

Patient Name Last name		First name		Patient MRN	Patient FIN	Patient DOB: (MMDD/YYYY) / /	
Ordering provider information Last name				First name		Provider ID number	Patient Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Collection priority <input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Routine <input type="checkbox"/> Timed		Date of Collection	Time of Collection		Complete one order form for each collection date/time		Location (Unit and Bed)
Location <input type="checkbox"/> SGAH <input type="checkbox"/> WAH <input type="checkbox"/> ARHM-R <input type="checkbox"/> ARHM-T		Primary Nurse's Name:		Phone or Vocera Number:			

Hematology		Coagulation		Urinalysis		Urine Chemistry																							
<input type="checkbox"/> CBC w/o Diff	<input type="checkbox"/> CBC	<input type="checkbox"/> Retic Count	<input type="checkbox"/> Sedimentation Rate (ESR)	<input type="checkbox"/> Kleihauer Betke (KBT)	<input type="checkbox"/> Platelet Count	<input type="checkbox"/> PT/INR	<input type="checkbox"/> PTT	<input type="checkbox"/> Thrombin Time	<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> D-Dimer	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Urine Pregnancy	<input type="checkbox"/> Creatinine, Urine	<input type="checkbox"/> Osmolality, Urine	<input type="checkbox"/> Urine Drug Screen														
						Blood Bank		<table border="1"> <tr> <td colspan="2"></td> <th colspan="2">COLLECTION</th> </tr> <tr> <td colspan="2"></td> <th>RANDOM</th> <th>24-HOUR</th> </tr> <tr> <td><input type="checkbox"/></td> <td>Potassium, Urine</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sodium, Urine</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total Protein, Urine</td> <td></td> <td></td> </tr> </table>				COLLECTION				RANDOM	24-HOUR	<input type="checkbox"/>	Potassium, Urine			<input type="checkbox"/>	Sodium, Urine			<input type="checkbox"/>	Total Protein, Urine		
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Immunology		Body Fluid																																					
<input type="checkbox"/> Clostridium difficile	<input type="checkbox"/> Gastrocult	<input type="checkbox"/> Influenza	<input type="checkbox"/> Malaria Smear																																				
<input type="checkbox"/> Mono Test	<input type="checkbox"/> Occult Blood	<input type="checkbox"/> Rapid HIV Test	<input type="checkbox"/> Rotavirus																																				
<input type="checkbox"/> RSV	<input type="checkbox"/> Stool for WBC	<input type="checkbox"/> Strep Group A (Rapid)	<input type="checkbox"/> Wet Prep.																																				
		<table border="1"> <tr> <td># of tubes</td> <td>Fluid Type</td> <td><input type="checkbox"/> CSF</td> <td><input type="checkbox"/> Peritoneal</td> <td><input type="checkbox"/> Synovial</td> <td><input type="checkbox"/> Pleural</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Cell Count</td> <td colspan="4">Tube #</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Glucose</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Protein</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fluid pH</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Additional fluid tests:</td> <td colspan="4"></td> </tr> </table>		# of tubes	Fluid Type	<input type="checkbox"/> CSF	<input type="checkbox"/> Peritoneal	<input type="checkbox"/> Synovial	<input type="checkbox"/> Pleural	<input type="checkbox"/>	Cell Count	Tube #				<input type="checkbox"/>	Glucose					<input type="checkbox"/>	Protein					<input type="checkbox"/>	Fluid pH					<input type="checkbox"/>	Additional fluid tests:				
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Chemistry Panels	
<input type="checkbox"/> Basic Metabolic Panel:	Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Calcium, Glucose
<input type="checkbox"/> Comprehensive Metabolic Panel:	Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Glucose, Calcium, Albumin, Alk Phos., AST, ALT, Bilirubin total, Total Protein.
<input type="checkbox"/> Lipid Panel:	HDL, Triglycerides, Cholesterol
<input type="checkbox"/> Liver Panel:	Albumin, Alk. Phos., ALT, AST, Total Protein, Bilirubin total, Bilirubin direct
<input type="checkbox"/> Renal Panel:	Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Calcium, Glucose, Albumin, Phos.
<input type="checkbox"/> Cardiac Panel:	CK, CKMB, Troponin

