LAB DOWNTIME ORDERING FORM: Place Patient Label Here OR Print Patient's Full Legal Name, DOB, and MRN Room number: Patient Name: Last Ordering Provider (First and Last Name, PLEASE PRINT): DOB If Lab is needed to collect specimen, write the requested date/time for the sample to be collected: **PRIORITY:** ADD-ON ROUTINE STAT TIMED **CHEMISTRY: PANELS: MICROBIOLOGY: BMP** LAB47 Ammonia LAB15 LAB17 CMP LAB48 Amylase LAB25371 Covid, Flu A/B by NAAT **DOWNTIME PROCEDURE:** AST (SGOT) LAB25372 Covid, Flu A/B, RSV by NAAT LAB131 LAB16 Electrolytes LAB50 LAB20 HFP LAB23732 Influenza & RSV by NAAT Bilirubin, Total П **BNP** LAB106 LAB2478 П LAB13379 RSV by NAAT Lipid **Ordering:** Strep A by NAAT LAB144 HCG Screen, Serum LAB1369 **CRP Non-Cardiac** 1. **COMPLETELY** fill out this form for all lab orders occuring LAB149 Culture, AFB Smear **HEMATOLOGY:** LAB877 during downtime. Lactic Acid CBC w/ Diff LAB95 П LAB293 П LAB462 Culture, Blood Verbal orders will NOT be accepted. CBC w/ No Diff LAB99 Lipase LAB294 LAB269 Culture, Body Fluid, LAB103 Magnesium LAB753 H&H Sterile, Smear, with Anaero 2. All recurring orders, including those already ordered in Epic, LAB268 LAB113 Phosphorous LAB301 **Platelet Count** Culture, CSF, Smear will need to be placed on individual downtime forms for each LAB114 Potassium LAB1788 **ESR** LAB20400 Culture, Ear, Smear occurrence and sent to the lab. LAB2279 Troponin LAB90 A1C LAB2310 Culture, Eye, Smear \Box LAB46 Alcohol/ETOH LAB210 Body Fluid Cell Cnt/Diff LAB2312 Culture, Fungus, Smear 3. Keep the carbon copy page of this ordering form for the floor **BOHB** to keep track of lab orders. Send the original to lab. LAB1831 LAB212 CSF Cell Cnt/Diff Culture, Respiratory, Lower, Smear LAB228 Culture, Tissue, Smear, LAB62 CK, Total LAB296 **Retic Count** LAB898 П 4. In the case of an extended downtime, send only the current LAB43 Acetaminophen with Anaerobes day's orders to the lab. All orders for the next days AM labs **URINE:** LAB239 LAB34 Salicylate Culture, Urine should be sent to the lab via the tube system between 2100 and ROM LAB503 LAB12876 LAB403 Ketones, Urine Culture, Wound, Smear 0000. LAB278 FFN LAB12489 pH, Urine with Anaerobes LAB12835 Procalcitonin LAB13048 Specific Gravity, Urine ☐ LAB779 Cryptococcal Antigen LAB347 UA dipstick only AB3015 Cryptococcal Antigen, CSF Specimen Labels: **BLOOD BANK:** LAB348 UA with microscopic ☐ LAB917 Herpes Simplex Virus, NAAT LAB276 Type and Screen LAB2480 UA w/Micro, C&S if Ind LAB24329 Men/Encephalitis Panel, NAAT, CSF 1. If specimens are being sent alongside this ordering form, LAB895 **ABORh** LAB437 Urine HCG \Box LAB1836 MRSA NAAT be sure they are labeled with generic patient chart LAB278 Antibody Screen LAB500 Drugs of Abuse screen Respiratory Pathogen Panel, NAAT LAB1307 ABORh (<4months) Urine Osmolality Stool Pathogens, NAAT, 3 to 5 Targets LAB2244 LAB420 LAB24176 LAB892 Neonatal Workup LAB24937 C. difficile NAAT reflex Ag 2. If generic patient chart labels are unavailable, handwritten labels with the patient's full name, date of birth, and MRN are LAB647 **Transfusion Reaction COAGULATION:** ☐ LAB7080 C. trachomatis, N gonorrhoeae, acceptable. LAB2227 Platelet #___ of units. LAB2396 Heparin, anti-Xa T vaginalis NAAT C. trachomatis, N. gonorrhoeae NAAT LAB15008 PRBC #___ of units. LAB12395 **DIC Panel** LAB1376 LAB23057 COVID-19 NAAT LAB9004 Plasma #___ of units. LAB313 **D-Dimer** Results: LAB2249 DAT (IgG) LAB314 Fibrinogen DAT (Complement) LAB2248 LAB320 Protime/INR 1. If functional, Lab will print results to the unit printers, results LAB325 PTT will be faxed or tubed if printers are not functional. LAB318 Platelet Function assay 2. Lab will enter orders and results for all testing done during LAB3510 Platelet Inhib, P2Y12 downtime, once the downtime is complete. Orders and results LAB13137 Platelet Inhib, Aspirin will not appear in EPIC until downtime recovery is complete. This may take several hours, depending on length and severity of **OTHER/MISC LABS:** the downtime event. This form will be treated as a written order and scanned into the media tab of the patient's chart in EPIC by lab staff. **TO BE FILLED OUT BY CAREGIVER COLLECTING SAMPLE:** Collection Date/Time:_____ Collector ID:_____ Lab Use Only: Receive Date/Time:_____ Receiver ID: Version 1.0 Est. 01/06/2