

**MANUAL NURSING, LAB, RADIOLOGY
& BLOODBANK ORDERS** HUP PPMC PAH PMAR

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STRIKE THROUGH ANY UNUSED SECTIONS OF FORMType: Nursing Lab Radiology Bloodbank

Order: _____

Order start date _____ Priority STAT NOW Routine Time specific: _____

Radiology: Indication _____

Lab: Phleb collect at _____ RN collect at _____ (PAH) PCT collect at _____ MD to collect Add'l Info: _____**STRIKE THROUGH ANY UNUSED SECTIONS OF THIS FORM****FILL OUT SEPARATE REQUISITION FORM FOR LAB, RADIOLOGY, AND BLOODBANK ORDERS**Type: Nursing Lab Radiology Bloodbank

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Signature_____
Print Name/Credentials_____
Date_____
Time_____
Pager/Cell