

The Special Infectious Disease (SID) Laboratory

2515 No Clark Street, Deming Room 3012, Chicago, IL. 60614

Patient Name (Last, First)

Patient Birthdate Age Collection Date Collection Time

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Hospital Number Accession Number

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Referring Physician

Specimen Type

 (1.0mL EDTA blood is optimal, 0.5mL is minimum)

Test Code (X) Test Name Charge CPT Codes

IRPCB	HIV-1 DNA PCR, Qualitative	\$180.00	87535, 89501
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Instructions for sample collection and receipt:

EDTA collections are preferred but ACD collections are acceptable. Complete patient info above.
 HIV DNA PCR samples require this completed requisition. Samples collected by heel stick or venipuncture are acceptable. Samples should be sent overnight or via local courier under ambient conditions. Please notify the lab of the pending shipment so the shipment can be tracked and that a technologist is available to receive the sample on Saturday if necessary.
 The SID lab is open 7:30AM to 6:00PM Mon-Fri. Samples collected on Saturday or Sunday should be held for Monday shipment. Complete the reporting & billing information below.
 Contact the SID laboratory staff at 312-227-6290 (Fax:312-227-7490) with any questions.
 HIV DNA PCR tests will be reported via fax, page or email to clinician requiring the results.
 Complete the contact information in the space provided below.

Billing Information

Reporting Information:

Hospital	Physician Name
Address	Fax or pager #
City	Email
State/Postal Code	Send Out Lab Phone
Bill To Dept.	Send out Lab Fax
Phone Number	Lab Contact
Tax ID	