



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)

CEREBROSPINAL FLUID (CSF) TESTS:																																													
<u>CSF TUBE #1 TESTS</u> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><input checked="" type="checkbox"/> Protein (CFP)</td> <td style="width: 20%; text-align: right;">0.5 mL</td> </tr> <tr> <td><input checked="" type="checkbox"/> Glucose (CFGL)</td> <td style="text-align: right;">1 mL</td> </tr> </table>	<input checked="" type="checkbox"/> Protein (CFP)	0.5 mL	<input checked="" type="checkbox"/> Glucose (CFGL)	1 mL		<u>CSF TUBE #2 TESTS</u> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><input checked="" type="checkbox"/> C&S (routine bacterial culture w/ gram stain)</td> <td style="width: 20%; text-align: right;">0.5 mL</td> </tr> <tr> <td colspan="2">If WBC is greater than 5, also perform:</td> </tr> <tr> <td><input type="checkbox"/> AFB Cult & Smear, Fungal Cult & Smear, and Cryptococcal Antigen</td> <td style="text-align: right;">1.5 mL</td> </tr> <tr> <td><input type="checkbox"/> Enterovirus by PCR</td> <td style="text-align: right;">0.4 mL</td> </tr> <tr> <td><input type="checkbox"/> Herpes Simplex by Rapid PCR (M80575)</td> <td style="text-align: right;">0.5 mL</td> </tr> <tr> <td><input type="checkbox"/> Meningitis/Encephalitis Panel</td> <td style="text-align: right;">0.5 mL</td> </tr> </table> <p><i>Save remaining CSF for possible future tests</i></p>	<input checked="" type="checkbox"/> C&S (routine bacterial culture w/ gram stain)	0.5 mL	If WBC is greater than 5, also perform:		<input type="checkbox"/> AFB Cult & Smear, Fungal Cult & Smear, and Cryptococcal Antigen	1.5 mL	<input type="checkbox"/> Enterovirus by PCR	0.4 mL	<input type="checkbox"/> Herpes Simplex by Rapid PCR (M80575)	0.5 mL	<input type="checkbox"/> Meningitis/Encephalitis Panel	0.5 mL																											
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HERE

Signature	Date	Time
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