

General

Labs

Laboratory All Organs - HMM

<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	Hepatic function panel	Once
<input type="checkbox"/>	Magnesium level	Once
<input type="checkbox"/>	Phosphorus level	Once
<input type="checkbox"/>	Uric acid level	Once
<input type="checkbox"/>	LDH	Once
<input type="checkbox"/>	CBC with platelet and differential	Once
<input type="checkbox"/>	Prothrombin time with INR	Once
<input type="checkbox"/>	Partial thromboplastin time	Once
<input type="checkbox"/>	Thyroid stimulating hormone	Once
<input type="checkbox"/>	T4	Once
<input type="checkbox"/>	Hemoglobin A1c	Once
<input type="checkbox"/>	Prealbumin level	Once
<input type="checkbox"/>	Lipid panel	Once
		Special Instructions: (Please draw fasting)
<input type="checkbox"/>	Prostate specific antigen - Special Instructions: If Male.	Once Special Instructions: If Male.
<input type="checkbox"/>	hCG quantitative, serum - Special Instructions: If Female.	Once Special Instructions: If Female.
<input type="checkbox"/>	Creatinine level, urine, 24 hour	Once
<input type="checkbox"/>	HIV Ag/Ab combination	Once
<input type="checkbox"/>	Hepatitis acute panel	Once
<input type="checkbox"/>	Hepatitis B surface antibody	Once
<input type="checkbox"/>	Hepatitis B core antibody total	Once
<input type="checkbox"/>	Hepatitis A antibody total	Once
<input type="checkbox"/>	Cytomegalovirus antigen	Once
<input type="checkbox"/>	Syphilis treponemal IgG	Once
<input type="checkbox"/>	Urine drugs of abuse screen	Once
<input type="checkbox"/>	Alcohol level, blood	Once
<input type="checkbox"/>	TB T-SPOT	Once
		Special Instructions: Specimen only collected Monday - Thursday before 1200. Specimen cannot be collected the day before a holiday or on a holiday. Call referral lab at 713-441-1866 if you have questions regarding this order
<input type="checkbox"/>	Miscellaneous referral test	Once Test Name: Continin Level
<input type="checkbox"/>	Occult blood, stool	Once For 1 Occurrences, Stool Duration: 3 Times Special Instructions: If age greater than or equal to 50 years

Laboratory All Organs - HMSL, HMW

<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	Hepatic function panel	Once
<input type="checkbox"/>	Magnesium level	Once
<input type="checkbox"/>	Phosphorus level	Once
<input type="checkbox"/>	Uric acid level	Once
<input type="checkbox"/>	LDH	Once
<input type="checkbox"/>	CBC with platelet and differential	Once
<input type="checkbox"/>	Prothrombin time with INR	Once
<input type="checkbox"/>	Partial thromboplastin time	Once
<input type="checkbox"/>	Thyroid stimulating hormone	Once
<input type="checkbox"/>	T4	Once

<input type="checkbox"/>	Hemoglobin A1c	Once
<input type="checkbox"/>	Prealbumin level	Once
<input type="checkbox"/>	Lipid panel	Once Special Instructions: (Please draw fasting)
<input type="checkbox"/>	Prostate specific antigen - Special Instructions: If Male.	Once Special Instructions: If Male.
<input type="checkbox"/>	hCG quantitative, serum - Special Instructions: If Female.	Once Special Instructions: If Female.
<input type="checkbox"/>	Creatinine level, urine, 24 hour	Once
<input type="checkbox"/>	Rapid HIV 1 & 2	Once
<input type="checkbox"/>	Hepatitis acute panel	Once
<input type="checkbox"/>	Hepatitis B surface antibody	Once
<input type="checkbox"/>	Hepatitis B core antibody total	Once
<input type="checkbox"/>	Hepatitis A antibody total	Once
<input type="checkbox"/>	Cytomegalovirus antigen	Once
<input type="checkbox"/>	Syphilis treponemal IgG	Once
<input type="checkbox"/>	Urine drugs of abuse screen	Once
<input type="checkbox"/>	Alcohol level, blood	Once
<input type="checkbox"/>	TB T-SPOT	Once Special Instructions: Specimen only collected Monday - Thursday before 1200. Specimen cannot be collected the day before a holiday or on a holiday. Call referral lab at 713-441-1866 if you have questions regarding this order
<input type="checkbox"/>	Miscellaneous referral test	Once Test Name: Continin Level
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Laboratory All Organs - HMSTJ, HMTW, HMSJ, HMWB

