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6201 Harry Hines Blvd. Dallas, Texas 75390

Phone: 214-645-1490 • Fax: 214-645-1471

\*See back for complete listing of reflex test.

or Annual Notice to Physicians.

UTSW-CR-VERS1 Rev 9/17

\*See back for complete iisting or reflex cost.

For reflex criteria refer to UTSW laboratory manual L-Lave

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□ Stool C/S* □ □ Ova & Parasites* □ □ Aerobic C/S* □ □ Fungal Culture* □		)*				AFB Cult	ure*		eve	n though th	e payo	or may r	not allov	v reimbur	rsemer	nt for th	ne tests; a	nd the fac	ct that payment is likely to	be denied b	by Medicare or other	payors has b	een explained to the pati
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Authorized Signature Required (submitting physician or designee) Failure to do so will result in a delay of testing.  Date  Time					1l ··· 2.		14 0		7	Authorized S							-						Time
*These tests may be reflexed based on test result; select 🔲 if reflex not required.   LAB USE ONLY BELOW THIS LINE - INDICATE NUMBER OF SPECIMENS RECEIVED IN LAB  LB G S LI GR GRY P FS U PAP Swab Ot	rnese tests f	nay be	renexed	nased on	test result;	select 🔲	ii retiex	not required	1.	LAB	_		_		_								

## **Reflex Tests:**

Abnormal Amniotic Fluid AFP ref to acetylcholinesterase; + Adsorption reflexes to RBC Antibody ID; AFB Smear added to AFB culture; + Amphetamine Screen ref to Drug Confirmation; Gram stain provided with Anaerobic Cultures; + ANA ref to ANA titers; + DsDNA ref to DsDNA titer; Special Stains ordered by pathologist as ref to Anatomic Pathology Specimens; + AB Elution ref to RBC AB ID; + AB Screen or IAT ref to Identification plus Titers, DAT, Adsorption, Cold Agglutinin Screen if necessary; + Antiphospholipid Syndrome ref to DVVT, Silica Clotting Confirm Time, Coag/Fibrinolysis Test Interpretation; Abnormal ABO & RH ref to second determination of blood type and/or addt'l Typing or AB ID; Cytochem stains performed after bone marrow analysis; Abnormal CBC w diff ref to pathologist review; Gram stain added to CSF culture; Abnormal Cold Agglutinin ref to titer; Abnormal Coagulation Factor Inhibitor Screen ref to Quant; Incompatible crossmatch ref to AB ID; + Cryptococcal Ag ref to titer; Abnormal cultures ref to Org IDs and Susceptibility Testing; + DAT ref to anti-IgG & anti-C3 and possibly AB elution; +FMH ref to K-B Test; FNA ref to Thyroglobulin FNA Lymph Node; HBsAg ref to HBsAg Neutralization; + HBcAB ref to HBcAB IgM; +HCV AB ref to HCV RNA; + HIT AB ref to SRA; + HIV AG/AB ref to HIV 1 & HIV 2 Diff Geenious Test; + HLA AB Screen ref to HLA Ab Single Antigen; Lipid Panel ref to LDL Direct if Trig > 400 and <1000; Additional Chromosome Analysis and Fluorescence In-Situ Hybridization performed with Microarray; Normal FISH ref to MYC Break Apart probe FISH; Neg Opiate Screen ref to Oxycodone Screen; + Opiate Screen ref to Opiate confirm; O & P requires inclusion of a trichrome stain and acid fast stains if required; PEP Urine/Serum ref to IFE Urine/Serum; Protein S Antigen (Free and Total) ref to Protein S Functional Assay; Sickle Cell Screening ref to Sickle Cell Confirmation; Stool culture includes screen for Salmonella, Shigella, and Campylobacter with Susceptibility and Shiga Toxin added as needed; Strep Group A antigen ref to Throat Culture; RPR screen ref to RPR Titer and/or TP-PA; Abnormal Thin Prep ref to HPV Testing; + Thyroglobulin AB ref to Thyroglobulin Quantitation by Mass Spectrometry; Thyroid FNA ref to Afirma Testing; Abnormal TSH ref to FT4; Abnormal FT4 ref to FT3; Abnormal UA ref to UA with micro; Atypical Urine Cytology ref to Urovysion Testing; If Viral Serology Testing are indeterminate will require further testing of same testing by a different method