



Synovial Fluid Orders	CATEGORY	MNEMONIC	MEDITECH PROCEDURE NAME
ANA	LAB	ANAFL	FLUID ANTI-NUCLEAR AB
Cell Count & Diff	LAB	CLCTSY	SYNOVIAL FLUID CELL COUNT/DIFF
Crystal Exam	LAB	CRYSY	SYNOVIAL FLUID CRYSTALS
Glucose	LAB	GLUSY	SYNOVIAL FLUID GLUCOSE
Total Protein	LAB	PROTSY	SYNOVIAL FLUID TOTAL PROTEIN
AFB Culture	MIC	AFBM	AFB MISCELLANEOUS CULTURE
Culture & Gram Stain	MIC	MISC	CULTURE & GM STAIN MISCELLANEOUS
Fungus Culture	MIC	FUNM	FUNGUS MISCELLANEOUS CULTURE
Virus Culture	MIC	VCC	VIRUS CULTURE, COMPLETE
Cytology	PATH	CYTO	FLUID CYTOLOGY
Physician Signature: _____			
Date / Time: _____			

Note: Synovial fluid specimens should be hand delivered to the main lab (Building one, fifth floor).

 <p>Wesley Medical Center</p> <p>Synovial Fluid Orders</p>  <p>PHYSICIAN ORDERS S</p>	<p>Patient Information / Label</p> <p>Page Number: 1 of 1</p>
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