

**CLINICAL LABORATORY
DOWNTIME ORDER FORM**

ACCOUNT 9001

[SARV]

Patient Room / Bed Location: RVEVSA Event Type OS	Date/Time of Collection:	THIS BOX FOR LAB USE ONLY Tech Code: _____ Place flag label(s) below:
Ordering Physician: ROWBERRY, RON [50057427]		
PRIORITY: <input type="checkbox"/> STAT <input type="checkbox"/> TIMED <input type="checkbox"/> ASAP <input type="checkbox"/> ROUTINE		

Chemistry Panels	Therapeutic Drug Tests	Microbiology (continued)	
<input type="checkbox"/> Basic Metabolic Panel BMPG	<input type="checkbox"/> Digoxin DIG	<input type="checkbox"/> Gram Stain Only GS	
<input type="checkbox"/> Comp Metabolic Panel CMPG	<input type="checkbox"/> Lithium LI	<input type="checkbox"/> Influenza A&B Antigens (rapid) IFABEO	
<input type="checkbox"/> Hepatic Function Panel LIVR	<input type="checkbox"/> Salicylate SAL	<input type="checkbox"/> Influenza A&B Antigens w/Reflex (rapid) IFABER	
<input type="checkbox"/> Lipid Panel LIPID	<input type="checkbox"/> Valproic Acid (Depakene) VALP	<input type="checkbox"/> MRSA Screen (culture) MRSAS	
<input type="checkbox"/> Renal Function Panel RENG	<input type="checkbox"/> Vancomycin VANCT	<input type="checkbox"/> Ova & Parasites Screen OPEO	
Chemistry	Coagulation	Microbiology (continued)	
<input type="checkbox"/> Acetaminophen ACETA	<input type="checkbox"/> Protime PT	<input type="checkbox"/> Respiratory Culture & Smear RES	
<input type="checkbox"/> Albumin ALB	<input type="checkbox"/> PTT PTT	<input type="checkbox"/> Stool Culture w/ Shiga Toxins STLST	
<input type="checkbox"/> Alcohol ALC	<input type="checkbox"/> Fibrinogen FIB	<input type="checkbox"/> Throat/Nasal Culture THN	
<input type="checkbox"/> Ammonia AMM	<input type="checkbox"/> D-Dimer DDQ	<input type="checkbox"/> Tissue Culture w/ Anaerobes & Smear TISA	
<input type="checkbox"/> Amylase AMY	<input type="checkbox"/> Platelet Function Screen PFA	<input type="checkbox"/> Urine Culture URC	
<input type="checkbox"/> Bilirubin, Total BILT	Hematology		
<input type="checkbox"/> Bilirubin, Direct BILD	<input type="checkbox"/> CBC with Auto DIFF CBCA	<input type="checkbox"/> Wound/Abscess Culture & Smear WD	
<input type="checkbox"/> CPK CK	<input type="checkbox"/> CBC with NO DIFF (Blood Count) CBCND	Blood Bank	
<input type="checkbox"/> CKMB CKMBB	<input type="checkbox"/> Hematocrit HCT	Date & Time products needed: _____	
<input type="checkbox"/> Creatinine CREG	<input type="checkbox"/> Hemoglobin HGB	Special Requirements: <input type="checkbox"/> Irradiated <input type="checkbox"/> CMV Neg	
<input type="checkbox"/> C Reactive Protein CRPRTN	<input type="checkbox"/> Reticulocyte RETIC	Patient History:	
<input type="checkbox"/> Cyclosporin CYC	<input type="checkbox"/> Sedimentation Rate ESR	Transfused in past 3 months <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Ferritin FER	Urine		
<input type="checkbox"/> FK506 (aka: Prograf, Tacrolimus) FK506	<input type="checkbox"/> Osmolality, urine UOSM	Pregnant in past 3 months <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Folate FOL	<input type="checkbox"/> Pregnancy Qual, urine UPREG	Antenatal RH Immune Globulin <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Glucose GLU	<input type="checkbox"/> Sodium, urine UNA	TESTS:	
