

**LSUHSC-SHREVEPORT
CLINICAL LABORATORY POLICY AND INFORMATION MANUAL
HIS ORDER SETS**

INVISION Order Sets are tests grouped together on INVISION for ordering convenience. These tests come across the interface as though the tests were ordered individually instead of as a part of a group. All tests in a order set must always be medically necessary. On INVISION 3270, the order sets are listed under option number 7 “PANELS (other, misc)” under the Laboratory ordering screens. *On NetAccess, order sets may be found by searching for a key word or character string in the order set name (searches require at least 3 characters).* During an INVISION downtime, manual request slips may be received with the order set name on the slip. The tests for the order set will be entered as individual tests manually on Sunquest. Before ordering a test, make sure the appropriate specimen was submitted with the manual request slip. Listed below are the INVISION orders sets and the individual Sunquest tests that the order set contains.

HIS Order Name	Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
CABG PROFILE I	CBC with Diff (CBCD) ProTime (PT) APPT (PTT) Urinalysis Macro(Reflex Micro) (URMAC) Comprehensive Metabolic Panel (CMP3)	Blood <i>Na Citrate</i> Plasma <i>Na Citrate</i> Plasma Urine Serum <i>Heparinized Plasma or Serum</i>	1 Lavender Top 1 Blue Top 1 full <i>Green Top or Red Top</i> 1 Urine Specimen	*Consult listing of individual tests for minimum specimen volumes.	None
CABG PROFILE II	HGB/HCT/PLT (HHP) CKMB (CKMBS) Basic Metabolic Panel (BMP3) ProTime (PT) APTT (PTT)	Blood <i>Heparinized Plasma or Serum</i> Serum <i>Heparinized Plasma or Serum</i> Serum <i>Na Citrate</i> Plasma <i>Na Citrate</i> Plasma	1 Lavender Top 1 Blue Top 1 full <i>Green Top or Red Top</i>	*Consult listing of individual tests for minimum specimen volumes.	None

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HIS Order Name	Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
CABG PROFILE III	Basic Metabolic Panel (BMP3) CKMB (CKMBS) HGB/HCT/PLT (HHP)	<i>Heparinized Plasma or Serum</i> Serum <i>Heparinized Plasma or Serum</i> Serum Blood	1 Lavender Top 1 full <i>Green Top or Red Top</i>	*Consult listing of individual tests for minimum specimen volumes.	None
HEPATIC (LIVER) FUNCTION PANEL WITH PATH INTERP	Hepatic Function Panel (HFP3) (Listed in Invision as Liver Function Panel) Path Liver Consult (LCON)	<i>Heparinized Plasma or Serum</i> Serum	1 full <i>Green Top or Red Top</i>	*Consult listing of individual tests for minimum specimen volumes. HFP includes chemistries only; serology tests must be ordered separately.	None

HIS Order Name	Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
HEPATITIS PANEL	Hep Bs AG Test (HBSAT) Hep Core AB Test (HBCAT) Hep Bc AB IgM (CORMT) Hep A Virus Antibody IgM (HAVMT) Hep C Antibody (HCV)	Serum	1 full Red Top	*Consult listing of individual tests for minimum specimen volumes.	None
HEPATITIS PANEL with PATH INTERP	Hep Bs AG Test (HBSAT) Hep Core AB Test (HBCAT) Hep Bc AB IgM (CORMT) Hep A Virus Antibody IgM (HAVMT) Hep C Antibody (HCV) Path Hepatitis Consult (HPCON)	Serum	1 full Red Top	*Consult listing of individual tests for minimum specimen volumes.	None

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HIS Order Name	Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
BMT DONOR PANEL	BB – Prenatal workup {Type & Screen}(PREN) HIV1/HIV2 (HIV12) HTLV-I/II AB (HTL12) CMV TOTAL for Donors (CMVL) RPR (RPR) Hep B Core AB DONOR (HBCDO) HSV I/II IgG (HS12G) HSV Type 1 & 2, IgM (HS12M) P24 Antigen (P24AG) Hep Bs AG BMT DONOR (HBSAD) Hep C Antibody DONOR (HCVDO)	Blood Serum	1 <i>Pink top</i> for Blood Bank 1 <u>full</u> 10 ml Red Top for Serology/Ref Lab (or 2 smaller Red Tops, one for Serology and one for Ref Lab)	*Consult listing of individual tests for minimum specimen volumes.	

HIS Order Name	Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
Myeloma Panel	CBC/Diff, Special Hem Lab (SCBCD) Comprehensive Metabolic Panel (CMP3) Serum Protein Electrophoresis (SPE) Immunoglobulin IGA (IGA) Immunoglobulin G (IGG) Immunoglobulin IgM (IGM) Beta-2 Microglobulin (B2MI)	Blood Serum	1 lavender top for CBC/D, Special Hem Lab 1 full 10 ml Red top for Chem/Spec Chem <i>Or 1 full 10 ml Red top for Spec Chem, B2MI and 1 full Green top for chemistry (CMP)</i>	*Consult listing of individual tests for minimum specimen volumes.	
Fibromyalgia Panel	Sed Rate (ESR) TSH (HTSH) Comprehensive Metabolic Panel (CMP3) Free T3 (T3F) Free T4 (T4F) Progesterone, ADULT (PROGA)	Blood Serum	1 blue top for Sed Rate 1 full 10 ml Red top for Chem/Ref Lab <i>Or 1 full 10 ml Red top for Ref Lab, B12,</i>	*Consult listing of individual tests for minimum specimen volumes.	

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OS3

LSUHSC-S Dept. of Path. Testing Information and Policies

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	DHEA-S (DHS) Testo -F&T/Endo Sci (FTT) MG PHOS C-Reactive Protein (CRP) E1,E2 (E1E2) Folate, VITB12 (B12FOL) VIT D 25-OH (VTD1N)		<i>Folate and 1 full Green top for Chemistry</i>		
BMT Recipient Panel	BB-Prenatal workup {Type and antibody screen} (PREN) HIV1/HIV2 (HIV12) HTLV-1/II Antibodies (HTL12) Cytomegalovirus Panel(CMVPA) RPR Hepatitis B Core AB (HBCAT) P24 Antigen (P24AG) HSV IgG I/II (HS12G) HSV IgM I/II (HS12M) Hepatitis B S AG (HBSAG) Hepatitis C Antibody (HCV)	Blood Serum	1 <i>Pink top</i> for Blood Bank 1 <u>full</u> 10 ml Red Top for Serology/Ref Lab	*Consult listing of individual tests for minimum specimen volumes.	

HIS Order Name	Test Description LIS Code	Specimen Type	Tube Type	Special Instructions or Information	Patient Preparation
TORCH Panel	Toxoplasma AB IgM Ref Lab Rubella IgG (Ref Lab) Rubella IgM (Ref Lab) CMV Panel (Ref Lab) HSV IgG I/II HSV IgM I/II	Blood Serum	1full 10 ml Red Top for Reference Lab	Tests not orderable individually except for HSV IgG I/II and HSV IgM I/II *Consult listing of individual tests for minimum specimen volumes.	
CRUSH INJURY CULTURE PANEL	Tissue Anaerobic culture/Gram Stain (TBCN) AFB Tissue Culture/Smear (AFBT) Fungal Tissue Culture/Smear (FT)	Tissue	Tissue submitted for culture (see Microbiology requirements)		