

FLUID SPECIMEN ORDER FORM

SOURCE **ONE SPECIMEN PER REQUISITION** **Collection Date:** _____ **Time:** _____

☐ **FLUID** Indicate specimen source and container #: _____ for testing. **(PLEASE DO NOT ADD FIXATIVE)**

BRONCHIAL: _____ Lavage (site: _____) _____ Brushing _____ Biopsy _____ Sputum

OTHER FLUIDS: _____ Nasal Wash _____ Abdominal _____ Ascites _____ Breast _____ Vesicle

 _____ Duodenal _____ Gastric _____ Peritoneal _____ Pleural

 _____ Synovial (site: _____) _____ Other fluid _____

Additional info (e.g. specimen source, site info, L/R, etc.): _____

☐ **CSF** Testing will be performed on pre-assigned tube numbers, unless otherwise stated on requisition.

Tube 1 (or Tube: _____) **Tube 2 (or Tube: _____)** **Tube 3 (or Tube: _____)** **Tube 4 (or Tube: _____)**

SENDOUTS **CHEMISTRY** **MICRO/MOLECULAR** **HEME / CYTO / FLOW**

Clinical Indication: (Required)

TEST ORDERS For questions contact Lab Customer Service at 801-507-2110

CYTOLOGY	MICROBIOLOGY	MOLECULAR
<u>Malignancy evaluation</u> (CYT)	<u>STAT Gram Stain</u> (GST)	<u>Bordetella pertussis - PCR</u> (BOPPCR)
<u>Special stains for infection</u>	<u>Routine Culture</u>	<u>Cytomegalovirus - PCR</u> (CMVPCR)
	<i>*includes Gram Stain</i>	<u>Enterovirus - PCR</u> (ENTPCR)
FLOW CYTOMETRY (801-507-2276)	Bronchial..... (RESCX)	<u>Epstein Barr Virus - PCR</u> (EBVPCR)
<u>Leuk/Lym Pheno</u> (FLOWLL)	CSF.....(CSFCX)	<u>Herpes Simplex Virus - PCR</u>(HSVPCR)
<i>*WBC >5 for CSFs</i>	Fluid(RCX)	<u>Legionella pneumophila - PCR</u>(LEGPCR)
<u>CD4/CD8 ratio</u> (FLOWBL)	Fluid in culture bottle... ..(BFCX)	<u>FLU A and FLU B - PCR</u> (FLUPCR)
<u>Hold for flow cytometry at</u>	<i>*includes RCX,ANACX</i>	<u>Varicella Zoster - PCR</u> (VARPCR)
<u>pathologist discretion</u>(FLOWSP)	<u>Anaerobic Culture</u>(ANACX)	<u>Pneumocystis - DFA*</u> (PCARDF)
CHEMISTRY	<u>AFB Culture</u>(AFBCX)	<u>Respiratory Panel by FilmArray</u>(RFAPCR)
<i>*Red top tube for body fluids</i>	<u>Fungal Culture</u>(FCX)	Includes: Adenovirus,Coronavirus,Metpneumovirus,
<u>Albumin</u>	<u>Quantitative Culture</u>(QNTCX)	Rhino/Enterovirus,Influenza A/H Series,Influenza B,
Fluid..... (ALBFL)	<i>BAL specimens</i>	Parainfluenza 1-4,Syncytial Virus
<u>Amylase</u>	HEMATOLOGY	SENDOUTS
Fluid.....(AMYFL)	<u>Cell Count w/ Diff</u>	CSF
<u>Glucose</u>	Body Fluid(BFCC)	<u>MS Panel</u> (MSPANL)
Fluid(GLUFL)	<i>*Collect in EDTA Tube</i>	<i>*Requires CSF + Serum</i>
CSF.....(GLUCSF)	CSF(CSFCWD)	<i>*Oligoclonal Banding+Myelin Basic Protein</i>
<u>Lactic Acid</u>	BAL(BFCC)	<u>Oligoclonal Banding</u>(OLIGB)
CSF..... (LACSF)	<u>Body Fluid Crystal</u>(BFCRY)	<i>*[Requires CSF + Serum]</i>
<u>LDH</u>	<i>*Collect in Red top tube or syringe</i>	<u>ACE</u> (ACECSF)
Fluid..... (LDHFL)	PATHOLOGY REVIEW	<u>JC Virus Ultrasensitive PCR (CSF)</u>
<u>Protein</u>	<u>HemePath Review</u>(PATHR)	(MSO: Send to Focus Diagnostics #43536)
Fluid.....(PRFL)	<i>Offered at LDSH only</i>	<u>Misc ARUP Test #:</u> _____
CSF.....(PRCSF)		<u>ARUP Test Name:</u> _____
<u>Triglycerides</u>		Additional Testing/Instructions:
Fluid.....(TRIGFL)		
<u>Creatinine</u>		
Fluid.....(CRFL)		
<u>pH (Blood Gas)</u>		
Lab will send directly to Blood Gas		

Lab Use Only: SQ Labels

Triage	Order	Labels	Distribute	Copy Req	Copy Req
				<input type="checkbox"/> for CYT	<input type="checkbox"/> for FL
Tech Code Required					
Shared Specimen Tracking Only:					
CY	FL	CH	MI	HE	MP

Ordering Clinician Signature: _____ **Date:** _____ **Time:** _____

<input type="checkbox"/> STAT PH# _____ Fax # _____ Collection Date: _____ Collection Facility: _____ Ordering Physician Contact Phone #: _____ Clinical Indication: _____ Location CYTO/FLOW Report Be Sent To: _____	Patient: _____ DOB: _____ Gender: _____ Acct #: _____ Referring Physician: _____ Location: _____
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FLUID ORDER INSTRUCTIONS

A. ORDERING CLINICIAN completes fluid form at the time of order and places the form in the patient's chart.

B. When specimen collection is performed on the unit:

1. Specimen is collected and properly labeled.
2. Second copy of the fluid form is removed from the chart and placed in the specimen bag to be delivered to the lab.

C. When specimen collection is performed outside the unit:

1. Completed fluid form is sent with the patient to the procedure.
2. Once specimen is collected, the top copy is kept in patient chart.
3. Second copy of the fluid form is removed and sent with the specimen to the lab.

ADDITIONAL NOTES:

1. If other designee completes the form, the physician is still required to sign the order to verify it is marked correctly.
2. Lab orders should not be placed in the computer. This form will be used as the official order.