Chemistry			
<input type="checkbox"/> Acetone	<input type="checkbox"/> ALT (SGPT)	<input type="checkbox"/> Albumin	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Alkaline Phosphatase	<input type="checkbox"/> Ammonia	<input type="checkbox"/> Amylase	<input type="checkbox"/> APT test (SGAH only)
<input type="checkbox"/> AST (SGOT)	<input type="checkbox"/> Bilirubin, Direct	<input type="checkbox"/> Bilirubin, Total	<input type="checkbox"/> BNP
<input type="checkbox"/> BUN (Urea Nitrogen)	<input type="checkbox"/> Calcium	<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Carbon Dioxide (CO ₂)
<input type="checkbox"/> CarboxyHb & MethHb	<input type="checkbox"/> Chloride	<input type="checkbox"/> Cholesterol	<input type="checkbox"/> CKMB
<input type="checkbox"/> C-Reactive Protein (CRP)	<input type="checkbox"/> Creatine Kinase (CK)	<input type="checkbox"/> Creatinine, Serum	<input type="checkbox"/> Digoxin
<input type="checkbox"/> Fetal Fibronectin	<input type="checkbox"/> Gentamicin (specify Random, Peak or Trough)	<input type="checkbox"/> GGT	<input type="checkbox"/> Glucose
<input type="checkbox"/> HCG Qual, serum	<input type="checkbox"/> HCG Quant, Plasma	<input type="checkbox"/> HDL	<input type="checkbox"/> Hemoglobin A1C
<input type="checkbox"/> iPTH	<input type="checkbox"/> Iron	<input type="checkbox"/> Lactate Dehydrogenase (LDH)	<input type="checkbox"/> Lactic Acid
<input type="checkbox"/> Lipase	<input type="checkbox"/> Lithium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Myoglobin
<input type="checkbox"/> Osmolality, Serum	<input type="checkbox"/> Phenobarbital	<input type="checkbox"/> Phenytoin (Dilantin)	<input type="checkbox"/> Phosphorus
<input type="checkbox"/> Potassium	<input type="checkbox"/> Salicylate	<input type="checkbox"/> Sodium	<input type="checkbox"/> T4, Free
<input type="checkbox"/> Theophylline	<input type="checkbox"/> Tobramycin (specify Random, Peak or Trough)	<input type="checkbox"/> Total Iron Binding Capacity	<input type="checkbox"/> Total Protein
<input type="checkbox"/> Triglycerides	<input type="checkbox"/> Troponin	<input type="checkbox"/> TSH	<input type="checkbox"/> Uric Acid
<input type="checkbox"/> Valproic Acid	<input type="checkbox"/> Vancomycin (specify Random, Peak or Trough)		

Additional Tests		



General Lab Downtime Order Form

Patient Identification



S7400191

7400-191 (7/14)

White - Laboratory Copy Canary - Chart Copy

Instructions for completing the General Lab Downtime Order Form

1. Use this form when ordering laboratory testing during computer downtimes.
2. Complete a separate form for each collection time.
Example: The provider orders a CBC every 8 hours x 3
The laboratory will need 3 order forms; one for each collection

3. If patient label is available:
 - a. Adhere the label to the lower, right-hand corner of the form.
 - b. Ensure there is one label on each copy of the form.