<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	Hepatic function panel	Once
<input type="checkbox"/>	Magnesium level	Once
<input type="checkbox"/>	Phosphorus level	Once
<input type="checkbox"/>	Uric acid level	Once
<input type="checkbox"/>	LDH	Once
<input type="checkbox"/>	CBC with platelet and differential	Once
<input type="checkbox"/>	Prothrombin time with INR	Once
<input type="checkbox"/>	Partial thromboplastin time	Once
<input type="checkbox"/>	Thyroid stimulating hormone	Once
<input type="checkbox"/>	T4	Once
<input type="checkbox"/>	Hemoglobin A1c	Once
<input type="checkbox"/>	Prealbumin level	Once
<input type="checkbox"/>	Lipid panel	Once Special Instructions: (Please draw fasting)
<input type="checkbox"/>	Prostate specific antigen - Special Instructions: If Male.	Once Special Instructions: If Male.
<input type="checkbox"/>	hCG quantitative, serum - Special Instructions: If Female.	Once Special Instructions: If Female.
<input type="checkbox"/>	Creatinine level, urine, 24 hour	Once
<input type="checkbox"/>	HIV 1, 2 antibody	Once
<input type="checkbox"/>	Hepatitis acute panel	Once
<input type="checkbox"/>	Hepatitis B surface antibody	Once
<input type="checkbox"/>	Hepatitis B core antibody total	Once
<input type="checkbox"/>	Hepatitis A antibody total	Once
<input type="checkbox"/>	Cytomegalovirus antigen	Once
<input type="checkbox"/>	Syphilis treponemal IgG	Once
<input type="checkbox"/>	Urine drugs of abuse screen	Once
<input type="checkbox"/>	Alcohol level, blood	Once

<input type="checkbox"/> TB T-SPOT	Once Special Instructions: Specimen only collected Monday - Thursday before 1200. Specimen cannot be collected the day before a holiday or on a holiday. Call referral lab at 713-441-1866 if you have questions regarding this order
<input type="checkbox"/> Miscellaneous referral test	Once Test Name: Continin Level
<input type="checkbox"/> Occult blood, stool	Once For 1 Occurrences, Stool Duration: 3 Times Special Instructions: If age greater than or equal to 50 years

HLA Testing (Single Response)

<input type="checkbox"/> HLA antibody testing - pre transplant	Once
<input type="checkbox"/> HLA transplant evaluation	Once

Laboratory Heart

<input type="checkbox"/> T3	Once
<input type="checkbox"/> T4, free	Once

Laboratory Lung

<input type="checkbox"/> Ferritin level	Once
<input type="checkbox"/> Sedimentation rate	Once
<input type="checkbox"/> T3	Once
<input type="checkbox"/> T4, free	Once
<input type="checkbox"/> Rheumatoid factor	Once
<input type="checkbox"/> Epstein-Barr virus VCA antibody panel	Once
<input type="checkbox"/> HSV 1 & 2 glycoprotein G Ab, IgG	Once
<input type="checkbox"/> HSV 2 glycoprotein G Ab, IgG	Once
<input type="checkbox"/> HSV type 1/2 combined Ab, IgM	Once
<input type="checkbox"/> Toxoplasma gondii antibody, IgG	Once
<input type="checkbox"/> Toxoplasma IgM Ab	Once
<input type="checkbox"/> Varicella zoster virus Ab, IgG	Once
<input type="checkbox"/> Varicella zoster virus Ab, IgM	Once

Laboratory Liver - HMM

<input type="checkbox"/> Fibrinogen	Once
<input type="checkbox"/> Iron level	Once
<input type="checkbox"/> IKNOW Viracor	Once
<input type="checkbox"/> Ferritin level	Once
<input type="checkbox"/> Total iron binding capacity	Once
<input type="checkbox"/> Ceruloplasmin level	Once
<input type="checkbox"/> Anti mitochondria screen	Once
<input type="checkbox"/> Anti smooth muscle Ab screen	Once
<input type="checkbox"/> Alpha fetoprotein	Once
<input type="checkbox"/> Carcinoembryonic antigen (CEA)	Once
<input type="checkbox"/> Cancer antigen 125	Once
<input type="checkbox"/> Cancer antigen 19-9	Once
<input type="checkbox"/> Alpha-1 antitrypsin level	Once
<input type="checkbox"/> HIV Ag/Ab combination	Once
<input type="checkbox"/> HIV quantitative by PCR	Once
<input type="checkbox"/> Hepatitis Be Ag	Once
<input type="checkbox"/> Hepatitis Be Ab	Once
<input type="checkbox"/> HBV quantitative by PCR	Once
<input type="checkbox"/> Hepatitis C virus quantitative by PCR	Once
<input type="checkbox"/> Hepatitis C antibody	Once

