



Lumbar Puncture Laboratory Requisition

1. Have patient sign consent form.
2. Order non-disposable Lumbar Puncture tray with Manometer or disposable LP tray. Please include 22 gauge spinal needle and vial of 1% Lidocaine with epinephrine 1:100,000 (10 micrograms/mL), 20 mL vial.
3. Arrange for laboratory staff to collect blood sample, preferably PRIOR to the lumbar puncture.

Give one copy of this form to phlebotomist performing blood collection.
Send one copy of this form to the lab with the CSF specimens.

**Always label CSF tubes in the exact order they were collected (1 through 4)
Deliver to D2 Laboratory within 30 minutes of collection**

CEREBROSPINAL FLUID (CSF) TESTS:			
CSF TUBE #1 TESTS <input checked="" type="checkbox"/> Protein (CFP) MIN. VOL. 0.5 mL <input checked="" type="checkbox"/> Glucose (CFGL) 1 mL <input checked="" type="checkbox"/> Cell Count (CFCT) 0.25 mL	CSF TUBE #2 TESTS <input checked="" type="checkbox"/> C&S (routine bacterial culture w/ gram stain) MIN. VOL. 0.5 mL <input type="checkbox"/> AFB Cult & Smear 0.5 mL <input type="checkbox"/> Meningitis/Encephalitis Panel (MEP) 0.5 mL PCR test for these organisms: Viruses: <i>Cytomegalovirus, Varicella zoster, Enterovirus, HSV-1, HSV-2, Human herpesvirus-6, Human parechovirus.</i> Bacteria: <i>E. Coli K1, H. influenzae, L. monocytogenes, S. agalactiae, S. pneumoniae.</i> Yeast: <i>Cryptococcus neoformans/gattii</i> <i>Save remaining CSF for possible future tests</i>		
CSF TUBE #3 TESTS <input type="checkbox"/> VDRL (M9028) MIN. VOL. 0.2 mL A <u>blood sample is also required</u> for these tests: <input type="checkbox"/> Multiple Sclerosis Profile (MMSP2) 0.5 mL <input type="checkbox"/> Lyme Disease (LYMED) 1 mL <i>Remaining CSF to be provided to Cytology</i>	CSF TUBE #4 TESTS <input checked="" type="checkbox"/> Cell Count & Diff (CFCT2 & CFD2) MIN. VOL. 1 mL (WBC & RBC with Differential) <input type="checkbox"/> Cytology <i>Remaining CSF to be provided to Cytology</i> OTHER CSF TESTS: _____ _____ _____		
OTHER CSF TESTS: <input type="checkbox"/> <i>Coccidioides immitis/posadasii</i> PCR (MCIMRP) MIN. VOL. 0.5 mL <input type="checkbox"/> Dementia Autoimmune Eval, CSF (MDMC1) 2 mL <input type="checkbox"/> Encephalopathy Autoimmune Panel (MENC1) 2 mL <input type="checkbox"/> Epilepsy Autoimmune Eval, CSF (MEPC1) 2 mL <input type="checkbox"/> Fungal Culture, CSF (FUNO) 0.5 mL (Includes culture for <i>Aspergillus fumigatus, Candida albicans, Mucor racemosus</i>) <input type="checkbox"/> 14-3-3 and tau Protein (PR1433) *freeze immediately* 2 mL OTHER TESTS: _____ _____ _____ <input type="checkbox"/> OPENING & CLOSING ICP PRESSURE (Radiology)	BLOOD TESTS: (Minimum Volume required - Whole blood) <input checked="" type="checkbox"/> Glucose (GR) <i>LIGHT GREEN</i> MIN. VOL. 2 mL * draw w/csf specimen (before or same time as lumbar puncture and deliver to lab within 30 min.) <input checked="" type="checkbox"/> Draw at least 1 extra GOLD tube (XGL) 6 mL <input type="checkbox"/> Multiple Sclerosis Profile (MMSP2) <i>GOLD</i> 3 mL <input type="checkbox"/> Lyme Disease (LYMED) 1 <i>SEPERATE GOLD</i> 4 mL OTHER BLOOD TESTS: _____ _____ _____ <i>Note: Maximum draw volume is 6 mL whole blood in Red, Gold and Green tubes.</i>		

PATIENT ID LABEL
HERE

Signature	Date	Time