Date: _____/_____/_____

Children's Wisconsin

Lab Staff – Give to PGNL staff to receive in Sunquest. DO NOT forward this req to Medical Records for EPIC scanning. File in lab only.

Lab Staff -*Sunquest patient label here*

Vendor = SEE LIST

Patient:

Last Name:	First Name:	
Date of Birth	Phone (10 digit):	
Gender:	☐ Male	☐ Female
Address:	City:	
State:	Zip:	

Ordering Provider/Institution (Institutional billing**):**

PMD Name:	
Institution Name:	

Specimen details (Collection date and time required to be on each specimen):

Specimen Sent to: **CHILDREN'S WI/LAB**	
Collection Date:	_____(dd/mm/yyyy)
Collection Time:	_____(hh:mm)

Specimen Type:

☐ STOOL
☐ FLUID -Specify_____
☐ TISSUE

Test requested:

☐ PENZ	PANCREATIC ENZYMES
☐ A1ANTS	ALPHA 1 ANTITRYPSIN STOOL
☐ DSAC	DISACCHARIDASES

Note CHW Staff – This sample is ordered in Sunquest under vendor account using vendor prefix SEE LIST.
Order CANNOT be placed in CHW EPIC, nor will result be viewable in CHW EPIC.