

**Patient presents with send-out order from an outside referring physician**

Does patient have an order for any in-house testing?

No

Yes

**Read Script**

Yes

**Check Credentials & Order send-out testing**

Is the patient from Cincinnati Children's or has UKHMO/UKPPO?

No

**Do NOT order send-out testing**

<b>Lab Formulary - Do NOT Order Without Approval</b>	
Test Name	Authorized Approver
Reverse T3	Page Medical Director (859) 330-3698 or Path Resident on-call (859) 330-XXXX
CKMB	
Myoglobin, blood & urine	
Autoimmune Encephalopathy Panel	
RBC Folate	
HER 2 Neu	Send-Out Department (859) 257-1550
Unknown WILD, not on Known WILD List	