

ORDERING PHYSICIAN:		PATIENT NAME:		DOB:
DATE/TIME COLLECTED:		ROOM #:	FIN #:	
REQUESTED BY:		EXT#:	MRN #:	
ORDER PRIORITY	PATIENT TYPE	SPECIMEN SOURCE	BODY FLUIDS	
<input type="checkbox"/> ROUTINE <input type="checkbox"/> STAT <input type="checkbox"/> PRE-OP <input type="checkbox"/> TIMED STUDY AT: _____ <input type="checkbox"/> EXPEDITE	<input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R. <input type="checkbox"/> OUTPATIENT	<input type="checkbox"/> BLOOD <input type="checkbox"/> CLEAN CATCH UR <input type="checkbox"/> CATH URINE <input type="checkbox"/> OTHER: _____ _____ _____	<input type="checkbox"/> CSF <input type="checkbox"/> BREAST (R, L) <input type="checkbox"/> BRONCHIAL <input type="checkbox"/> DUODENAL <input type="checkbox"/> EYE (R, L) <input type="checkbox"/> THORACENTESIS <input type="checkbox"/> GASTRIC <input type="checkbox"/> JOINT: _____ <input type="checkbox"/> PLEURAL <input type="checkbox"/> PERITONEAL <input type="checkbox"/> PERICARDIAL	

INDICATE TEST(S) DESIRED BY CHECKING THE APPROPRIATE BOX(ES)

✓	CODE	TEST	✓	CODE	TEST	✓	CODE	TEST	✓	CODE	TEST
MICROBIOLOGY			MICROBIOLOGY (CONT'D)			BODY FLUID (BF ORDERS)			URINE		
	C UR	URINE CULTURE		C LEG	LEGIONELLA CULTURE		BF ALB	Albumin		UA	URINALYSIS
	C SPU	SPUTUM CULTURE		QSTHR	QUICK STREP THROAT		BF CELLS	WBC, RBC, & DIFF; BODY FLUID		U HCG	PREGNANCY TEST, URINE (QUAL)
	C BW	BRONCHIAL CULTURE		C BLOOD	BLOOD CULTURE		BF GLU	GLUCOSE, BODY FLUID		U2 AMY	AMYLASE, 2 HR
	C BB	BRONCHIAL BRUSH CULTURE QUANTITATIVE		C AFB	AFB CULTURE		BF PRO	TOTAL PROTEIN, BODY FLUID		CREAT CLR	CREATININE CLEARANCE
	C WND	WOUND CULTURE		C FUN	FUNGUS CULTURE		BF AMY	AMYLASE, BODY FLUID		U24 CREAT	CREATININE, 24 HR
	C FLUID	FLUID CULTURE		S KOH	KOH PREP		BF LDH	LDH, BODY FLUID		U24 PROT	PROTEIN, 24 HR
	C ANA WND	AERO/ANA CULTURE		C HSV	HERPES SIMPLEX CULTURE		BF CHOL	CHOLESTEROL, BODY FLUID		U24 CA	CALCIUM, 24 HR
	C CSF	CSF CULTURE		C VIRAL	VIRAL CULTURE		BF TRIG	TRIGLYCERIDES, BODY FLUID		U OSM	OSMOLALITY, UR
	C THR	THROAT CULTURE		F ROTA	ROTAVIRUS ANTIGEN TESTING		BF CRYST	CRYSTALS, FLUID			
	C BETA	BETA STREP CULTURE		RSV	RESPIRATORY SYNCYTIAL VIRUS ANTIGEN TESTING			CSF			
	C STOOL	STOOL/FECES CULTURE		FLUA	INFLUENZA A&B ANTIGEN TESTING		CSF CELLS	WBC, RBC, &DIFF; CSF			MISC TESTS
	C GEN	GENITAL CULTURE			STOOL		CSF GLU	GLUCOSE, CSF		GASTRO CULT	OCCULT BLOOD, GASTRIC
	C EYE	EYE CULTURE		F OPSCR	OVA & PARASITES SCREEN		CSF PROT	TOTAL PROTEIN, CSF		SEMEN	SEMEN ANALYSIS
	C TIP	CATH TIP CULTURE		F OPSCOMP	OVA & PARASITES COMPRE.		CSF CRYP	CYRPTOCOCCUS, CSF		SPERM PV	POST-VAS SEMEN ANALYSIS
	C TISSUE	TISSUE CULTURE		C CLOSD	C DIFFICILE TOXIN		S INK	INDIA INK		WET PREP	WET PREP
	CT/GC DNA	CHLAMYDIA/GC PROBE		F PUS	LEUKOCYTE/ PUS		CSF VDRI	VDRL, CSF			
				F OB	OCCULT BLOOD		MS PANEL	MULTIPLE SCLEROSIS PANEL ALSO REQUIRES SERUM			

GYN CYTOLOGY	NON GYN CYTOLOGY	COMMENTS: ADDITIONAL TESTS
Specimen Source <input type="checkbox"/> CERVIX <input type="checkbox"/> VAGINAL <input type="checkbox"/> PAP CONVENTIONAL <input type="checkbox"/> PAP ThinPrep <input type="checkbox"/> Reflex HPV Testing w/ASCUS and ABOVE <input type="checkbox"/> Reflex HPV Testing w/ASCUS ONLY <input type="checkbox"/> HPV Testing Regardless of results <input type="checkbox"/> HPV ACOG ASCUS Only Reflex 16/18 <input type="checkbox"/> HPV ACOG Regardless Reflex 16/18 <input type="checkbox"/> Chlamydia/GC from ThinPrep	YES NO <input type="checkbox"/> <input type="checkbox"/> Previous Abnormal <input type="checkbox"/> <input type="checkbox"/> Postpartum <input type="checkbox"/> <input type="checkbox"/> Pregnancy <input type="checkbox"/> <input type="checkbox"/> Hysterectomy <input type="checkbox"/> <input type="checkbox"/> Post Menopausal <input type="checkbox"/> <input type="checkbox"/> Hormone Date LMP _____	<input type="checkbox"/> URINE <input type="checkbox"/> SPUTUM <input type="checkbox"/> BREAST <input type="checkbox"/> FLUID (source) _____ <input type="checkbox"/> FNA (source) _____ <input type="checkbox"/> OTHER _____ Significant Clinical History _____

SPECIMEN MUST ACCOMPANY REQUEST

BF ORDERS
CSF ORDERS
LABORATORY REQUEST FORM - MISCELLANEOUS



Ascension St. Vincent's
Riverside
1 Shircliff Way
Jacksonville, FL 32204

Ascension St. Vincent's
Southside
4201 Belfort Road
Jacksonville, FL 32216

Ascension St. Vincent's
Clay County
1670 St. Vincent's Way
Middleburg, FL 32068

Ascension St. Vincent's
St. Johns County
205 Trinity Way
Saint Johns, FL 32259