



LUMBAR PUNCTURE LABORATORY REQUISITION



1. Have patient sign consent form.
2. Order non-disposable Lumbar Puncture tray with Manometer or disposable LP tray. Please include 22 gauge spinal needle and vial of 1% Lidocaine with epinephrine 1:100,000 (10 micrograms/mL), 20 mL vial.
3. Arrange for laboratory staff to collect blood sample, preferably PRIOR to the lumbar puncture.

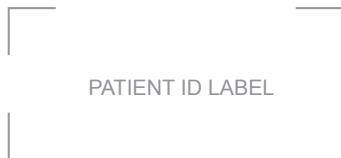
Give one copy of this form to phlebotomist performing blood collection.

Send one copy of this form to the lab with the CSF specimens.

**Always label CSF tubes in the exact order they were collected (1 through 4)
Deliver to D2 Laboratory within 30 minutes of collection**

CEREBROSPINAL FLUID (CSF) TESTS:

<u>CSF TUBE #1 TESTS</u>	<u>MIN. VOL.</u>	<u>CSF TUBE #2 TESTS</u>	<u>MIN. VOL.</u>
<input checked="" type="checkbox"/> Protein (CFP)	0.5 mL	<input checked="" type="checkbox"/> C&S (routine bacterial culture w/ gram stain)	0.5 mL
<input checked="" type="checkbox"/> Glucose (CFG)	1 mL	<input type="checkbox"/> AFB Cult & Smear	0.5 mL
<input checked="" type="checkbox"/> Cell Count (CFCT)	1 mL	<input type="checkbox"/> Meningitis/Encephalitis Panel (MEP)	0.5 mL
		PCR test for these organisms: Viruses: Cytomegalovirus, Varicella zoster, Enterovirus, HSV-1, HSV-2, Human herpesvirus-6, Human parechovirus. Bacteria: E. Coli K1, H. influenzae, L. monocytogenes, S. agalactiae, S. pneumoniae. Yeast: Cryptococcus neoformans/gattii	
		Save remaining CSF for possible future tests	
<u>CSF TUBE #3 TESTS</u>	<u>MIN. VOL.</u>	<u>CSF TUBE #4 TESTS</u>	<u>MIN. VOL.</u>
<input type="checkbox"/> VDRL (M9028)	0.2 mL	<input checked="" type="checkbox"/> Cell Count & Diff (CFCT2 & CFD2)	1 mL (WBC & RBC with Differential)
A <u>blood sample</u> is also required for these tests:		<input type="checkbox"/> Cytology	
<input type="checkbox"/> Multiple Sclerosis Profile (MMSP2)	0.5 mL	Remaining CSF to be provided to Cytology	
<input type="checkbox"/> Lyme Disease (M0574A)	1 mL	OTHER CSF TESTS: _____	
Remaining CSF to be provided to Cytology		_____	
<u>OTHER CSF TESTS:</u>	<u>MIN. VOL.</u>	<u>BLOOD TESTS:</u>	<u>MIN. VOL.</u>
<input type="checkbox"/> <i>Coccidioides immitis/posadasii</i> PCR (MCIMRP)	0.5 mL	(Minimum Volume required - Whole blood)	
<input type="checkbox"/> Dementia Autoimmune Eval, CSF (MDMC1)	2 mL	<input checked="" type="checkbox"/> Glucose (GR) LIGHT GREEN	2 mL * draw w/csf specimen (before or same time as lumbar puncture and deliver to lab <u>within 30 min.</u>)
<input type="checkbox"/> Encephalopathy Autoimmune Panel (MENC1)	2 mL	<input checked="" type="checkbox"/> Draw at least <u>1</u> extra GOLD tube (XGL)	6 mL
<input type="checkbox"/> Epilepsy Autoimmune Eval, CSF (MEPC1)	2 mL	<input type="checkbox"/> Multiple Sclerosis Profile (MMSP2) GOLD	3 mL
<input type="checkbox"/> Fungal Culture, CSF (FUNO)	0.5 mL <i>(Includes culture for Aspergillus fumigatus, Candida albicans, Mucor racemosus)</i>	<input type="checkbox"/> Lyme Disease (LYMED) 1 SEPERATE GOLD	4 mL
<input type="checkbox"/> 14-3-3 and tau Protein (PR1433) Include urine * FREEZE IMMEDIATELY*	2 mL	OTHER BLOOD TESTS: _____	
OTHER TESTS: _____		_____	
_____		_____	
_____		_____	
_____		_____	
<input type="checkbox"/> OPENING & CLOSING ICP PRESSURE (Radiology)		<i>Note: Maximum draw volume is 6 mL whole blood in Red, Gold and Green tubes.</i>	



PATIENT ID LABEL

	Signature _____
Date _____	Time _____