Laboratory Liver - HMM

<input type="checkbox"/> Fibrinogen	Once
<input type="checkbox"/> Iron level	Once

<input type="checkbox"/>	IKNOW Viracor	Once
<input type="checkbox"/>	Ferritin level	Once
<input type="checkbox"/>	Total iron binding capacity	Once
<input type="checkbox"/>	Ceruloplasmin level	Once
<input type="checkbox"/>	Anti mitochondria screen	Once
<input type="checkbox"/>	Anti smooth muscle Ab screen	Once
<input type="checkbox"/>	Alpha fetoprotein	Once
<input type="checkbox"/>	Carcinoembryonic antigen (CEA)	Once
<input type="checkbox"/>	Cancer antigen 125	Once
<input type="checkbox"/>	Cancer antigen 19-9	Once
<input type="checkbox"/>	Alpha-1 antitrypsin level	Once
<input type="checkbox"/>	HIV Ag/Ab combination	Once
<input type="checkbox"/>	HIV-1 RNA, qualitative TMA	Once
<input type="checkbox"/>	Hepatitis Be Ag	Once
<input type="checkbox"/>	Hepatitis Be Ab	Once
<input type="checkbox"/>	HBV quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis C virus quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis C antibody	Once

Laboratory Liver - HMSL, HMW

<input type="checkbox"/>	Fibrinogen	Once
<input type="checkbox"/>	Iron level	Once
<input type="checkbox"/>	IKNOW Viracor	Once
<input type="checkbox"/>	Ferritin level	Once
<input type="checkbox"/>	Total iron binding capacity	Once
<input type="checkbox"/>	Ceruloplasmin level	Once
<input type="checkbox"/>	Anti mitochondria screen	Once
<input type="checkbox"/>	Anti smooth muscle Ab screen	Once
<input type="checkbox"/>	Alpha fetoprotein	Once
<input type="checkbox"/>	Carcinoembryonic antigen (CEA)	Once
<input type="checkbox"/>	Cancer antigen 125	Once
<input type="checkbox"/>	Cancer antigen 19-9	Once
<input type="checkbox"/>	Alpha-1 antitrypsin level	Once
<input type="checkbox"/>	Rapid HIV 1 & 2	Once
<input type="checkbox"/>	HIV quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis Be Ag	Once
<input type="checkbox"/>	Hepatitis Be Ab	Once
<input type="checkbox"/>	HBV quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis C virus quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis C antibody	Once

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<input type="checkbox"/>	Ceruloplasmin level	Once
<input type="checkbox"/>	Anti mitochondria screen	Once
<input type="checkbox"/>	Anti smooth muscle Ab screen	Once
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<input type="checkbox"/>	Alpha-1 antitrypsin level	Once
<input type="checkbox"/>	Rapid HIV 1 & 2	Once
<input type="checkbox"/>	HIV-1 RNA, qualitative TMA	Once
<input type="checkbox"/>	Hepatitis Be Ag	Once
<input type="checkbox"/>	Hepatitis Be Ab	Once

<input type="checkbox"/>	HBV quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis C virus quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis C antibody	Once

Laboratory Liver - HMSTJ, HMTW, HMSJ, HMWB

<input type="checkbox"/>	Fibrinogen	Once
<input type="checkbox"/>	Iron level	Once
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<input type="checkbox"/>	Anti mitochondria screen	Once
<input type="checkbox"/>	Anti smooth muscle Ab screen	Once
<input type="checkbox"/>	Alpha fetoprotein	Once
<input type="checkbox"/>	Carcinoembryonic antigen (CEA)	Once
<input type="checkbox"/>	Cancer antigen 125	Once
<input type="checkbox"/>	Cancer antigen 19-9	Once
<input type="checkbox"/>	Alpha-1 antitrypsin level	Once
<input type="checkbox"/>	HIV 1, 2 antibody	Once
<input type="checkbox"/>	HIV quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis Be Ag	Once
<input type="checkbox"/>	Hepatitis Be Ab	Once
<input type="checkbox"/>	HBV quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis C virus quantitative by PCR	Once
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Laboratory Liver - HMSTJ, HMTW, HMSJ, HMWB

