Document Type: Written Order

DRO007

METHODIST HOSPITAL

Interventional Radiology

Specimen Testing Order — Fax to 402-354-6595

Patient Name:

DOB: | Diagnosis:

Ordering Physician Signature:_____ Date:_____

Tissue Biopsy	
Location:	
☐	Cytology
☐	Culture Routine
☐	Culture Fungus
☐	Culture AFB
☐	
☐	

Lung Biopsy	
Location:	
☐	Cytology
☐	Culture Routine
☐	Culture Fungus
☐	Culture AFB
☐	Cell Surface Markers
☐	

Abscess Drainage/Fluid Aspirations	
Location:	
☐	Cytology
☐	Culture Routine
☐	Culture Fungus
☐	Culture AFB
☐	
☐	

Paracentesis	
☐	Limit:
☐	Albumin
☐	Alkaline Phosphatase
☐	Amylase
☐	Cell Count / Diff
☐	Cytology
☐	Glucose
☐	LDH
☐	Specific Gravity
☐	Total Protein
☐	
	Standing IR Colloid Replacement Protocol: If <5L, no albumin given If >5L, 25G 25% albumin given; each additional 1L removed, 6G 25% albumin given

Thoracentesis	
Location:	
☐	Amylase
☐	Alkaline Phosphatase
☐	Cell Count / Diff
☐	Cytology
☐	Glucose
☐	LDH
☐	Culture Routine
☐	Culture Fungus
☐	
☐	

Bone Marrow Biopsy / Aspiration		
☐	Without Sedation	
☐	With Sedation	
☐	Cell Surface Markers (Flow Cytometry)	
	☐	Lymphoma Panel
	☐	Leukemia Panel
	☐	Multiple Myeloma Panel
	☐	Myelodysplastic Syndrome
	☐	
☐	Cytogenics	
☐	Buffy Coat	
☐	Peripheral Blood CBC	
☐	Fat Pad	

Lumbar Puncture			
☐	ACE	☐	LDH
☐	Cell Count	☐	Lyme – PCR
☐	Cell Surface Markers	☐	MS Screen
☐	Crypto Antigen + Culture	☐	Myelin Basis Protein
☐	Culture Routine	☐	NMO Antibody
☐	Culture Fungus	☐	Oligoclonal Band
☐	Cytology	☐	Protein
☐	EBV DNA PCR	☐	Protein 14-3-3 (CJD)
☐	Electrophoresis	☐	Syphilis IgG
☐	Enterovirus PCR	☐	T-Cell Rearrangement
☐	FTA	☐	Toxoplasma
☐	Glucose	☐	Varicella
☐	Herpes Multiplex Panel	☐	VDRL
☐	HSV 1 & 2	☐	West Nile
☐	IgG Rearrangement	☐	Xanthochromia
☐	IgH Rearrangement	☐	
☐	IgM	☐	
☐	JC Virus	☐	

Patient Label

PERMANENT PART OF MEDICAL RECORD
SPECTESTORDER
Rev 09/2018