Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN–MADISON

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Biochemical Genetics - 8/3/17 WSLH# 111

(Print in black CAPITALS-REQUIRED)

(1) Patient Last Name First Name Middle Name

(2) Name Change – Former Last Name

(3) Patient Address

(4) City State Zip County of Patient's Residence

(5) Date of Birth | (6) Age | (7) ☐ Female ☐ Male

(8) Ethnicity ☐ Eastern European Jewish ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

(9) ☐ Amer Indian ☐ Asian ☐ Black/African Amer ☐ Pacific Islander ☐ White ☐ Other_____

(10) Chart #/Patient ID Number

(11) Submitter Specimen ID Number

(13) To have additional copies of reports sent, enter address(es) on back and check box ☐

(14) Ordering Provider

(15) NPI #

(16) Attached copies of front and back of insurance card(s)? ☐

(17) Medicare generally does not cover routine screening tests. ABN attached? ☐ Yes ☐ No

(18) Billing Information

☐ Bill to Submitter ☐ Medicaid # _____ ☐ Medicare # _____

☐ Private Ins #_____ ☐ No Insurance _____

20) Please write the letter corresponding to the appropriate ICD-10 Code to the left of the test name below (where applicable).

(A) ICD-10 Code _____ B) ICD-10 Code_____ (C) ICD-10 Code_____ (D) ICD-10 Code_____ (E) ICD-10 Code_____ F) ICD-10 Code_____

(21) Date of Collection | (22) Time of Collection

CLINICAL HISTORY/DIAGNOSIS

- ☐ Abnormal Metabolic Lab(s)
- ☐ Abnormal Newborn Screen
- ☐ Acidosis
- ☐ Coma
- ☐ Dev. Delay
- ☐ FTT
- ☐ High Ammonia
- ☐ High Lactate
- ☐ Ketonuria
- ☐ Lethargy
- ☐ Liver Dysfunction
- ☐ Low Glucose
- ☐ Premature
- ☐ Rhabdomyolysis/Elevated CK
- ☐ Seizures
- ☐ Other_____

MEDICATIONS/THERAPY LAST 72 HOURS

- ☐ Ampicillin
- ☐ Carnitine
- ☐ Gentamycin
- ☐ Infant
- ☐ Nafcillin
- ☐ Septra
- ☐ Valproic Acid
- ☐ X-Ray Contrast

Infant Formula Specify _____

Check All That Apply

PLASMA

- ☐ 506 Amino Acids, Quantitative (1 ml)
- ☐ 531 Carnitine, Free and Total (1ml)
- ☐ 575 Methylmalonic Acid (1 ml)
- ☐ 576 Methylmalonic Acid/Total Homocysteine panel (1 ml)
- ☐ 595 Total Homocysteine (1 ml)
- ☐ 540 Acylcarnitine Profile, Quantitative

SERUM

- ☐ 552 Amino Acids, Quantitative (1 ml)
- ☐ 520 Biotinidase Activity (1 ml)
- ☐ 531 Carnitine, Free and Total (1 ml)
- ☐ 575 Methylmalonic Acid (1 ml)
- ☐ 576 Methylmalonic Acid/Total Homocysteine panel (1 ml)
- ☐ 595 Total Homocysteine (1 ml)
- ☐ 540 Acylcarnitine Profile, Quantitative

URINE

- ☐ 553 Amino Acids, Quantitative (1 ml)
- ☐ 554 Organic Acids, Quantitative (5-10 ml)

WHOLE BLOOD SPOT on Filter Paper

- ☐ 565 Amino Acids, Quantitative (dietary screen)
  Check reason for screen (required):
  - ☐ Phenylketonuria, diet monitoring
  - ☐ Maple syrup urine disease, diet monitoring
  - ☐ Propionic acidemia, diet monitoring

Copies to: Name		
Address		
City	State	Zip

Copies to: Name		
Address		
City	State	Zip

Print in black CAPITAL letters. Required fields are indicated in red on the requisition.

1. Print the patient's last name, first name and middle name. (REQUIRED)
2. Print the former last name if different from the previous visit.
3. Print the patient's address. (REQUIRED)
4. Print the city, state, zip and county of patient's residence. (REQUIRED)
5. Write the date of birth. (REQUIRED)
6. Write the age.
7. Check the appropriate gender. (REQUIRED)
8. Check the appropriate ethnicity.
9. Check the appropriate race (more than one may apply).
10. Write the submitter chart number or patient ID number.
11. Write the submitter specimen ID number.
13. Check box if appropriate and write address(es) on the back.
14. Print the ordering provider. (REQUIRED)
15. Write the ordering provider's NPI number. (REQUIRED)
16. Check the box and attach copies of insurance card(s) if appropriate. (REQUIRED)
17. Check the box if patient has Medicare.
18. Check the appropriate billing box. (REQUIRED)
20. Write the appropriate ICD-10 code(s). (REQUIRED)
21. Write the date of collection. (REQUIRED)
22. Write time of collection if appropriate.

Write/check appropriate history and specimen. Check interpretation request and signature. (REQUIRED)