## 2017 Respiratory Specimen Orders

## **Bronchial Washings and BALs**

	Test Name	CarePath No.	<u>Lab ID</u>	Min. vol.	Opt. vol.
•	Respiratory Culture	LAB3108	CRESP	1ml	3ml
•	Acid Fast Culture w/smear	LAB5452	CAFB	1ml	5ml
•	Fungus Culture	LAB240	CFUNG	1ml	3ml
•	Culture, Viral Respiratory *	LAB5462	IRSPV	0.5ml	3ml
•	Legionella Culture	LAB902	CLEG2	0.5ml	3ml
•	Legionella pneumophilia DFA	LAB3074	LGDFA	1ml	2ml
0	Miscellaneous Reference Test **	LAB5507	MGT4	0.5ml	2ml
	(Legionella species by PCR)**	**must note test	t needed in	comments fo	or misc. test
•	Pneumocystis stain	LAB5648	<b>GMSPN</b>	0.5ml	2ml
•	Cytology, nongyn	LAB13			

<sup>\*</sup>Viral Culture includes testing for: CMV, Herpes Simplex, Influenza A and B, Adenovirus, RSV, Enterovirus and Para-influenza 1, 2, 3

When ordering tests on multiple specimens please indicate in comments the source.

## **SMEARS ONLY**

•	Gram Stain smear	LAB250	SGS
•	AFB ZN Stain	LAB266	SAFB
•	Smear Fungus	LAB5054	SFUNG
•	Nocardia sp.(Modified ZN Smear)	LAB 6909	ZNMOD

## Biopsies, Brushes, Protected Brushes and Quantitative Respiratory Cultures.\*

	<u>Test Name</u>	CarePath No.	Lab ID	Min. vol.	Opt. vol.
•	Quantitative Respiratory culture	LAB6908	CPBS	1ml	1ml
•	Respiratory Culture	LAB3108	CRESP	1ml	3ml
•	AFB Culture	LAB5452	CAFB	1ml	5ml
•	Fungus Culture	LAB240	<b>CFUNG</b>	1ml	3ml

<sup>\*</sup>Due to the low volume collected from these sources priority testing may be necessary. Quantity of the specimen may not be sufficient for multiple tests.

When ordering tests on multiple specimens please indicate in comments the source.

Please do not order tests in comments- must have test ordered to proceed with testing.

CSN

Req/Control # [Problem retrieving Specimen ID]

Order Date: Mar 13, 2017

^349436

**Patient Information** 

Name: Pineapple Faygo DOB: 01/13/1967

Age: 50 y.o.

Address: 123 TROPICAL AVENUE

LIMA

City, State OH, OH Zip: 45801

PCP: No primary care provider on file.

Sex: F

SSN:

Home Phone: No phone on record Work Phone: No phone on record Patient MRN: 900012175

Alt Patient ID: E6133517 PCP Phone: None

**Ordering Site Information** 

ORDERING USER: Mark E Elam

Physician ID:

NPI:

Site: Wcoh St Rita's Hospital

Ordering Location: STR CCU 3A Address: 730 W Market Street City, State Zip: Lima, OH 45801

Phone: 419-227-3361

Fax:

**TEST ORDERED** 

Cytology, Non-Gyn [LAB13] (ORD #: 95299997)

**Priority** 

Class

Routine

Lab Collect

Associated Diagnosis:
Comments:

Scheduling Instructions:

Specimen

Source Right Middle

**Date** 

<u>Collection Time</u> <u>Order Status</u> <u>Expected Date</u> <u>Occurrences</u>

Interval ONE TIME

Remaining

Lobe

Electronically Signed By

Joseph J Sreenan, MD

Date

Mar 13, 2017

Responsible Party /Guarantor Information

This patient has never had guarantor information entered for any encounter.

ABN:

Worker's Comp Date of Injury:

Insurance & Policy Holder Information

**Primary Insurance** 

Insurance/Subscriber ID:

Payor Name:

Subscriber Name: Relationship to Patient: Plan: Group:

Secondary Insurance

Insurance/Subscriber ID:

Payor Name:

Subscriber Name:

Plan:

CSN

Req/Control # [Problem retrieving Specimen ID]

Order Date: Mar 13, 2017

^349436

**Patient Information** 

Name: Pineapple Faygo DOB: 01/13/1967

Age: 50 y.o.

Address: 123 TROPICAL AVENUE

LIMA

City, State OH, OH

Zip: 45801

PCP: No primary care provider on file.

Sex: F

SSN:

Home Phone: No phone on record Work Phone: No phone on record

Patient MRN: 900012175 Alt Patient ID: E6133517

PCP Phone: None

**Ordering Site Information** 

ORDERING USER: Mark E Elam

Physician ID:

NPI:

Site: Wcoh St Rita's Hospital

Ordering Location: STR CCU 3A Address: 730 W Market Street City, State Zip: Lima, OH 45801

Phone: 419-227-3361

Fax:

**TEST ORDERED** 

PNEUMOCYSTIS STAIN [LAB5648] (ORD #: 95299999)

**Priority** Routine

Class

**Unit Collect** 

Associated Diagnosis:

Comments:

Scheduling Instructions:

Specimen

Collection

Collection Time Order Status Expected Date Occurrences

Interval

**BAL-Right** 

Source

Date

Remaining

S

ONE TIME

Lower

Electronically Signed By

Joseph J Sreenan, MD

Date

Mar 13,

03/27/17 08:39 FAYGO, PINEAPPLE 50 F 3A:0005:A Mrn: 900012175

Dob: 01/13/67 \*MED

Dr. SREEHAH ...

Responsible Party /Guarantor Information

This patient has never had guarantor information entered for any encounter.

ABN:

Worker's Comp Date of Injury:

Insurance & Policy Holder Information

Plan:

Group:

FAYGO, PINEAPPLE 50 F V2130002 B#: 9019029 Mrn:900012175

3A:0005:A

ROUTINE

Dob: 61/13/67

**Primary Insurance** 

Insurance/Subscriber ID:

Subscriber Name:

Relationship to Patient:

Payor Name:

Secondary Insurance

Subscriber Name:

Insurance/Subscriber ID:

Payor Name:

Plan: