

## Labs

## Laboratory Stat

<input type="checkbox"/>	Basic metabolic panel	Once For 1 Occurrences
<input type="checkbox"/>	Hepatic function panel	Once For 1 Occurrences
<input type="checkbox"/>	Magnesium level	Once For 1 Occurrences
<input type="checkbox"/>	Phosphorus level	Once For 1 Occurrences
<input type="checkbox"/>	CBC with platelet and differential	Once For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR	Once For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time	Once For 1 Occurrences
<input type="checkbox"/>	Fibrinogen	Once For 1 Occurrences
<input type="checkbox"/>	Thyroid stimulating hormone	Once For 1 Occurrences
<input type="checkbox"/>	Hemoglobin A1c	Once For 1 Occurrences
<input type="checkbox"/>	Prealbumin level	Once For 1 Occurrences
<input type="checkbox"/>	C-reactive protein	Once For 1 Occurrences
<input type="checkbox"/>	Vitamin D 25 hydroxy level	Once For 1 Occurrences
<input type="checkbox"/>	Zinc level, serum	Once For 1 Occurrences
<input type="checkbox"/>	Iron level	Once For 1 Occurrences
<input type="checkbox"/>	Ferritin level	Once For 1 Occurrences
<input type="checkbox"/>	Total iron binding capacity	Once For 1 Occurrences
<input type="checkbox"/>	Ceruloplasmin level	Once For 1 Occurrences
<input type="checkbox"/>	Alpha-1 antitrypsin level	Once For 1 Occurrences
<input type="checkbox"/>	Creatinine clearance, urine, 24 hour	Once For 1 Occurrences
<input type="checkbox"/>	Urine drugs of abuse screen	Once For 1 Occurrences
<input type="checkbox"/>	Alcohol level, blood	Once For 1 Occurrences
<input type="checkbox"/>	Cortisol level, AM	Once For 1 Occurrences
<input type="checkbox"/>	Cortisol level, PM	Once For 1 Occurrences
<input type="checkbox"/>	Cortisol level, random	Once For 1 Occurrences
<input type="checkbox"/>	Cortisol, free	Once For 1 Occurrences
<input type="checkbox"/>	TB T-SPOT	Once For 1 Occurrences Specimen only collected Monday Thursday before 1200. Specimen cannot be collected the day before a holiday or on a holiday. Call referral lab at 713-441-1866 if you have questions regarding this order.
<input type="checkbox"/>	Order if patient age greater than 50 years: Serum electrophoresis	Once For 1 Occurrences
<input type="checkbox"/>	Lipid panel	Once For 1 Occurrences Please draw fasting.
<input type="checkbox"/>	Protein, urine, 24 hour	Once For 1 Occurrences If diabetes type 1 or 2 or documented hypertension
<input type="checkbox"/>	hCG qualitative, serum screen	Once For 1 Occurrences if female age less than or equal to 55 years
<input type="checkbox"/>	Other	

## Laboratory Virology

<input type="checkbox"/>	HIV 1, 2 antibody	Once For 1 Occurrences
<input type="checkbox"/>	HIV quantitative by PCR	Once For 1 Occurrences
<input type="checkbox"/>	Cytomegalovirus Ab, IgG	Once For 1 Occurrences
<input type="checkbox"/>	Cytomegalovirus Ab, IgM	Once For 1 Occurrences
<input type="checkbox"/>	Syphilis treponemal IgG	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis A antibody total	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis A antibody IgM	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis B surface antigen	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis B surface antibody	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis B core antibody total	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis Be Ag	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis Be Ab	Once For 1 Occurrences
<input type="checkbox"/>	HBV real time PCR QN	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis C antibody	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis C virus quantitative by PCR	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis C genotype	Once For 1 Occurrences
<input type="checkbox"/>	Other	

#### Laboratory Virology - HMSTJ/HMTW

<input type="checkbox"/>	Rapid HIV 1 & 2	Once For 1 Occurrences
<input type="checkbox"/>	HIV quantitative by PCR	Once For 1 Occurrences
<input type="checkbox"/>	Cytomegalovirus Ab, IgG	Once For 1 Occurrences
<input type="checkbox"/>	Cytomegalovirus Ab, IgM	Once For 1 Occurrences
<input type="checkbox"/>	Syphilis treponemal IgG	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis A antibody total	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis A antibody IgM	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis B surface antigen	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis B surface antibody	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis B core antibody total	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis Be Ag	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis Be Ab	Once For 1 Occurrences
<input type="checkbox"/>	HBV real time PCR QN	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis C antibody	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis C virus quantitative by PCR	Once For 1 Occurrences
<input type="checkbox"/>	Hepatitis C genotype	Once For 1 Occurrences
<input type="checkbox"/>	Other	

#### Laboratory Auto Immune

<input type="checkbox"/>	ANA screen, misc fluid	Once For 1 Occurrences Specimen Source:
<input type="checkbox"/>	Anti mitochondria titer	Once For 1 Occurrences
<input type="checkbox"/>	Anti-smooth muscle antibody	Once For 1 Occurrences
<input type="checkbox"/>	T4, free	Once For 1 Occurrences
<input type="checkbox"/>	T3, free	Once For 1 Occurrences

<input type="checkbox"/> IKNOW Viracor	Once For 1 Occurrences
<input type="checkbox"/> Other	