<input type="checkbox"/>	Fibrinogen	Once
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<input type="checkbox"/>	Alpha fetoprotein	Once
<input type="checkbox"/>	Carcinoembryonic antigen (CEA)	Once
<input type="checkbox"/>	Cancer antigen 125	Once
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<input type="checkbox"/>	Alpha-1 antitrypsin level	Once
<input type="checkbox"/>	HIV 1, 2 antibody	Once
<input type="checkbox"/>	HIV-1 RNA, qualitative TMA	Once
<input type="checkbox"/>	Hepatitis Be Ag	Once
<input type="checkbox"/>	Hepatitis Be Ab	Once
<input type="checkbox"/>	HBV quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis C virus quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis C antibody	Once

Laboratory Kidney/Panc

<input type="checkbox"/>	C-peptide	Once Special Instructions: If diabetic
<input type="checkbox"/>	Parathyroid hormone	Once
<input type="checkbox"/>	Epstein-Barr virus VCA antibody panel	Once
<input type="checkbox"/>	HSV 1 & 2 glycoprotein G Ab, IgG	Once
<input type="checkbox"/>	HSV 1 & 2 glycoprotein G Ab, IgG	Once
<input type="checkbox"/>	HSV type 1/2 combined Ab, IgM	Once
<input type="checkbox"/>	Serum electrophoresis	Once
<input type="checkbox"/>	Protein, urine, 24 hour	Once
<input type="checkbox"/>	Urea nitrogen, urine, 24 hour	Once

<input type="checkbox"/>	Glomerular basement membrane Ab IgG (IFA)	Once
<input type="checkbox"/>	Miscellaneous referral test	Once
<input type="checkbox"/>	C1q complement component	Once
<input type="checkbox"/>	C3 complement component	Once
<input type="checkbox"/>	C4 complement component	Once
<input type="checkbox"/>	Cardiolipin antibodies	Once
<input type="checkbox"/>	DNA Ab screen	Once
<input type="checkbox"/>	Factor V leiden by PCR	Once
<input type="checkbox"/>	Prothrombin mutation, factor II, by PCR	Once

Laboratory Pancreas

<input type="checkbox"/>	Homocystine, plasma	Once
<input type="checkbox"/>	Antithrombin III level	Once
<input type="checkbox"/>	Functional protein C	Once
<input type="checkbox"/>	Functional protein S	Once
<input type="checkbox"/>	Lupus anticoagulant panel	Once
<input type="checkbox"/>	MTHFR mutation detection by PCR	Once
<input type="checkbox"/>	Fibrinogen	Once
<input type="checkbox"/>	Amylase level	Once
<input type="checkbox"/>	Cardiolipin antibodies	Once

Microbiology All

<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
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Microbiology Lung

<input type="checkbox"/>	Sputum culture	Once, Sputum
<input type="checkbox"/>	AFB culture	Once, Sputum
<input type="checkbox"/>	Fungus culture	Once
<input type="checkbox"/>	Nocardia culture	Once

Blood Bank

<input type="checkbox"/>	Type and screen	Once
<input type="checkbox"/>	ABO	Once

Imaging

Diagnostic CT

<input type="checkbox"/>	CT Abdomen and Pelvis without IV Contrast (oral only - Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).		
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen and Pelvis with IV and PO Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).		
<input type="checkbox"/>	CT Abdomen Pelvis W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen WWO Pelvis W Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).		
<input type="checkbox"/>	CT Abdomen WWO Contrast, Pelvis W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Chest W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Chest W Contrast	Routine, 1 time imaging For 1 Special Instructions: High Resolution Chest

<input type="checkbox"/>	CT Chest W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Chest W Wo Contrast	Routine, 1 time imaging For 1

Diagnostic CT Heart

<input type="checkbox"/>	CT Chest W Abdomen W Pelvis W Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).		

<input type="checkbox"/>	CT Chest W Contrast Abdomen W Contrast Pelvis W Contrast	Routine, 1 time imaging For 1 Special Instructions: If creatinine less than or equal to 1.5
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once

Diagnostic CT Lung

<input type="checkbox"/>	CT Sinus Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Chest W Abdomen W/WO Pelvis W Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).		

