

**-PEI LAB ORDER SET (36034) RESOURCE SHEET - OR 3/17/2011**

**ORDERING INFORMATION:**

- 1) Please add to order comments: "if you have any questions, please call Dr. at #.
- 2) If multiple tests ordered on a specimen, please add to order comments, "Process tests in the following order" (#1 test is highest priority)
- 3) Call lab with any questions or concerns at Lab Customer Service 3-4678

**36034 PEI LAB ORDER SET**

**ANATOMIC PATHOLOGY**

- GROSS & MICROSCOPIC SURGICAL PANEL - \*\* SPECIFY IF GOING TO U OF WISC.**  
STAT, Normal, ONE TIME, Must submit Histology Requisition with sample. Indicate FUNGAL STAIN (TISSUE) if Needed. If you have any questions, please call Dr at #
- NON GYN CYTOLOGY (CYTOLOGY FUNGUS/PNEUMOCYSTIS STAIN) – FUNGAL STAIN FLUID TEST**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #

**LAB CULTURES** - Specimen source- Use other in source box, then give detailed description in comment field

- FUNGUS CULTURE, OTHER SOURCE**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #
- STERILITY CULTURE**  
STAT, Normal, ONE TIME, Identification- 87077, Susceptibilities-87186, Serogroupings-87147 will be performed for significant isolates. If you have any questions, please call Dr at #.
- AEROBIC BACTERIAL CULTURE & GRAM STAIN (AKA MISC BACTERIAL CULTURE)**  
STAT, Normal, ONE TIME. ORDERING TIP: For nasal Staph aureus order nasal culture. For MRSA only, order MRSA Culture. For Tissue specimen, order tissue culture (LAB6571). If you have any questions, please call Dr at #.
- ANAEROBIC CULTURE - "P-ACNES" is anaerobic test.**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #.
- AFB, CULTURE, STAIN**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #
- BODY FLUID CULTURE, STAIN**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #
- VIRAL GENERAL CULTURE**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #
- KOH PREP, OTHER SOURCE**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #
- MISCELLANEOUS SEND OUT – ACANTHAMOEBA/NAEGLERIA CULTURE**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #

**LAB PCR (SENT TO MAYO CLINIC OR VIRO MED)**- Specimen source- Use other in source box, then give detailed description in comment field

- CMV BY RAPID PCR**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #
- EPSTEIN BARR PCR**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #
- HSV BY RAPID PCR (LAB4495)**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #
- TOXOPLASMA GONDII BY PCR**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #
- VZV BY RAPID PCR (LAB4771)**  
STAT, Normal, ONE TIME, If you have any questions, please call Dr at #

**DATE/TIME:**

**RN INTIALS:**

**MD SIGNATURE:**

**RN SIGNATURE:**

**PATIENT LABEL**

**PEI LAB ORDER SET (36034)2 RESOURCE SHEET – PREOP 3/17/11****ORDERING INFORMATION:**

- 1) Please add to order comments: “if you have any questions, please call Dr. at #.
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“Process tests in the following order” (#1 test is highest priority)
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**LAB SERUM (BLOOD)**

- GLUCOSE METER POC**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- PROTIME-INR**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- POTASSIUM**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- SODIUM**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- CBC and DIFFERENTIAL**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- BASIC METABOLIC PANEL**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- COMP METABOLIC PANEL**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- D-DIMER, QUANTITATIVE**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- SEDIMENTATION RATE, AUTOMATED**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- APTT**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- TROPONIN T, QUANTITATIVE**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- ANTI HIV ½**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- PATIENT SOURCE RAPID HIV**  
Normal, STAT, ONE TIME, If you have any questions, please call Dr at #
- TSH**  
Normal, STAT, ONE TIME, TSH 3<sup>RD</sup> GENERATION If you have any questions, please call Dr at #

**NOTE BELOW TESTS NEED TO BE ORDERED SEPERATELY  
WE HAVE REQUESTED TO ADD TO PEI LAB ORDER SET:**

- LYME SCREEN WITH REFLEX (LAB659)**  
Normal, ONE TIME, BLOOD If you have any questions, please call Dr at #
- TREPONEMA PALLIDUM ANTIBODY (TNP) LAB8325**  
Normal, ONE TIME, If you have any questions, please call Dr at #

**\*\*\*TOXOPLASMA TESTS- ORDER BOTH TEST BELOW\*\*\*\***

- TOXOPLASMA IgG ANTIBODY (LAB719)**  
Normal, ONE TIME, BLOOD, If you have any questions, please call Dr at #
- TOXOPLASMA IgM ANTIBODY (LAB737)**  
Normal, ONE TIME, BLOOD, If you have any questions, please call Dr at #

**DATE/TIME:****RN INTIALS:****MD SIGNATURE:****RN SIGNATURE:****PATIENT LABEL**

**FOR DOWNTIME COMPLETE AREAS BELOW TO IDENTIFY SPECIMEN & ANY SPECIAL INSTRUCTIONS:**

**1) SPECIMEN SOURCE:** \_\_\_\_\_

**2) COMMENTS/SPECIAL INSTRUCTIONS:**

If you(lab) have any questions, please call Dr. at # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3) AEROBIC BACTERIAL CULTURE SPECIAL INSTRUCTION:  
CALL GRAM STAIN: YES OR NO , PHONE #**

**4) NON-GYN CYTOLOGY:**

**COMPLETE # a – d & any comments**

**a) SPECIMEN SOURCE-**\_\_\_\_\_

**b) SELECT ONE TEST LISTED BELOW-**

**CYTOLOGY ONLY?**

**CYTOLOGY & FUNGUS/PNEUMOCYSTIS STAIN?**

**FUNGUS/PNEUMOCYSTIS STAIN ONLY?**

**c) PREVIOUS MALIGNANCY? Yes or No**

**Answer below if previous malignancy:**

**1) Malignancy type** \_\_\_\_\_

**2) Previous chemotherapy/radiation** \_\_\_\_\_

**3) Patient immunosuppressed?** \_\_\_\_\_

**d) COMMENTS:**

If you(lab) have any questions, please call Dr. at # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE/TIME:**

**RN INTIALS:**

**MD SIGNATURE:**

**RN SIGNATURE:**

<b>PATIENT LABEL</b>
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