### Laboratory Tumor Marker

<input type="checkbox"/> Alpha fetoprotein	Once For 1 Occurrences
<input type="checkbox"/> Carcioembrionic antigen	Once For 1 Occurrences
<input type="checkbox"/> Cancer antigen 125	Once For 1 Occurrences
<input type="checkbox"/> Cancer antigen 19-9	Once For 1 Occurrences
<input type="checkbox"/> Prostate specific antigen	Once For 1 Occurrences For all males
<input type="checkbox"/> Other	

### Microbiology

<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once For 1 Occurrences Specimen Source: Urine Specimen Site:
<input type="checkbox"/> Other	

### Blood Bank

<input type="checkbox"/> Type and screen	Once For 1 Occurrences This is the first sample for ABO blood typing.
<input type="checkbox"/> ABO	Once For 1 Occurrences This is the second sample for ABO confirmation. Order to be entered and drawn 15 minutes after first type and screen and MUST be different time and blood draw than the first sample.
<input type="checkbox"/> Other	

## Cardiology

### Cardiology

<input type="checkbox"/> Echocardiogram 2d complete mmode spectral color Doppler	Routine, 1 time imaging include EKG with beats
<input type="checkbox"/> Stress Test (Single Response)	
<input type="checkbox"/> Echocardiogram stress Doppler with contrast 3d if needed	STAT, 1 time imaging For 1 Occurrences with saline contrast to evaluate pulmonary arterial pressures and shunt
<input type="checkbox"/> Myocardial perfusion	STAT, 1 time imaging For 1 Occurrences NPO for at least 4 hours. No caffeine for 12 hours. 22g or larger IV access.
<input type="checkbox"/> ECG 12 lead	STAT, Once For 1 Occurrences Clinical Indications: Interpreting Physician: Liver Transplant Evaluation
<input type="checkbox"/> PV carotid duplex bilateral	STAT, 1 time imaging For 1 Occurrences
<input type="checkbox"/> Other	

## Imaging

## Diagnostics MRI/MRA

<input type="checkbox"/>	MRA Abdomen W Wo Contrast	Routine, 1 time imaging For 1 with gadolinium liver focus
<input type="checkbox"/>	MRA Abdomen W Wo Contrast	STAT, 1 time imaging For 1 Occurrences with eovist liver focus
<input type="checkbox"/>	MRI Bone Survey	STAT, 1 time imaging For 1 Occurrences Liver Transplant Evaluation
<input type="checkbox"/>	Other	

## Diagnostic CT

<input type="checkbox"/>	CT Chest W Wo Contrast	STAT, 1 time imaging For 1 Occurrences Liver Transplant Evaluation
<input type="checkbox"/>	CT Chest Wo Contrast	STAT, 1 time imaging For 1 Occurrences Liver Transplant Evaluation
<input type="checkbox"/>	CTA Abdominal Aorta And Bilateral Iliofemoral Runoff W Wo Contrast	STAT, 1 time imaging For 1 Occurrences For patients with dialysis GREATER THAN 5 years, diabetic GREATER THAN 10 years, or both GREATER THAN 3 years.
<input type="checkbox"/>	Other	

## Diagnostic X-Ray

<input type="checkbox"/>	XR Chest 2 Vw	STAT, 1 time imaging For 1 Occurrences
<input type="checkbox"/>	XR Panorex	STAT, 1 time imaging For 1 Occurrences Of mouth
<input type="checkbox"/>	Other	

## Diagnostic US

<input type="checkbox"/>	US Abdomen Complete	STAT, 1 time imaging For 1 Occurrences PV size and patency, masses, ascites, kidney size
<input type="checkbox"/>	US Abdomen Complete	STAT, 1 time imaging For 1 Occurrences Check Tips for patency
<input type="checkbox"/>	US Abdominal Doppler	STAT, 1 time imaging For 1 Occurrences PV size and patency, masses, ascites, kidney size
<input type="checkbox"/>	US Abdominal Doppler	STAT, 1 time imaging For 1 Occurrences Check Tips for patency
<input type="checkbox"/>	US Renal	STAT, 1 time imaging For 1
<input type="checkbox"/>	US Renal Transplant Doppler	STAT, 1 time imaging For 1
<input type="checkbox"/>	Other	

## Respiratory

### Pulmonary Function Tests

<input type="checkbox"/>	Respiratory muscle force	STAT, Once For 1 Occurrences
<input type="checkbox"/>	Lung volumes	STAT, Once For 1 Occurrences
<input type="checkbox"/>	Diffusion capacity	STAT, Once For 1 Occurrences

<input type="checkbox"/>	Vital capacity test	STAT, Once For 1 Occurrences
<input type="checkbox"/>	Maximal voluntary ventilation	STAT, Once For 1 Occurrences
<input type="checkbox"/>	Arterial blood gas, pulmonary func dept	Once For 1 Occurrences Please complete the fields below for RT collection process.
<input type="checkbox"/>	Spirometry	STAT, Once For 1 Occurrences
<input type="checkbox"/>	Other	

## Consults

For Physician Consult orders use sidebar

### Consults

<input type="checkbox"/>	Consult to Transplant Social Work	Reason for Consult? Transplant Psychosocial Evaluation Organ Transplant: Contact Liver Transplant Social Worker for Transplant Psychosocial Evaluation at 7134415451
<input type="checkbox"/>	Consult to Transplant Financial Services	Reason for Consult? Organ Transplant: Contact Liver Transplant Financial Services for discharge medication verification at 7134415451
<input type="checkbox"/>	Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Nutritional Assessment for Liver Transplant Registered Dietitian
<input type="checkbox"/>	Other	

### Physician Consult

<input type="checkbox"/>	Consult Cardiology	Reason for Consult? Clearance for transplant Patient/Clinical information communicated?
<input type="checkbox"/>	Other	