<input type="checkbox"/>	CT Chest W Contrast Abdomen W Wo Contrast Pelvis W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once

Diagnostic X-Ray Lung

<input type="checkbox"/>	FL Esophagram Complete	Routine, 1 time imaging For 1 Special Instructions: Esophagus/Barium swallow
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Diagnostic X-Ray Kidney/Panc

<input type="checkbox"/>	FL Voiding Cystourethrogram	Routine, 1 time imaging For 1 Special Instructions: If prior history of kidney transplant
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Diagnostic US Liver

<input type="checkbox"/>	US Abdominal Doppler	Routine, 1 time imaging For 1 Special Instructions: Assess, PV size and patency, masses, ascites, kidney size
<input type="checkbox"/>	US Abdominal Doppler	Routine, 1 time imaging For 1 Special Instructions: Assess, Check Tips for patency
<input type="checkbox"/>	US Abdominal Doppler	Routine, 1 time imaging For 1 Special Instructions: Assess, PV size and patency, masses, ascites, kidney size, Check Tips for patency

Diagnostic MRI Liver

<input type="checkbox"/>	MRI Abdomen W Wo Contrast	Routine, 1 time imaging For 1 Special Instructions: With gadolinium liver focus
<input type="checkbox"/>	MRI Bone Survey	Routine, 1 time imaging For 1

Diagnostic Nuclear Lung

<input type="checkbox"/>	NM Lung Ventilation Perfusion	Routine, 1 time imaging For 1
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Diagnostic Nuclear Kidney

<input type="checkbox"/>	NM Renal Scan W Flow Function Sgl W/Dtpa	Routine, 1 time imaging For 1
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Cardiology All

<input type="checkbox"/>	ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician:
<input type="checkbox"/>	Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging Special Instructions: To evaluate Pulmonary Arterial Pressures Bubble study to rule out PFO

<input type="checkbox"/> Us carotid duplex	Routine, 1 time imaging Special Instructions: If history of coronary artery disease or age greater than or equal to 40 years
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Cardiology Lung

<input type="checkbox"/> Myocardial Perfusion Panel	"And" Linked Panel
<input type="checkbox"/> Myocardial perfusion	Routine, 1 time imaging NPO for at least 4 hours. No caffeine for 12 hours. 22g or larger IV access
<input type="checkbox"/> Cv exercise treadmill stress (no imaging)	Routine, Once

Cardiology Liver/Kid/Panc

<input type="checkbox"/> Myocardial Perfusion Panel	"And" Linked Panel
<input type="checkbox"/> Myocardial perfusion	Routine, 1 time imaging NPO for at least 4 hours. No caffeine for 12 hours. 22g or larger IV access
<input type="checkbox"/> Cv exercise treadmill stress (no imaging)	Routine, Once

Vascular Heart

<input type="checkbox"/> PV physiologic arterial lower extremity limited	Routine, 1 time imaging Bilateral
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Respiratory

Spirometry (Single Response)

<input type="checkbox"/> Spirometry	Routine, Once
<input type="checkbox"/> Spirometry pre & post w/ bronchodilator	Routine, Once

Pulmonary Function Test

<input type="checkbox"/> Respiratory muscle force	Routine, Once Special Instructions: If the patient is unable to perform test then use test results done within past six months
<input type="checkbox"/> Lung volumes	Routine, Once Special Instructions: If the patient is unable to perform test then use test results done within past six months
<input type="checkbox"/> Diffusion capacity	Routine, Once Special Instructions: If the patient is unable to perform test then use test results done within past six months
<input type="checkbox"/> Vital capacity only	Routine, Once Special Instructions: If the patient is unable to perform test then use test results done within past six months

Pulmonary Function Diagnostics - Special Instructions:
If the patient is unable to perform test then use test results done within past six months

<input type="checkbox"/> Arterial blood gas	Once
<input type="checkbox"/> Body Plethysmographic lung volumes	Routine, Once
<input type="checkbox"/> Spirometry	Routine, Once
<input type="checkbox"/> Spirometry pre & post w/ bronchodilator	Routine, Once
<input type="checkbox"/> Cardiopulmonary stress exercise	Routine, Once Protocol:
<input type="checkbox"/> Diffusion capacity	Routine, Once
<input type="checkbox"/> Indirect calorimetry	Routine, Once
<input type="checkbox"/> Bronchial challenge	Routine, Once
<input type="checkbox"/> MIPs/MEPs	Routine, Once
<input type="checkbox"/> Respiratory muscle force	Routine, Once
<input type="checkbox"/> Serial spirometry	Routine, Once Protocol:
<input type="checkbox"/> Six minute walk w/ pulse oximetry	Routine, Once
<input type="checkbox"/> Vital capacity test	Routine, Once
<input type="checkbox"/> Maximal voluntary ventilation	Routine, Once

