

CSF Test Prioritization Form

This form is NOT a substitution for add-on or miscellaneous test requests and is NOT a requisition. Orders must already be placed in EPIC.

Provider Name (must print legibly): _____

Date: _____ Time: _____ CWID: _____

Patient Demographic Label:

Numbers 1-4 are etched into the CSF collection tubes from the lumbar puncture kit. Make sure to collect the tubes in order. Collect 2-4ml of CSF in each tube. Excess CSF should be collected in tube 4.



Tube Labeling Order:

1. Cell Count #1 – Hematology
2. Gram Stain and Culture – Microbiology
3. Chemistries
4. Cell Count #2 (*if indicated*)/Cytology/Send Out

NewYork-Presbyterian Brooklyn Methodist Hospital
Department of Pathology and Laboratory Medicine

***List tests requested for CSF specimens based on prioritization. In the case of short specimens, the lab will perform testing in order of priority, starting with #1. Any tests not able to be performed will be ordered and canceled as QNS. Labels for requested tests must accompany the specimens.

1. (highest priority) _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. (lowest priority) _____