

Diagnosis: _____

☒ **Check Boxes for Requested Test(s)**

ARTHROCENTESIS/BURSA ASPIRATION

- ☐ Fluid Cell count with differential
- ☐ Total Protein
- ☐ Crystal examination
- ☐ Routine Culture (Aerobic) (Incl. Sensitivity/Gram Stain)
- ☐ Anaerobic culture
- ☐ AFB culture and smear
- ☐ Fungal culture (Incl. smear)
- ☐ Lyme Disease by PCR, non-blood
- ☐ Cytology (**Send Pathology Slip**)
- ☐ Other: _____

BRONCHOSCOPY (BAL FLUID)

- ☐ **Respiratory Culture**
- ☐ Fluid Cell count with differential
- ☐ AFB culture and smear
- ☐ Fungal culture (Incl. smear)
- ☐ Cytology Leukemia/Lymphoma phenotyping
- ☐ Cytology Lymphocyte subset
- ☐ CD4:CD8 ratio
- ☐ Pneumocystis Jiroveci DFA
- ☐ Pneumocystis by Rapid PCR
- ☐ Legionella by Rapid PCR
- ☐ Legionella culture
- ☐ Cytology (**Send Pathology Slip**)
- ☐ Other: _____

FLUID COLLECTION ASPIRATION

- ☐ Fluid Cell count with differential
- ☐ Routine Culture (Aerobic) (Incl. Sensitivity/Gram Stain)
- ☐ Anaerobic culture
- ☐ AFB culture and smear
- ☐ Fungal culture (Incl. smear)
- ☐ Amylase
- ☐ Lipase
- ☐ Cytology (**Send Pathology Slip**)
- ☐ Other: _____

PANCREATIC / BILIARY FLUID

- ☐ Fluid Cell count with differential
- ☐ Routine Culture (Aerobic) (Incl. Sensitivity/Gram Stain)
- ☐ Anaerobic culture
- ☐ AFB culture and smear
- ☐ Fungal culture (Incl. smear)
- ☐ Amylase
- ☐ Lipase
- ☐ Cytology (**Send Pathology Slip**)
- ☐ Other: _____

ADDITIONAL BLOOD TESTS:

PHYSICIAN SIGNATURE: _____

☒ **Check Boxes for Requested Test(s)**

PARACENTESIS FLUID (ASCITES)

- ☐ Fluid Cell count with differential
- ☐ Routine Culture (Aerobic) (Incl. Sensitivity/Gram Stain)
- ☐ Anaerobic culture
- ☐ AFB culture and smear
- ☐ Fungal culture (Incl. smear)
- ☐ Amylase
- ☐ Lipase
- ☐ Bilirubin Total
- ☐ Albumin
- ☐ Total Protein
- ☐ LDH
- ☐ Specific Gravity
- ☐ Cytology (**Send Pathology Slip**)
- ☐ Other: _____

PERICARDIAL FLUID

- ☐ Amylase
- ☐ Fluid Cell count with differential
- ☐ Routine Culture (Aerobic) (Incl. Sensitivity/Gram Stain)
- ☐ Anaerobic culture
- ☐ AFB culture and smear
- ☐ Fungal culture (Incl. smear)
- ☐ Cytology (**Send Pathology Slip**)
- ☐ Other: _____

THORACENTESIS (PLEURAL FLUID)

- ☐ Portable chest 1 view, post-thoracentesis evaluation, STAT
- ☐ Fluid Cell count with differential
- ☐ pH
- ☐ LDH
- ☐ Glucose
- ☐ Total Protein
- ☐ Anaerobic culture
- ☐ Routine Culture (Aerobic) (include Sensitivity/Gram Stain)
- ☐ AFB culture and smear
- ☐ Fungal culture (include smear)
- ☐ Legionella culture
- ☐ Legionella pneumophila DFA (smear)
- ☐ Amylase
- ☐ Cholesterol
- ☐ Triglycerides
- ☐ Rheumatoid Factor
- ☐ Cytology (**Send Pathology Slip**)
- ☐ Other: _____

TISSUE BIOPSY

- ☐ Routine Culture (Aerobic) (Incl. Sensitivity/Gram Stain)
- ☐ Anaerobic culture
- ☐ AFB culture and smear
- ☐ Fungal culture (Incl. smear)
- ☐ Histology (**Send Pathology Slip**)
- ☐ Helicobacter, Rapid Urea
- ☐ KOH Prep
- ☐ Other: _____

DATE / TIME: _____

Wentworth-Douglass Hospital
PHYSICIAN ORDERS

LABORATORY

FLUID / TISSUE SPECIMEN ORDER FORM



LB0110

7010-15MR
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