Delivery Network/Location

NAME:

BIRTH DATE:

MRN:

DOS:

(If handwritten, patient name, MRN, birth date, and DOS)

Yale New Haven Health Bridgeport Hospital

Request for Interventional Radiology

Bridgeport Campus: FAX TO RADIOLOGY 203-384-3995 Milford Campus: FAX TO 203-301-1620

Inpatient ☐ ***(Floor and room number)*** _____ ***Outpatient*** ☐ _____ MR#: _____

Name: _____ DOB: _____

Date of Procedure: _____ Insurance: _____ Precertification: _____

Body Site/Source: _____ ☐ Left ☐ Right ☐ NA

Clinical Indications: _____

_____

_____

Procedure to be performed by: ☐ Radiologist ☐ Ordering Physician

Procedures Requiring Labs:

- ☐ Abscess drainage
- ☐ Bone Marrow (use additional form for bone marrow)
- ☐ Biopsy: _____
- ☐ Lumbar Puncture
- ☐ Paracentesis ☐ Diagnostic ☐ Therapeutic
- ☐ Thoracentesis ☐ Diagnostic ☐ Therapeutic
- ☐ Other: _____

Modality:

- ☐ CT guided procedures
- ☐ Fluoroscopy guided procedures
- ☐ MRI guided procedures
- ☐ Stereotactic needle procedures
- ☐ Ultrasound guided procedures
- ☐ Other: _____

Other Interventional Procedures:

- ☐ Biliary Drainage
- ☐ Biliary Catheter Change
- ☐ Biliary Stent
- ☐ Dialysis Fistulogram
- ☐ Nephrostomy
- ☐ Nephrostomy Tube Change
- ☐ Ureteral Stent
- ☐ Vena Cava Filter
- ☐ Angiography/Venography: specify: _____
- ☐ PICC Insertion
- ☐ Power Port Insertion
- ☐ Port Insertion
- ☐ Port Removal
- ☐ Other: _____
- ☐ Central Line
- ☐ Chemo Embolization
- ☐ Discogram
- ☐ Joint Aspiration: specify _____
- ☐ Tumor Ablation
- ☐ Tunneled Dialysis Catheter
- ☐ Vertebroplasty
- ☐ Other: _____

Laboratory tests requested:

Basic tests for fluids

- ☐ Cell count and diff - purple top (LAB209)
- ☐ Albumin - red top (LAB177)
- ☐ Total protein - red top (LAB196)
- ☐ Body fluid culture & gram stain (LAB269)
- ☐ Other: _____

Optional tests for fluids:

- ☐ Amylase (LAB178)
- ☐ Cytology - any volume > 10 ml., no preservative (LAB6409)
- ☐ Fetal Fibronectin (LAB287)
- ☐ Glucose (LAB186)
- ☐ LDH (LAB188)
- ☐ Lamellar Body Count, Amniotic Fluid (LAB4141) Misc test- LabCorp test code 005038
- ☐ Triglyceride (LAB200)
- ☐ AFB Culture (LAB877)
- ☐ Crystals, Fluid (LAB4089)
- ☐ Other: _____

Lumbar puncture / Subarachnoid hemorrhage

- ☐ Tubes #1 and #4 Cell Count & Diff (LAB9021)
- ☐ Tube #2 Glucose/Protein (LAB185, LAB195)
- ☐ Tube #3 CSF Culture & gram stain (LAB268)
- ☐ Tube #4 optional

Optional

- ☐ Cytology (LAB6409)
- ☐ MS profile * (LAB9171)
- ☐ IgG (LAB7062)
- ☐ Myelin basic protein (LAB4141) Misc. test (Quest code 663)
- ☐ Lyme Index * (LAB9169)
- ☐ Lactic Acid (LAB187)
- ☐ Cryptococcal Antigen (LAB7316)
- ☐ Other: _____

* Must have serum drawn

Tissue Biopsy (Take directly to Lab)

- ☐ Surgical Pathology (LAB6412)
- ☐ Breast Pathology (LAB6411)

Fine Needle Aspiration (Call Cytology Dept. to schedule in advance)

- ☐ Cytology (LAB6409)
- ☐ Other: _____

Time _____ Date _____ Ordering Physician Signature _____ Ordering Physician Printed Name _____

Delivery Network/Location

NAME:

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Yale New Haven Health Bridgeport Hospital

Request for Interventional Radiology

Copies to: _____

For Radiology Department use only:

To be performed in: ☐ CT ☐ Breast Imaging ☐ Radiology ☐ Interventional Radiology ☐ US ☐ MR

Date: _____ Time: _____ Day of procedure performing Physician (signature required): _____

☐ **All specimens collected as ordered.**

☐ **Unable to collect specimens as ordered (Comments):** _____

Physician Ordering Guide For Request for Interventional Radiology Procedures and Lab Services

	Procedures Requiring Labs:
CT Scan, Ultrasound, Fluoro procedures	• Abscess/Fluid drainage **– Order Deep Wound Culture (LAB2880) (Section 5)** • Biopsy **– Specify body site and order tissue biopsy (section 4)**
Mammography	**• Stereotactic breast needle biopsy procedures – Order tissue biopsy. (section 4)**
MRI guided procedure	**• Stereotactic breast needle biopsy procedures – Order tissue biopsy. (section 4)**

Laboratory tests requested:

1. Basic tests for fluids
- Cell count and diff - purple top (LAB209)
- Albumin - red top (LAB177)
- Total protein - red top (LAB196)
- Body Fluid culture & gram stain (LAB269)

2. Lumbar puncture
- Chemistry-glucose and protein **tube #2** (LAB185, LAB195)
- CSF culture & gram stain **tube #3** (LAB268)
- Hematology - cell count and diff **tube #1** (LAB9021)
- Cytology (LAB6409), cell count (LAB9021)+optional test **tube #4**

3. Optional tests for fluid
- Cytology - any volume > 10 ml., no preservative (LAB6409)
- AFB Culture (LAB877)
- Glucose (LAB186)
- LDH (LAB188)
- Amylase (LAB178)
- Triglyceride (LAB200)
- Crystals, Fluid (LAB4089)

4. Tissue Biopsy (Take directly to Histology)
- Surgical Pathology (LAB6412)
- Breast Pathology (LAB6411)

Fine Needle Aspiration (Call x3086 directly to schedule in advance)
- Cytology (LAB6409)
- Other

5. Abscess, Fluid, Drainage
- Deep Wound Culture (LAB2880)

Procedure Ordering Notes:

1. Please always provide clinical indications.
2. Although the ordering physician may choose the modality to be used for procedure, the Radiologist will make the final determination of modality.