

Provider Communication

	Interval	Defer Until	Duration
<input type="checkbox"/> Please place procedure, imaging, and referral orders using your preference list. These orders must be placed outside of the therapy plan to be scheduled. Details	Every 1 day	S	Until discount'd

Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC with platelet and differential STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> Comprehensive metabolic panel STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> Magnesium level STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> LDH STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> Cytomegalovirus antigen STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> FK506 Tacrolimus level, random STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> Toxoplasma gondii qPCR - Viracor STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> Miscellaneous referral test STAT, Status: Future, Expires: S+366, Clinic Collect, Human Herpes Virus 6	Every visit	S	Until discount'd
<input type="checkbox"/> Respiratory pathogen panel STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> BK virus by PCR STAT, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Urine	Every visit	S	Until discount'd
<input type="checkbox"/> BK virus by PCR STAT, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Plasma	Every visit	S	Until discount'd
<input type="checkbox"/> HLA Typing- Collect Specimens Collect specimen and complete paper form. Charge to (select one): { :11558515} Potential (circle one): { :11558516} Recipient HLA Laboratory Tests: { :11558517} Donor HLA Laboratory Tests: { :11558519}	Every visit	S	Until discount'd
<input type="checkbox"/> Type and screen STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> CD 4/8 subset STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> Epstein Barr Virus (EBV) by PCR STAT, Status: Future, Expires: S+366, Clinic Collect Specimen Source: External send out- Draw and hold EBV DNA by PCR 1 purple top to Dr. Heslop lab at TCH	Every visit	S	Until discount'd

Labs (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> Immunoglobulin G STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> Immunoglobulin M STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> Immunoglobulin A STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd
<input type="checkbox"/> HBV quantitative by PCR STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discount'd

IV Fluids

	Interval	Defer Until	Duration
<input type="checkbox"/> sodium chloride 0.9 % bolus 1,000 mL 1,000 mL, intravenous, for 60 Minutes, once, Starting S, For 1 Doses	Every visit	S	Until discount'd

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> foscarnet (FOSCAVIR) in sodium chloride 0.9% IVPB intravenous, for 120 Minutes, Starting S [foscarnet]Reason for Therapy:	Every visit	S	Until discount'd
<input type="checkbox"/> micafungin (MYCAMINE) 100 mg in sodium chloride 0.9% 100 mL IVPB (RESTRICTED) 100 mg, intravenous, for 1 Hours, every 24 hours, Starting S RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one? Reason for Therapy:	Every visit	S	Until discount'd
<input type="checkbox"/> cidofovir (VISITIDE) 1 mg/kg in dextrose 5% 100 mL IVPB 1 mg/kg, intravenous, for 60 Minutes, once, Starting S [cidofovir]Reason for Therapy:	Every visit	S	Until discount'd
<input type="checkbox"/> ceFEPime (MAXIPIME) IV 2 g 2 g, intravenous, Starting S Reason for Therapy:	Every visit	S	Until discount'd
<input type="checkbox"/> vancomycin (VANCOCIN) 1 g in sodium chloride 0.9% 500 mL IVPB 1 g, intravenous, for 90 Minutes, Starting S Reason for Therapy:	Every visit	S	Until discount'd
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) IV 3.75 mg 3.75 mg, intravenous, Starting S Reason for Therapy:	Every visit	S	Until discount'd
<input type="checkbox"/> aztreonam (AZACTAM) IV intravenous, Starting S Reason for Therapy:	Every visit	S	Until discount'd

Electrolyte Replacement

	Interval	Defer Until	Duration
<input type="checkbox"/> magnesium sulfate IV 4 g 4 g, intravenous, once, Starting S, For 1 Doses	Every visit	S	Until discount'd
<input type="checkbox"/> potassium chloride IVPB 10 mEq 10 mEq, intravenous, for 60 Minutes, once, Starting S, For 1 Doses http://www.tmh.tmc.edu/dept/pharmacy/physorders/rx230.pdf	Every visit	S	Until discount'd
<input type="checkbox"/> potassium chloride IVPB 20 mEq 20 mEq, intravenous, for 60 Minutes, once, Starting S, For 1 Doses http://www.tmh.tmc.edu/dept/pharmacy/physorders/rx230.pdf	Every visit	S	Until discount'd