

Height _____ cm Weight _____ kg

Allergies _____

Peritoneal Fluid Specimen Diagnostic Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	<input type="checkbox"/> Consent obtained <input type="checkbox"/> Specimen Source: _____			
Time (hhmm)	Lab Investigations Lab Investigations – Peritoneal fluid <input checked="" type="checkbox"/> Cell count and differential <input checked="" type="checkbox"/> Albumin <input checked="" type="checkbox"/> Total Protein <input checked="" type="checkbox"/> Culture			
By	Lab Investigations – Blood/Serum (if not already done on same day) <input checked="" type="checkbox"/> Albumin <input type="checkbox"/> Please run on previous sample if able			
Status	Additional Investigations – Peritoneal fluid <input type="checkbox"/> Glucose <input type="checkbox"/> Cytology <input type="checkbox"/> Cytology requisition completed <input type="checkbox"/> Immunophenotyping <input type="checkbox"/> Immunophenotyping/flow cytometry requisition completed <input type="checkbox"/> AFB and mycobacterial culture			
Processing Reviewed by	<input type="checkbox"/> Additional Labs: _____			
Status				
Faxed by				
Additional Orders				

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

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



Chart Copy – Do Not Destroy

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