If patient label is NOT available:

Legibly complete the following information at the top of the form:

- a. Patient last and first name
 - b. Patient medical record number
 - c. Patient FIN
 - d. Patient date of birth
 - e. Patient gender
4. Fill in the following information on all forms:
Note: Failure to provide ALL of this information may result in testing/collection delays.
 - a. First **and** last name of ordering provider and/or provider ID number
 - b. Collection priority (STAT, ASAP, Routine, Timed)
 - c. Time and date of collection (for timed draws and samples that have already been collected)
 - d. Location including unit and bed
 - e. Location site (SGAH, WAH, ARHM-R, ARHM-T)
 - f. Primary nurse's name and contact information
 5. Place a check mark next to each test that is requested for the same collection time. Note: A separate form must be completed for each collection time.
 - a. For urine chemistry tests, indicate random or 24-hour collection by circling the appropriate selection
 - b. Handwrite additional orders that are not on the form in the "Additional Tests" area.
 6. Submit the form to the laboratory for processing.



S7400191

General Lab Downtime Order Form

7400-191

Patient Identification

Patient Name <i>Last name</i>		<i>First name</i>		Patient MRN	Patient FIN	Patient DOB: (MMDDYYYY) / /	
Ordering provider information <i>Last name</i>				<i>First name</i>		Provider ID number	Patient Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Collection priority <input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Routine <input type="checkbox"/> Timed		Date of Collection	Time of Collection		Complete one order form for each collection date/time		Location (Unit and Bed)
Location <input type="checkbox"/> SGAH <input type="checkbox"/> WAH <input type="checkbox"/> ARHM-R <input type="checkbox"/> ARHM-T		Primary Nurse's Name:			Phone or Vocera Number:		

Direct Smears and Cultures ***Specimen Source Required		LIS Code	Specimen Source **Required		Specific Site
<input type="checkbox"/>	AFB Smear and Culture	XAFBC1	<input type="checkbox"/>	Cerebrospinal Fluid	
<input type="checkbox"/>	AFB Blood Culture	XAFBL1	<input type="checkbox"/>	Body Fluid	
<input type="checkbox"/>	Anaerobic Culture	XANAC	<input type="checkbox"/>	Tissue	
<input type="checkbox"/>	Blood Culture	XBLC	<input type="checkbox"/>	Sputum	
<input type="checkbox"/>	BV Smear	XBV	<input type="checkbox"/>	Induced Sputum	
<input type="checkbox"/>	Catheter Tip Culture	XCTIP	<input type="checkbox"/>	Nose	
<input type="checkbox"/>	CSF Gram Stain and Culture	XCSFC	<input type="checkbox"/>	Throat	
<input type="checkbox"/>	Ear Culture	XEAR	<input type="checkbox"/>	Tracheal Aspirate	
<input type="checkbox"/>	Environmental Culture	XENVR	<input type="checkbox"/>	Bronchial Washing	
<input type="checkbox"/>	Eye Culture	XEYE	<input type="checkbox"/>	Bronchial Alveolar Lavage	
<input type="checkbox"/>	Fluid Gram Stain and Culture	XFLC	<input type="checkbox"/>	Bronchial Brushings	
<input type="checkbox"/>	Fungus Blood Culture	XBLF1	<input type="checkbox"/>	Abscess	
<input type="checkbox"/>	Fungus Culture	XFUNC1	<input type="checkbox"/>	Bite Wound	
<input type="checkbox"/>	Fungal Smear	XFSMR1	<input type="checkbox"/>	Burn	
<input type="checkbox"/>	GC Culture	XGCS	<input type="checkbox"/>	Diabetic Ulcer	
<input type="checkbox"/>	Genital Culture	XGENC	<input type="checkbox"/>	Decubitus Ulcer	
<input type="checkbox"/>	Gram Stain	GS	<input type="checkbox"/>	Prosthesis	
<input type="checkbox"/>	Group A Strep Culture Screen	XSTPAS	<input type="checkbox"/>	Surgical Wound	
<input type="checkbox"/>	Group B Streptococcus Culture Screen	XGBSC	<input type="checkbox"/>	Stool	
<input type="checkbox"/>	MDRO Surveillance Culture	XMDRO	<input type="checkbox"/>	Urine Clean Catch	
<input type="checkbox"/>	MRSA Culture Screen	MRSAS	<input type="checkbox"/>	Urine In/Out Cath	
<input type="checkbox"/>	Ova & Parasite Exam	XOP	<input type="checkbox"/>	Urine Indwelling Cath	
<input type="checkbox"/>	Prosthetic Joint Culture	XJOINT	<input type="checkbox"/>	Urine Cystoscopy	
<input type="checkbox"/>	Respiratory Culture	XRESP	<input type="checkbox"/>	Urine Suprapubic Aspirate	
<input type="checkbox"/>	Staph aureus Nasal Screen	XSANS	<input type="checkbox"/>	Cervix	
<input type="checkbox"/>	Stool Culture	XSTLC	<input type="checkbox"/>	Vagina	
<input type="checkbox"/>	Stool Culture for E. coli O157	XECOL	<input type="checkbox"/>	Vaginal/Rectal Swab	
<input type="checkbox"/>	Throat Culture	XTC	<input type="checkbox"/>	Other (must specify):	
<input type="checkbox"/>	Tissue Culture	XTISC			
<input type="checkbox"/>	Urine Culture	XURNC			
<input type="checkbox"/>	VRE Culture Screen	XVRE			
<input type="checkbox"/>	Wound Culture (Aerobic)	XWDAC			
<input type="checkbox"/>	Wound Gram Stain and Culture	XWDCG			

