

WHEN DRUG FORMULA AND DOSAGE ARE IDENTICAL, THE PHARMACY MAY DISPENSE THE DRUG WHICH IS IN HOSPITAL STOCK REGARDLESS OF TRADE NAME UNLESS I SPECIFICALLY REQUEST "NO SUBSTITUTE." PHYSICIAN MUST DELETE ORDERS NOT DESIRED (DRAW A SINGLE LINE THROUGH THE ORDER). (IF BLANKS NOT FILLED IN, ORDERS CONSIDERED DELETED.)
Orders not to be initiated without physician signature and/or physician telephone authorization.



1PO

NON-FLUID LABORATORY ORDER SHEET (TISSUE)

Submit one (TISSUE) sheet per source site

Specimen Source: _____ Date of Collection: _____ Time of Collection: _____

Submitting Department/Location _____ Contact Phone #: _____

<u>EPIC Description</u>	<u>EPIC Ordering Code</u>	<u>Cerner Orderable Name</u>	<u>Priority (Please prioritize by number if small tissue, 1 = Highest Priority)</u>
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Micro

- Culture Tissue, Smear, with Anaerobes (includes Gram Stain and Anaerobic/Aerobic setups per protocol)..... LAB898..... C Bact Tissue
- Gram Stain results needed Stat? Yes No
- Culture, Fungus, Smear LAB2312 C Fung Tissue.....
- Culture AFB, Smear LAB877 C AFB Tissue

Sendouts

PCR Sequencing

- Please indicate if sample is to be shared with above tests
 - Bacteria, Sequencing..... LAB16092 Sequencing Bacteria.....
 - Fungal, Sequencing..... LAB16093 Sequencing Fungal
 - AFB, MTB Complex, NAAT LAB16091 Sequencing AFB.....
- Calculi Analysis (Stone Analysis) LAB1789 Stone Analysis.....

For Lab use only: Order sequencing tissue extract if any of above PCR is marked.

- Viral Culture (specify virus)..... LAB12933..... C Viral
- submit in viral transport media (VTM)

Pathology:

- Surgical Path Specimen (Cytology).....LAB1750

DO NOT WRITE IN THIS SPACE

Lab Use only

Type of specimen received _____

Micro: _____ Sendouts: _____ Pathology: _____

DATE: _____ TIME: _____ LIP SIGNATURE: _____ ID #: _____



Colby Campus • 1321 Colby Ave.
 Pacific Campus • 916 Pacific Ave.
 Pavilion for Women and Children • 900 Pacific Ave.
 Providence Regional Cancer Partnership
 1717 13th Street • Everett, WA 98201

PLACE PATIENT LABEL HERE

Patient Name: _____

Birthdate: _____

NON-FLUID LABORATORY ORDER SHEET (07/13)

39399 (08/02/13)

DO NOT WRITE OUTSIDE OF BORDER AREA