<input type="checkbox"/> Exhaled nitric oxide measurement	Routine, Once
<input type="checkbox"/> Inspiratory muscle trainer	Routine, Respiratory Therapy - 2 times daily
<input type="checkbox"/> Arterial blood gas	STAT For 1 Occurrences Special Instructions: If the patient is unable to perform test then use test results done within past six months

Pulmonary Function Heart

<input type="checkbox"/> Cardiopulmonary stress exercise	Routine, Once Protocol: Cardiopulmonary Exer w/ Treadmill
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Pulmonary Function Lung

<input type="checkbox"/> Six minute walk w/ pulse oximetry	Routine, Once Special Instructions: If oxygen saturations less than 90%
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Consults

Consults

<input type="checkbox"/> Consult Cardiothoracic Surgery	Reason for Consult? Transplant CV Surgery Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: (713) 798-1927
<input type="checkbox"/> Consult Nephrology/Hyperten - Liver Surgery	Reason for Consult? Transplant Liver Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: (713) 441-2239
<input type="checkbox"/> Consult Nephrology/Hyperten - Renal Surgery	Reason for Consult? Renal Surgery Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: (713) 441-6170
<input type="checkbox"/> Consult Cardiology	Reason for Consult? Transplant Cardiology Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: (713) 441-1100
<input type="checkbox"/> Consult Pulmonary	Reason for Consult? Transplant Pulmonary Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: (713) 798-2400
<input type="checkbox"/> Consult Hepatology	Reason for Consult? Transplant Hepatology Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: (713) 441-2239
<input type="checkbox"/> Consult Nephrology/Hyperten - Transplant Nephrology	Reason for Consult? Transplant Nephrology Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: (713) 790-9080
<input type="checkbox"/> Consult Gastroenterology - Dr. Ertan	Reason for Consult? Colonoscopy Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: If patient age equal to or greater than 50 years, Atilla Ertan MD (713) 794-0001
<input type="checkbox"/> Consult Gastroenterology - Dr. Gulchin	Reason for Consult? Colonoscopy Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: If patient age equal to or greater than 50 years, Gulchin Ergun MD (713) 933-2650
<input type="checkbox"/> Consult to Transplant Social Work	Reason for Consult? Transplant Psychosocial Evaluation Organ Transplant: Heart Special Instructions: Contact Transplant Social Worker for Transplant Psychosocial Evaluation at 713-441-5451

<input type="checkbox"/> Consult to Transplant Financial Services	Reason for Consult? Organ Transplant: Special Instructions: Contact Transplant Financial Services at 713-441-5451
<input type="checkbox"/> Consult Psychiatry - Dr. Chacko	Reason for Consult? Psychiatric Evaluation Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: Ranjit Chacko MD (713) 441-1537
<input type="checkbox"/> Consult Psychiatry - Dr. Pate	Reason for Consult? Psychiatric Evaluation Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: Jennifer Pate MD (832) 519-1103
<input type="checkbox"/> Consult Neurology	Reason for Consult? Neurology Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: John Volpi MD (713) 441-3951
<input type="checkbox"/> Consult Vascular Surgery	Reason for Consult? Vascular Surgery Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: Eric Peden MD (713) 441-5200
<input type="checkbox"/> Consult Urology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: Graham Guerriero MD (713) 796-1500
<input type="checkbox"/> Consult Infectious Diseases	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: (713) 799-9997
<input type="checkbox"/> Consult Infectious Diseases - If cystic fibrosis	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Special Instructions: If Cystic Fibrosis Sarah Allen MD (713) 798-2900
<input type="checkbox"/> Consult Diabetes/Endocrinology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Physician: Dr. Sadhu Special Instructions: Dr. Sadhu 713-248- 0192
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Transplant Evaluation Purpose/Topic: Special Instructions: Registered Dietitian for nutrition assessment
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for SLP? Modified Barium Swallow Nursing: Please Do Not Mark Speech Order as Complete Special Instructions: Ordered with Modified Barium Swallow