MEDICAL COLLEGE OF WISCONSIN
Department of Pediatrics
8701 Watertown Plank Road
Milwaukee, WI 53226
Website: www.mcw.edu/peds/gilab

Children's Hospital and Health System™
MEDICAL COLLEGE OF WISCONSIN
Children's Specialty Group™

PEDIATRIC GASTROENTEROLOGY AND NUTRITION LAB
TBRC-CRI 3rd Floor, Rm C 3383
Phone: 414-955-4166
Fax: 414-955-6686
Email: pgnl@mcw.edu

TEST REQUISITION FORM

PATIENT INFORMATION (Required)

Patient Name: _____
Patient ID #: _____
Date of Birth: _____ SEX: M __ F __
Location: _____ Laboratory ID #: _____
Collection Date: _____ Collection Time: _____
Specimen Type: _____

Clinical History: _____
_____
_____

ICD 9 CODE: _____

INSTITUTION CONTACT (Required)

Contact: _____
Institution: _____
Address: _____
_____
Fax: _____ Phone: _____

Physician signature: _____
Physician name printed: _____
Date: _____

TEST(S) REQUESTED:

	CODE	DESCRIPTION
☐	DSAC	DISACCHARIDASES PANEL
☐	LAC	LACTASE
☐	SUC	SUCRASE
☐	GLU	GLUCOAMYLASE
☐	PAL	PALATINASE

TEST(S) REQUESTED:

	CODE	DESCRIPTION
☐	PENZ	PANCREATIC FUNCTION PANEL
☐	LIP	LIPASE
☐	AMY	AMYLASE
☐	TRYP	TRYPSIN

☐ A1ANTS   STOOL ALPHA-1 ANTITRYPSIN

SPECIMEN DELIVERY ADDRESS	PEDIATRIC GASTROENTEROLOGY LABORATORY USE ONLY
Send samples frozen by first priority overnight to:	Date Received: ___/___/___ Time: ☐ AM ☐ PM
Medical College of Wisconsin	Specimen Type: _____ # vials: _____
Pediatric Gastroenterology and Nutrition Laboratory	Report Date: ___/___/___
Attn: Emerald Lee	_____
CRI-Room C-3383	
TBRC-CRI 3rd Floor	Pre-Analytic Condition: ☐ Satisfactory ☐ Unsatisfactory
8701 Watertown Plank Road	Deficiency Code: _____
Milwaukee, WI 53226	Corrective Action: _____
Please call 414-955-4166 with tracking # prior to shipping	