<input type="checkbox"/> Glycohemoglobin (A1C) A1CB	<input type="checkbox"/> Urinalysis, Microscopic and Culture if Indicated UAC	<input type="checkbox"/> Type & Screen Only TS	
<input type="checkbox"/> Iron/ TIBC FETIBC	<input type="checkbox"/> Urinalysis, Culture if Indicated UACMB	<input type="checkbox"/> Type & Screen with Crossmatch XM	
<input type="checkbox"/> Lactic Acid LAC	<input type="checkbox"/> UDOA1 UDOA1	<input type="checkbox"/> ABO / RH Only ABORH	
<input type="checkbox"/> LDH LD	<input type="checkbox"/> UDOA8 UDOA8	<input type="checkbox"/> Antibody Screen (Indirect Coombs) AS	
<input type="checkbox"/> Lipase LIPA	CSF / Body Fluid / Stool		
<input type="checkbox"/> Magnesium MG	<input type="checkbox"/> CSF Cell Count +Differential CCT	<input type="checkbox"/> Direct Coombs DAT	
<input type="checkbox"/> Osmolality OSM	<input type="checkbox"/> CSF Glucose CGLU	<input type="checkbox"/> Fetal Bleed Screen FB	
<input type="checkbox"/> Phosphorus PHOS	<input type="checkbox"/> CSF Total Protein CTP	<input type="checkbox"/> HOLD sample BBHOLD	
<input type="checkbox"/> Potassium K	• Must include source		
<input type="checkbox"/> Pre- Albumin ALBPRES	Specimen Type: _____		
<input type="checkbox"/> Pregnancy, Quant (BHCG) HCG	<input type="checkbox"/> Cell Count & Diff, fluid FCT	<input type="checkbox"/> RBC: [# of Units needed _____]	
<input type="checkbox"/> Pro-BNP BNPP	<input type="checkbox"/> Occult Blood OB	<input type="checkbox"/> Autologous Packed RBC / Whole Blood Unit	
<input type="checkbox"/> RPR RPR	Microbiology		
<input type="checkbox"/> SGOT (AST) AST	• Must include source		
<input type="checkbox"/> SGPT (ALT) ALT	Source/Type: _____		
<input type="checkbox"/> Sodium NA	Site: _____		
<input type="checkbox"/> T4 T4	<input type="checkbox"/> Blood Culture BC	<input type="checkbox"/> Packed RBC Unit	
<input type="checkbox"/> T4, Free T4F	<input type="checkbox"/> AFB Culture, blood AFBB	<input type="checkbox"/> Red Blood Cells, Washed Unit	
<input type="checkbox"/> Troponin TROPI	<input type="checkbox"/> AFB Culture, non-blood AFBC	PLATELET / PLASMA: [# of Units needed _____]	
<input type="checkbox"/> TSH TSH	<input type="checkbox"/> Beta Strep, Group A (rapid) AEO	<input type="checkbox"/> Plateletpheresis	
<input type="checkbox"/> Uric Acid URIC	<input type="checkbox"/> Clostridium difficile Toxin (rapid) CDTO	<input type="checkbox"/> Plateletpheresis, HLA Matched	
<input type="checkbox"/> Vitamin B12 B12	<input type="checkbox"/> Clostridium difficile (PCR) CDIFO	<input type="checkbox"/> Fresh Frozen Plasma	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> CSF Culture CSFC	<input type="checkbox"/> Fresh Frozen Plasma, Jumbo	
	<input type="checkbox"/> Fluid Culture w/ Anaerobes & Smear FLDCA	<input type="checkbox"/> Cryoprecipitate	
		<input type="checkbox"/> Cryoprecipitate, pooled	
		<input type="checkbox"/> RH Immune Globulin	
			OTHER
			ENVIRONMENTAL
			CULTURE

ORDER "ENV-; SANIPACK SANITIZER
(SOURCE = SANIPACK SANITIZER)

