Banner Health

Cerebrospinal Fluid (CSF) Laboratory Order Form

Laboratory Sciences of Arizona

Patient Name:_____ **DOB:**_____

Physician Name: _____**Phone:**_____

Procedure Requested:_____ **Fax:** _____

Reason for Exam:_____ **Diagnosis/ICD Code:**_____

Check order(s) below:

Chemistry

- ☐ Protein, CSF
- ☐ Glucose, CSF

Hematology

- ☐ Cell Count and Differential

Suspect Bacterial Etiology

- ☐ Culture and Gram Stain (*If yeast forms identified on Gram Stain, India Ink testing for Cryptococcus will be performed.)*
- ☐ Streptococus Pneumoniae Antigen
- ☐ N. Meningitidis Ag Detection Groups A/Y/C/W135 & B/E coli K1
- ☐ VDRL, Spinal Fluid

Suspect Viral Etiology

- ☐ HSV PCR (CSF)

During summer months, consider West Nile Virus and Saint Louis Encephalitis. SLE is included in the Arbovirus Ab Panel.

- ☐ West Nile Virus, CSF (IgG and IgM)
- ☐ Enterovirus PCR (CSF Only)
- ☐ Arbovirus Antibody Panel IFA (CSF)

If Arbovirus testing on CSF is ordered, serum testing should also be performed if not done previously.

- ☐ Arbovirus Antibody Panel IFA (Serum)
- ☐ CMV, DNA Quantitative RT PCR

Suspect Fungal Etiology

- ☐ Fungus Culture *(Fungal cultures have a poor recovery for coccidioides, but fairly good for cryptococcal infections.)*
- ☐ Cryptococcus Antigen, CSF
- ☐ Coccidioides Compliment Fixation CSF

If Coccidioides testing on CSF is ordered, serum testing should also be performed if not done previously.

- ☐ Coccidioides Screen w/IMDF/CF (Serum)
- ☐ Coccidioides Immunodiffusion CSF (CCFSFIGG)
- ☐ Coccidioides Antigen CSF (Miravista Diagnostics)

Suspect AFB Etiology

- ☐ AFB Culture/Smear (Stain)

Suspect Parasites

- ☐ Cysticercus Antibody, ELISA (CSF)

Autoimmune

- ☐ Angio Converting Enzyme ACE, CSF
- ☐ Albumin, Spinal Fluid
- ☐ Multiple Sclerosis Panel, Comp (QNI) (Red Top and CSF)

MS Panel includes: Oligoclonal Bands (IgG), Myelin Basic Protein, and IgG Synthesis & Index

- ☐ Paraneoplastic Autoantibody Evaluation - *requires pathologist approval*

Neurotransmitters

These tests require a special collection kit and pathology approval. Contact lab at least 24 hours in advance.

- ☐ 5-Methyltetrahydroflate
- ☐ Amino Acids
- ☐ GABA (free and total)
- ☐ Lactate
- ☐ Monoamine neurotransmitter metabolites
- ☐ Tetrahydrobiopterin and neopterin

Evaluate for Leukemia/Lymphoma

- ☐ Flow Cytometry Leukemia/Lymphoma CSF Request

If flow cytometry is requested, a cell count/diff and path review should also be performed.

- ☐ *Cell Count and Differential*
- ☐ Pathologist Review

Evaluate for Malignancy (other than leukemia/lymphoma)

- ☐ Cytology Order
- ☐ Cytology Order

Additional Laboratory Testing

- ☐ Other (specify):
- ☐ Other (specify):

Priority: Top 3 tests to be run in event of sm. vol. collection	
1	
2	
3	

Opening Pressure:
Closing Pressure:
Fluid Volume:
Chemo (medication):

Physician Signature _____ Date _____

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