

Lab Order Set (36034) / Operating Room Resource Sheet

Ordering information

1. Please add your name and phone number to the order comments section for lab to contact you for clarification.
2. If multiple tests are ordered from one specimen, please add to order comments: "Process tests in the following order" (first test is highest priority).
3. Call Lab with any questions or concerns: Lab Customer Service 612-863-4678.

36034 Lab Order Set

Anatomic pathology

- Gross & microscopic surgical panel
 - *Specify lab site (Allina Health Central Lab, University of Minnesota, University of Wisconsin).
 - *Must submit histology requisition with sample. Indicate **Fungal Stain (tissue)**.
- Non-GYN cytology (cytology fungus/pneumocystis stain) – **fungal stain fluid test**

Lab cultures

Specimen source: Use other in source box, then give detailed description in comment field.

- Fungus culture, other source
- Sterility culture
 - Identification-87077, susceptibilities-87186, serogroupings-87147 will be performed for significant isolates.
- Aerobic bacterial culture & gram stain (miscellaneous bacterial culture)
 - *Ordering tip: For nasal Staph aureus, order nasal culture.
 - For MRSA only, order MRSA culture. For tissue specimen, order tissue culture (LAB6571).
- Anaerobic culture: P-ACNES is anaerobic test.
- AFB, culture, stain
- Body fluid culture, stain
- Viral general culture
- KOH prep, other source
- Miscellaneous send out – acanthamoeba/naegleria culture

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
- Epstein Barr PCR
- HSV by rapid PCR (LAB4495)
- Toxoplasma gondii by PCR
- VZV by rapid PCR (LAB4771)

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Download this form at phillipseyeinstitute.com/peiprofessionals.

phillipseyeinstitute.com

Lab Serum (blood)

- | | |
|--|--|
| <input type="checkbox"/> Glucose meter POC | <input type="checkbox"/> Protine-inR |
| <input type="checkbox"/> Potassium | <input type="checkbox"/> Sodium |
| <input type="checkbox"/> CBC and Differential | <input type="checkbox"/> Basic metabolic panel |
| <input type="checkbox"/> Comp metabolic panel | <input type="checkbox"/> D-dimer, quantitative |
| <input type="checkbox"/> Sedimentation rate, automated | <input type="checkbox"/> APTT |
| <input type="checkbox"/> Troponin t, quantitative | <input type="checkbox"/> Anti-HIV 1/2 |
| <input type="checkbox"/> Patient source rapid HIV | <input type="checkbox"/> TSH |

Note: Tests listed below need to be ordered separately.

- Lyme screen with reflex (LAB659)
- Treponema pallidum antibody (TNP) LAB8325

Toxoplasma tests:

*Order both tests below.

- Toxoplasma IgG antibody (LAB719)
- Toxoplasma IgM antibody (LAB737)

Downtime

Complete areas below to identify specimen and 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 below and any comments.

A. Specimen source: _____

B. Select one test

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 # _____