Non-Culture Microbiology Tests		LIS Code	Non-Culture Microbiology Tests		LIS Code
<input type="checkbox"/>	Chlamydia/GC	XCTNG	<input type="checkbox"/>	Malaria Smears	MAL
<input type="checkbox"/>	Clostridium difficile	QCDF	<input type="checkbox"/>	Mycobacterium tuberculosis TMA - Respiratory	XTBRP
<input type="checkbox"/>	Giardia Antigen, Stool, EIA	XGSA	<input type="checkbox"/>	Mycobacterium tuberculosis TMA - Non-Respiratory	XTBNR
<input type="checkbox"/>	Group A Strep Antigen (Quick Strep)	QSTP	<input type="checkbox"/>	Respiratory Virus Panel	RESPP
<input type="checkbox"/>	Helicobacter pylori Antigen	XHPYAN	<input type="checkbox"/>	RSV Antigen	RSVAN
<input type="checkbox"/>	Influenza Antigen	INFVA	<input type="checkbox"/>	Rotavirus Antigen	ROTA
<input type="checkbox"/>	Influenza A&B PCR	XIABRP	<input type="checkbox"/>	Wet Prep	WETP
<input type="checkbox"/>	Legionella Antigen, EIA, Urine	XURLAG			



Microbiology Downtime Order Form

7400-190 (7/14)

White - Laboratory Copy Canary - Chart Copy



S7400190

Patient Identification

Instructions for completing the Microbiology Downtime Order Form

1. Use this form when ordering microbiology laboratory testing during computer downtimes.
2. Note: A separate form is required for each specimen.
3. If patient label is available:
 - a. Adhere the label to the lower, right-hand corner of the form.
 - b. Ensure there is one label on each copy of the form.

If patient label is NOT available:

Legibly complete the following information at the top of the form:

- a. Patient last and first name
 - b. Patient medical record number
 - c. Patient FIN
 - d. Patient date of birth
 - e. Patient gender
4. Fill in the following information on all forms:

Note: Failure to provide ALL of this information may result in testing/collection delays.

 - a. First **and** last name of ordering provider and/or provider ID number
 - b. Collection priority (STAT, ASAP, Routine, Timed)
 - c. Time and date of collection (for timed draws and samples that have already been collected)
 - d. Location including unit and bed
 - e. Facility Location
 - f. Primary nurse's name and contact information
 5. Place a check mark next to each test that is requested for the single specimen.
 6. Place a check mark next to the source of the specimen. Where indicated, write the specific site in the box to the right of the source.
 7. Submit the form to the laboratory for processing along with specimens that have already been collected.



S7400190

Microbiology Downtime Order Form

7400-190

Patient Identification