus
- ☐ Respiratory Viral Screen w/reflex culture
- ☐ Stool
- ☐ Rapid Strep AG (incl Cx on negative)
- ☐ Strep Culture w/o Rapid AG
- ☐ Throat culture
- ☐ Urine

DRUG LEVELS
- ☐ Acetaminophen
- ☐ Cyclosporin Mono
- ☐ Cyclosporin Poly
- ☐ Dilantin
- ☐ Felbamate
- ☐ FK506 (Prograf)
- ☐ Keppra
- ☐ Phenobarbital
- ☐ Salicylate
- ☐ Tegretol
- ☐ Theophylline
- ☐ Valporic Acid (Depakene)

NUCLEIC ACID AMPLIFICATION / PCR
- ☐ Enterovirus
- ☐ 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.*

C1786N (3/08)

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