



BONE MARROW TRANSPLANT REQUISITION

03/07 1g

The Children's Hospital
Denver, Colorado

Patient ID (Name, DOB, MR#, Acct #, Sex)

Order Written By (print)	Transplant Type	
Collected By (1 st initial, last name)	Recipient <input type="checkbox"/>	Donor <input type="checkbox"/>
Date/Time Collected	Room #/Clinic	Call Results To:
REQ #	SPEC #	Dx Code ICD-9 (must support tests ordered)

<input type="checkbox"/> BMT ALLO DONOR TEST GROUP (BMTA) (If this box is checked ALL tests below will be performed. If you do not need all tests, please check individual boxes).	Minimum Blood Req
<input type="checkbox"/> BMT Infectious Disease Serology SEROP <input type="checkbox"/> CBC w/man. diff. CBC <input type="checkbox"/> Retic RETIC <input type="checkbox"/> CMP CMP <input type="checkbox"/> Magnesium MG <input type="checkbox"/> Phosphorus PHOS	6 cc red top 6 cc purple 3 cc purple 0.5 cc purple 1.5 cc green
<input type="checkbox"/> Hemoglobin Electrophoresis HGBEL	1 cc purple
<input type="checkbox"/> TYPE & SCREEN (Separate Tube for BB)	3 cc purple
<input type="checkbox"/> BMT INFECTIOUS DISEASE SEROLOGY SEROP	6 cc red top 6 cc purple
IMMUNOLOGIC STUDIES <input type="checkbox"/> T&B Surface Markers SMPII <input type="checkbox"/> Lymphocyte Stimulation LYMSTIM <i>Schedule with NJH before drawing: Prioritize per BMT Protocol.</i> <input type="checkbox"/> Tetanus IgG TETRA <input type="checkbox"/> Diphtheria IgG DIPAB <input type="checkbox"/> Poliovirus Ab PVAB <input type="checkbox"/> H.Influenzae Ab HINF <input type="checkbox"/> Rubeola IgG Screen RUBEOIGG <input type="checkbox"/> Rubella IgG Screen RUB <input type="checkbox"/> HbsAb HEPBSAB	0.6ml green 20cc green 5ml red 1 cc red 1.5 ml red 1.5ml red
CHEMISTRY <input type="checkbox"/> Serum Preg PREG <input type="checkbox"/> Alpha FP AFP <input type="checkbox"/> B-HCG-Quant HCG	1 cc green 1 cc green 1 cc green
BMPL LAB (do not send to main lab) <input type="checkbox"/> For BMT lab to freeze and save (call ext 6077)	7cc red 10 cc green x3
MOLECULAR DIAGNOSTICS Use Molecular Diagnostics form	
TISSUE TYPING Use Tissue Typing Form	
*EBV Panel includes VCA IgM EBNA VCA IgG Serology Test Group includes: HEP B COR AB TOTAL, HEP B SURFACE AG, HEP C AB, HIV1/HIV2AB, NAT HIV,NAT HCV HTLVI AB, RPR, CMV IMMUNE SCREEN, NAT WNV	

<input type="checkbox"/> BMT/PBSC PATIENT TEST GROUP (BMTP) (If this box is checked ALL tests below will be performed. If you do not need all tests please check individual boxes.)	Minimum Blood Req
<input type="checkbox"/> BMT Infectious Disease Serology SEROP <input type="checkbox"/> VZV Ab Screen VARS <input type="checkbox"/> EBV Ab Titer* EBV-EA <input type="checkbox"/> HSV IgG Screen HSVAB <input type="checkbox"/> Quantitative Serum Immunoglobulins (G,M,A) IMMP	6 cc red top 6 cc purple 0.5ml red 2.0ml red 0.5ml red 1.0 cc red
<input type="checkbox"/> CBC w/man. diff. CBC <input type="checkbox"/> Retic RETIC <input type="checkbox"/> PT PT <input type="checkbox"/> Fibrinogen FIB <input type="checkbox"/> CMP CMP <input type="checkbox"/> LDH.Total LDH-S <input type="checkbox"/> GGT GGT <input type="checkbox"/> Uric Acid URIC <input type="checkbox"/> Phosphorus PHOS <input type="checkbox"/> Magnesium MG	0.5 cc purple 1.8cc/ecc blue top 1.5 cc green
<input type="checkbox"/> TYPE & HOLD (Separate Tube for BB)	3 cc purple
Surveillance Cultures <input type="checkbox"/> Urine culture (Quant for bacteria) <input type="checkbox"/> Cath <input type="checkbox"/> In/Out <input type="checkbox"/> Indwelling URG <input type="checkbox"/> Clean void URCVG Urine <input type="checkbox"/> Cath <input type="checkbox"/> In/Out <input type="checkbox"/> Indwelling <input type="checkbox"/> Clean Void <input type="checkbox"/> Fungus/yeast FUNG <input type="checkbox"/> Virus (incl. CMV + Adeno) VCBMT <input type="checkbox"/> Nasal swab-fungus culture FUNG <input type="checkbox"/> Stool Bacteria (surv) STBMT	
Blood Tests <input type="checkbox"/> CMV PCR Qual** CMVPCR <input type="checkbox"/> CMV Antigenemia/Culture** CMVB <input type="checkbox"/> EBV PCR Quant** EBVQNT	3 cc green 3cc purple x2 3cc purple x2
<input type="checkbox"/> OTHER	