niagarahealth
Extraordinary Caring. Every Person. Every Time.

PATIENT INFORMATION

Height _____ cm Weight _____ kg

Allergies _____

Cerebrospinal Fluid Specimen Diagnostic Order Set

M	K	O

Orders Processed Date (dd/mm/yyyy) _____

Time (hhmm) _____

By _____

Status _____

Processing Reviewed by _____

Status _____

Faxed by _____

☐ **Consent obtained**

☐ **Specimen Source:** _____

☒ **Collection instructions**

- ☐ Collect 3 - 4 Tubes in order (Numbers etched on tube)
- ☐ _____

Lab Investigations

Lab Investigations – CSF

☒ Cell count and differential ☐ for tube #: _____

(Physician requests for cell counts on more than one tube are to be specified above if applicable ie. Tube 1 and 4)

☒ Glucose

☒ Protein

☒ Culture

Additional Investigations – CSF

☐ Herpes Virus PCR (HSV/VZV)

☐ Enterovirus PCR

☐ Cytology

- ☐ Cytology requisition completed

☐ Immunophenotyping

- ☐ Immunophenotyping/flow cytometry requisition completed

☐ Oligoclononal bands

☐ Additional Labs: _____

Additional Orders

_____

_____

_____

_____

_____

☐ Telephone Order _____ (Ordering Practitioner, Designation) _____ (Signature) _____ (Date/Time (dd/mm/yyyy hhmm))

If Telephone Order _____ (Ordering Physician) _____ (Date (dd/mm/yyyy)) _____ (Time (hhmm)) ☐ Read Back

Rev. 11/2017/V1 ORD238

Chart Copy – Do Not Destroy