

IMI scheduling fax: 208.947.3322

Patient Name: _____
 Date: _____
 Date of Birth: _____
 Diagnosis: _____

Provider Name: _____
 Provider Signature: _____
 Provider phone: _____
 Provider fax: _____

- LUMBAR PUNCTURE
- CEREBROSPINAL FLUID STUDIES

MEASURE OPENING PRESSURE

- Opening pressure with labs
- Opening pressure w/o labs
- SAVE ALL LEFT-OVER CSF IN FREEZER X 4 WEEKS**

Tube #1:

- | | |
|-------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> ALL LISTED BELOW | <input type="checkbox"/> STAT |
| <input type="checkbox"/> Cell count with differential | <input type="checkbox"/> STAT |
| <input type="checkbox"/> Glucose | <input type="checkbox"/> STAT |
| <input type="checkbox"/> Protein | <input type="checkbox"/> STAT |
| <input type="checkbox"/> Gram stain | <input type="checkbox"/> STAT |
| <input type="checkbox"/> Cryptococcal antigen | <input type="checkbox"/> STAT |
| <input type="checkbox"/> AFB smear | <input type="checkbox"/> STAT |
| <input type="checkbox"/> Strep pneumonia | <input type="checkbox"/> STAT |

Tube #2

- ALL LISTED BELOW
- Culture and sensitivity
- AFB culture
- Fungal culture
- VDRL

Tube #3

- MS panel (ARUP) to include the following: (needs concurrent blood samples) **two full gold top tubes**
 - ✓ Oligoclonal bands
 - ✓ IgG index and synthesis rate
 - ✓ Myelin base protein
- JCV DNA testing: Ultrasensitive Quantitative Real-Time PCR Assay, code: 43536
 (Lower limit of quantitation = 50 copies/mL.
PLEASE SEND TO FOCUS DIAGNOSTICS OF CALIFORNIA.

Tube #4

- Cell count with differential **STAT**
- Cytology

ADDITIONAL CSF ORDERS: _____

DRAW BLOOD FOR:

DO ALL LISTED BELOW

- Serum for MS panel to ARUP
- ESR
- Lyme's disease screen
- Serum protein electrophoresis
- FTA
- Other: _____