

Check box(es) to mark request(s) - **DO NOT USE HIGHLIGHTER**

**UWHealth**  
University of Wisconsin  
Hospital and Clinics

**Clinical Laboratories**  
600 Highland Ave., Madison WI 53792-2472  
(608) 263-7060

Patient Name: \_\_\_\_\_  
(please print)

DOB: \_\_\_\_\_ Sex: M F

Client Supplied Patient ID: \_\_\_\_\_

Bill to WI Medical Assistance  
Provide request information if Wisconsin Medical Assistance

Home Address \_\_\_\_\_

City/State/ Zip \_\_\_\_\_

WI Medical Assistance # \_\_\_\_\_

Provider Signature \_\_\_\_\_

Signature Date/Time \_\_\_\_\_

UWHC Autogen # (For UWHC Lab Use Only) \_\_\_\_\_

Bill to Client

Client Name: \_\_\_\_\_ Client Code: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Collect Date: \_\_\_\_\_ Collect Time: \_\_\_\_\_

Billing/Authorizing Provider (Attending MD, NP, PA)  
\_\_\_\_\_

Fax #: \_\_\_\_\_

Contact #: \_\_\_\_\_

Diagnosis or ICD-9 Code  
\_\_\_\_\_

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order those tests that are medically necessary for the diagnosis or treatment of a patient rather than for screening purposes.

For specific instructions or handling information for each test, refer to [www.uwhealth.org/lab](http://www.uwhealth.org/lab) and click on the "Lab Test Directory" or call (608) 263-7060 or 1-800-323-8942 ext. 3-7060

**OPTION A: For Suspected Methanol, Isopropanol, or Ethylene Glycol Ingestion**

- Ethylene Glycol and Volatiles testing is performed stat when received between the hours of:  
0700 – 1600 Weekdays  
Weekends/Holidays- when Toxicology Lab is staffed.
  - These tests will be assayed stat after-hours if:
    - The patient is younger than 18 years old OR
    - The patient is 18 years or older and has an Osmo Gap  $\geq 10$  by this calculation:  
Osmo Gap = Osmolality – [(Sodium x 2) + (Glucose/18) + (BUN/2.8)]
- If neither of these two criteria are met for samples received after-hours, testing will be completed the next dayshift.*

**Select one screen.**

**Ethylene Glycol and Volatiles Screen, Adult- VGAP**

*Includes methanol, isopropanol, ethylene glycol, sodium, BUN, glucose, and osmolality.*

- GREEN top, no gel. Do not open or centrifuge. **Send minimum of 1 mL heparinized whole blood.**
- RED top, no gel. Centrifuge and aliquot serum to plastic vial. **Send minimum of 2 mL serum.**

**Ethylene Glycol and Volatiles Screen, Adult- VGAPNC--Includes methanol, isopropanol, and ethylene glycol.**

- **Attach** patient report with Sodium, BUN, Glucose, & Osmolality results.
- GREEN top, no gel. Do not open or centrifuge. **Send minimum of 1 mL heparinized whole blood.**
- RED top, no gel. Centrifuge and aliquot serum to plastic vial. **Send minimum of 2 mL serum.**

**Ethylene Glycol and Volatiles Screen, Pediatric- VGAPP**

- GREEN top, no gel. Do not open or centrifuge. **Send minimum of 0.5 mL heparinized whole blood.**
- RED top, no gel. Centrifuge and aliquot serum to plastic vial. **Send minimum of 0.5 mL serum.**

**OPTION B: For Follow-up of Confirmed Methanol, Isopropanol, and/or Ethylene Glycol Ingestion**

**Check confirmed test(s).** Note: A Testing Plan should be coordinated with a UWHC Clinician.

Methanol- MEOH	GREEN top, no gel. Do not open or centrifuge.	1 mL heparinized whole blood
Isopropanol- ISOH	GREEN top, no gel. Do not open or centrifuge	1 mL heparinized whole blood
Ethylene Glycol- ETGL	RED top, no gel. Centrifuge & aliquot serum to plastic vial.	1 mL serum

**For Option A or B--ALL Results are Called. Fill in Contact and Ordering Clinician Contact Information**

Contact Name:	_____	Phone or Pager #:	_____
<i>If the patient is positive for ingestion, a UWHC clinician will contact the ordering clinician to develop a testing plan for follow-up. Indicate ordering clinician contact information if different.</i>			
Ordering Clinician Name:	_____	Phone or Pager #:	_____