

Surgical Micro/Cytology Test Request/Thoracentesis of Pleural Fluid

Source	Microbiology/Clinical Lab Tests	Cytology Tests	Blood tests
<input type="checkbox"/> Thoracentesis of Pleural Fluid, Bag Volume _____ Site: <input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Cytology Exam for Malignancy	
Tubes 1,2,&3 <input type="checkbox"/> Stat Phone results to: _____ <input type="checkbox"/> Routine	Pleural Fluid: <input type="checkbox"/> Bacterial culture (aerobic & anaerobic, gram stain included) [CBLDYFLUID] <input type="checkbox"/> AFB Stain & Culture [CAFB] <input type="checkbox"/> Fungal Stain & Culture [CFUNGUSRT] <input type="checkbox"/> Viral Culture Panel (culture send out)[CVIRUS] <input type="checkbox"/> Cell count and Differential [BFANAL] <input type="checkbox"/> LD [BFLD] <input type="checkbox"/> Total Protein [BFPROT] <input type="checkbox"/> Albumin [BFALB] <input type="checkbox"/> Glucose [BFGLUC] <input type="checkbox"/> pH [BFPH] <input type="checkbox"/> Specific Gravity [BFSPGR] <input type="checkbox"/> Creatinine [BFCREAT] <input type="checkbox"/> Lysozyme [MISC] <input type="checkbox"/> Adenosine Deaminase [MISC] <input type="checkbox"/> Other:		Serum: <input type="checkbox"/> LD [LD] <input type="checkbox"/> Total Protein [TP] <input type="checkbox"/> Lysozyme [MISC]

Clinical Diagnosis, Relevant History:

ICD-9 code :

Collecting/Other Doctor:	Date of Surgery:
Doctor:	Time of Sample Collection:
Doctor:	Signature of Nurse:
Referring/Submitting Doctor:	Operating Room #:
Referring Clinic:	Time received in lab:
Inpatient Room #:	Specimen delivered by:

SURGICAL MICROBIOLOGY AND CYTOLOGY FORM



LAB 242-E Rev 8.10

Patient information