



CSF / Ventricular Fluid Orders		MNEMONIC	MEDITECH PROCEDURE NAME
Adenosine Deaminase	LAB	ADACSF	CSF ADENOSINE DEAMINASE
ANNACSF	LAB	ANNACSF	CSF PARANEOPLASTIC PROFILE II
ANA	LAB	ANAFL	FLUID ANTI-NUCLEAR AB
Cell Count & Diff	LAB	CLCTCSF	CSF CELL COUNT/DIFF
Coccidioides	LAB	CSFCOCCIAB	CSF COCCIDIoidES IMMITITS ANTIBODY
Creutzfeldt-Jakob Disease	LAB	CJD	Creutzfeldt-Jakob Disease
Cryptococcus	LAB	CRYPTOC	CSF CRYPTOCOCCUS ANTIGEN
Electrophoresis			See Oligoclonal Banding
Encephalitis Antibody	LAB	CSFVENCAB	VIRAL ENCEPHALITIS AB PROFILE CSF
FTA	LAB	CSFFTA	FTA-ABS CSF
Gentamicin	LAB	GENTCSF	CSF GENTAMICIN
Glucose	LAB	GLUCSF	CSF GLUCOSE
IgG Synthesis	LAB	IGGSYN	CSF IGG SYNTHESIS & INDEX
Lactic Acid	LAB	LACTCSF	CSF LACTIC ACID
LDH	LAB	LDHCSF	CSF LDH
Lyme Antibody	LAB	LYMEABCSF	AB B BURGDORFERI (LYME) CSF
Multiple Sclerosis Profile	LAB	MSPRO	Multiple Sclerosis Profile
Mycoplasma pneumoniae Antibody	LAB	CSFMYOAB	AB Mycoplasma pneumoniae, CSF
Anti-Myelin IgM Antibodies	LAB	MYELABCSF	CSF ANTI-MYELIN IGM ANTIBODIES
Myelin Basic Protein	LAB	MBPCSF	CSF MYELIN BASIC PROTEIN
Oligoclonal Banding	LAB	OLIGCSF	CSF OLIGOCLONAL BAND PROFILE
PH	LAB	PHCSF	CSF PH
Purkinje Cell	LAB	PURKCSF	CSF PURKINJE CELL ANTIBODY
Specific Gravity	LAB	SPGRCSF	CSF SPECIFIC GRAVITY
Tobramycin	LAB	TOBCSF	CSF TOBRAMYCIN
Total Protein	LAB	PROTCSF	CSF TOTAL PROTEIN
Vancomycin		VANCCSF	CSF VANCOMYCIN – order verbatim
VDRL	LAB	VDRL	CSF VDRL
West Nile Virus	LAB	WNVABCSF	CSF WEST NILE VIRUS ANTIBODY
AFB	MIC	AFBCSF	AFB CSF CULTURE & SMEAR
Bacterial Antigens (Neonates Only)	MIC	BAGBS	AG GROUP B STREPTOCOCCUS
Culture & Gram Stain	MIC	CSF	CULTURE - CSF & GRAM STAIN
Enterovirus PCR	MIC	ENTEROPCR	ENTEROVIRUS RNA PCR
Fungus Culture	MIC	FUNCSF	FUNGUS CSF CULTURE
Herpes PCR	MIC	HSVPCR	HERPES SIMPLEX DNA PCR
JC Virus	MIC	JCVPCR	DNA JC Virus PCR
Meningitis/Encephalitis Profile	MIC	CSFMepro	CSF MENIN ENCEPH PROFILE
Streptococcus pneumoniae Antigen	MIC	SPNAG	AG STREPTOCOCCUS PNEUMONIAE
Varicella Zoster	MIC	VZVPCR	DNA Varicella Zoster PCR
Cytology	PATH	CYTO	FLUID CYTOLOGY

Physician Signature:

Date / Time: _____

Note: CSF specimens should be hand delivered to the main lab (A Level).

 <p>Wesley Medical Center</p> <p>CSF / Ventricular Fluid Orders</p>  <p>PHYSICIAN ORDERS S</p>	<p>Patient Information / Label</p>
--	---