



SPECIALTY
OUTPATIENT
LABORATORY
ORDER

Completed requests should be faxed to:
Non-Surgical Patient: (414) 266-2597, Surgical Patient: (414) 266-3378

Patient Name: (Last) (First) (MI) (If known)
Medical Record #: (If known)
Visit #: (If known) Gender: Male Female Date Of Birth: Order Date: Time:
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.

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:
Provider Signature: Date: Time (Required):

BLOOD

- 1,25 Dihydroxy Vitamin D
17 OH Pregnenolone
17 OH Progesterone
25 OH Vitamin D
ACTH
Androstenedione
Antithyroid Ab Panel
Basic Metabolic Panel (BMP)
Calcitonin
CBC w Auto Diff
CBC No Diff
Chromosome Cyto Congenital
Chromosome Fish
Chromosome Fragile X
Cholesterol
Comprehensive Metabolic Panel (CMP)
Cortisol
C-Peptide Blood
Cardio C Reactive Protein (highly sensitive)
DHEA Sulfate
DIFF (manual)
Electrolytes
ESR
Estradiol
Ferritin
FSH
GAD 65
Glucose
Hemoglobin A1C
Hepatitis C Ab
Hepatitis C RNA PCR
IgA
ICA 512
IGF - 1
IGF - Binding Protein 3
Insulin
Ionized Calcium
LH
Lipid Panel
Liver Panel

- Neonatal Screen
N-Telopeptide
Osteocalcin
Phosphate
Pre-Albumin
Prolactin
PTH - intact
Rast
Renin
T3
T3, FREE
T4
T4, FREE
TBII
Testosterone
Testosterone, FREE
Thyroid Stimulating Immunoglobulins
Tissue Transglutaminase IgA
TPMT Genetics
TSH

URINE

- Calcium Urine
Catecholamine 24 hr Urine
Cortisol Free 24 hr Urine
Creatinine Urine
Metanephrine 24 hr Urine (incl. Normetaneph)
Microalbumin-random
Microalbumin 24 hour
N-Telopeptide Random Urine
Urine Macro
Urine Macro/ reflex CX
Urine Complete w/ reflex CX
Urine Micro
Urine Complete

Check one:
STAT Routine Fasting
Surgery Pre-Op
Date of Surgery
Frequency if Standing order
Weekly Monthly
times/year

ORAL GLUCOSE TOLERANCE

(Check all draws / times needed)

- Glucose Insulin Response to Glucose
Fasting Fasting
1 hour 1 hour
2 hour 2 hour
3 hour 3 hour

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.

