

## Pre Transplant Amyloid Evaluation Orders [3342]

Perform standard evaluation orders for specific organ and the following studies.

### Labs

#### Labs

<input type="checkbox"/>	Serum electrophoresis	Routine, Status: Future, Expires: S+366, Lab Collect, with immunofixation
<input type="checkbox"/>	Immunoglobulin free light chain with ratio	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	Immunoglobulin G	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	Immunoglobulin A	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	Immunoglobulin M	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	Factor X assay	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	Thrombin time	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	Carotene, serum total	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	Uric acid level	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	Troponin	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	proBNP, N Terminal	Routine, Status: Future, Expires: S+366, Lab Collect, proBNP, N Terminal
<input type="checkbox"/>	Alkaline phosphatase	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	Beta-2 microglobulin	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	C-reactive protein	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	Cytokine Assay (IL6 AND ILGF)	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	CD 4/8 subset	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/>	Fecal fat, qualitative	Routine, Status: Future, Expires: S+366, Lab Collect, Stool

#### Urine Studies

<input type="checkbox"/>	Creatinine level, urine, 24 hour	Once
<input type="checkbox"/>	Urea nitrogen, urine, 24 hour	Once
<input type="checkbox"/>	Microalbumin, urine, 24 hour	Once
<input type="checkbox"/>	Protein, urine, 24 hour	Once
<input type="checkbox"/>	Microalbumin, urine, random	Once
<input type="checkbox"/>	Urine protein/creatinine ratio, random	Once

### Diagnostic Ultrasound

#### Diagnostic Ultrasound

<input type="checkbox"/>	US Renal	Routine, 1 time imaging For 1
--------------------------	----------	-------------------------------

### Imaging

#### Imaging

<input type="checkbox"/>	XR Chest 2 Vw	Routine, 1 time imaging For 1
<input type="checkbox"/>	XR Pelvis 1 Or 2 Vw	Routine, 1 time imaging For 1 AP (includes proximal Femurs)
<input type="checkbox"/>	XR Cervical Spine 2 Or 3 Vw	Routine, 1 time imaging For 1 views AP/LAT
<input type="checkbox"/>	XR Thoracic Spine 2 Vw	Routine, 1 time imaging For 1
<input type="checkbox"/>	XR Lumbar Spine 2 Or 3 Vw	Routine, 1 time imaging For 1
<input type="checkbox"/>	XR Humerus Bilateral	Routine, 1 time imaging For 1
<input type="checkbox"/>	XR Femur 1 View Bilateral	Routine, 1 time imaging For 1
<input type="checkbox"/>	XR Skull < 4 Vw	Routine, 1 time imaging For 1

### Neurological Lab Institute EMG Lab

#### Neurological Lab Institute EMG Lab

EMG general request

Routine, Once  
Type of Service:  
Body part(s) to test:  
Performing Physician Requested:  
Reason for exam:  
Unit Call Back #:

## Consults

### Consults

Consult Gastroenterology

Reason for Consult?  
Patient/Clinical information communicated?  
Patient/clinical information communicated?

Consult Hematology

Reason for Consult?  
Patient/Clinical information communicated?  
Patient/clinical information communicated?