Body Fluid Lab Orders (Not Cerebrospinal Fluid)

ORDERING PHYSICIAN: ___________________________ DATE: _______________

SPECIMEN TYPE: ___________________________ TIME COLLECTED: _______________

(Check one if appropriate: □ Right □ Left)

COLLECTOR/HANDLER: ___________________________

COLLECTION INSTRUCTIONS: USE STANDARD PRECAUTIONS
1. For a Cell Count, or Hematocrit, put fluid in a Lavender top/EDTA tube & mix to prevent clotting. 0.5mL minimum.
2. For Flow Cytometry, put fluid in a Lavender top/EDTA tube or sterile urine container. 5-10 mL requested.
3. For routine cultures, a Port-A-Cul vial is optimal. 5 mL requested.
4. For AFB or Fungi Cultures, use a sterile urine container. 100 mL is optimal. 5 mL minimum.
5. For cytology, use another sterile urine container. 100 mL is optimal.
6. For pH keep the sample in a separate stoppered heparinized syringe without bubbles or in a full stoppered tube.
7. Plain tubes may be used for remaining tests. Label each tube or cup.
8. If only a small quantity of fluid is obtained, call Lab for help in prioritizing.

HEMATOLOGY: minimums
□ CELL COUNT 0.5mL lavender top tube (includes differential)
□ HEMATOCRIT 0.5mL lavender top tube
□ FLOW CYTOMETRY specify reason for test: ___________________________

CHEMISTRIES: minimums
□ ALBUMIN 0.2mL
□ AMYLASE 0.2mL
□ BILIRUBIN 0.2mL (protect from light)
□ CHOLESTEROL 0.2mL
□ GLUCOSE 0.2mL
□ LD (LDH) 0.2mL
□ pH 0.3mL in heparinized syringe, no air
□ PROTEIN 0.2mL
□ TRIGLYCERIDE 0.2mL

CYTOLOGY
□ CYTOLOGY (malignant cells) will try to work with any amount, greater than 60mL preferred (includes cell block when possible)

CULTURES
□ CULTURE & GRAM STAIN (Aerobe & Anaerobe) 1mL
□ AFB CULTURE (include AFB smear) 5-100mL
□ FUNGI CULTURE (includes KOH) 5-100mL
□ VIRAL CULTURE 1mL

MISCELLANEOUS
□ CRYSTAL EXAM 0.1mL (sodium heparin tube or plain tube)
□ FAT STAIN 0.5mL
□ CEA Pancreatic Cyst Only 0.5 mL requested. Plastic tube.
□ CEA – all other body fluids except Pancreatic Cyst 0.5 mL requested. Plastic tube.

REASON FOR TEST

ORDER ENTRY AND SPECIMEN DELIVERY INSTRUCTIONS:
1. Select from the “BODY” screen in the lab menu.
2. Enter the ordering physician ID number.
3. Enter the source and collection time in order comments.
4. Deliver back copy of this form, the computer orders & specimens to Lab Processing within 20 minutes.

Please Note: Medicare will only pay for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. The Office of Inspector General (OIG) takes the position that a provider who orders unnecessary tests for which Medicare reimbursement is claimed may be subject to civil penalties.

Physician/Credentialed Practitioner Signature ___________________________ Date __________/______/______

__________________________ Time ___________________________

White – Chart Yellow - Lab

Essentia Health

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BODY FLUID LAB ORDERS (NOT CEREBROSPINAL FLUID)