

Vanderbilt University Medical Center

Department of Radiology IR or

CT US Guided Radiology Orders

Orders - Radiology

Patient Name: _____

Patient Date of Birth: _____ Sex: Male Female Last four Digits of SSN: _____

Name of Procedure: _____

Reason for Procedure: _____

Associated ICD 10 Diagnosis Code: _____

Biopsy or Ablation

Body Location: _____

Laterality: Radiologist's Discretion Right Left Bilateral

Specimens: Diagnostic Only Research Only Both

Type of Specimens Required: FNA Core Both Either

Tests to be performed on sample:

Cytology Flow cytometry Microbiology Surgical pathology None

Specify: Diagnosis Establish Metastases

Abscess/Fluid Drainage

Type:

Abscess/Fluid aspiration only Paracentesis

Abscess/Fluid pigtail drain insertion Thoracentesis

Location: Chest Abdomen Pelvis Other

Laboratory Tests Required:

<input type="checkbox"/> None	<input type="checkbox"/> Ascitic fluid cytology	<input type="checkbox"/> Triglyceride body fluid
<input type="checkbox"/> Culture body fluid bacteria	<input type="checkbox"/> LDH body fluid	<input type="checkbox"/> PH body fluid
<input type="checkbox"/> Culture body fluid AFB	<input type="checkbox"/> Protein body fluid	<input type="checkbox"/> Creatinine body fluid
<input type="checkbox"/> Culture body fluid fungus	<input type="checkbox"/> BF amylase	<input type="checkbox"/> Albumin body fluid
<input type="checkbox"/> Culture abscess bacteria	<input type="checkbox"/> Body fluid misc-cell CTS/Diff	<input type="checkbox"/> Cytology body fluid
<input type="checkbox"/> Pleural fluid cytology	<input type="checkbox"/> Glucose body fluid	<input type="checkbox"/> Gram stain
		<input type="checkbox"/> Other

In order to schedule with the correct modality and proceduralist, we require patient demographics, insurance information, recent history and physical, updated medication list, and any related imaging reports. Films are also required. Once reviewed, our scheduling team will contact the patient directly to schedule. For questions for our scheduling teams:

- Vanderbilt University Medical Center (VUH): (615) 343-4281
- Vanderbilt Wilson County Hospital (VWCH): (615) 449-8621

Ordering Provider Print Name: _____ Title: _____

Ordering Provider Signature: _____ Date: _____ Time: _____

Pager or Cell Phone: _____ Fax: _____

Address: _____

RN Print Name: _____ Title: _____

RN Signature: _____ Date: _____ Time: _____

Contact Number: _____ Date and Time of Order: _____