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Customer Service Henry Mall: 608-265-9188

Biochemical Genetics Lab: 608-263-4619

(Print in black CAPITALS-REQUIRED)

Form fields for patient information: (1) Patient Last Name, (2) Name Change, (3) Patient Address, (4) City, State, Zip, (5) Date of Birth, (6) Age, (7) Gender, (8) Ethnicity, (9) Race, (10) Chart #, (11) Submitter ID, (12) Billing Information, (13) Additional reports, (14) Ordering Provider, (15) NPI #, (16) Insurance, (17) Medicare, (18) Billing Information, (20) 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, Nafcillin, Carnitine, Septra, Gentamycin, Valproic Acid, Infant, X-Ray Contrast, Infant Formula Specify

Check All That Apply

PLASMA

- 506 Amino Acids, Quantitative (1 mL), 531 Carnitine, Free and Total (1 mL), 575 Methylmalonic Acid (1 mL), 540 Acylcarnitine Profile, Quantitative (500 µL)

SERUM

- 552 Amino Acids, Quantitative (1 mL), 520 Biotinidase Activity (1 mL), 531 Carnitine, Free and Total (1 mL), 575 Methylmalonic Acid (1 mL), 540 Acylcarnitine Profile, Quantitative (500 µL)

URINE

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

DRIED BLOOD SPOT (DBS) on Filter Paper

- 565 Amino Acids, Quantitative (diet monitoring), 585 Methylmalonic Acid, 595 Total Homocysteine, Phenylketonuria, Maple syrup urine disease, Propionic acidemia

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)