

No. \_\_\_\_\_

University of MS Medical Center Laboratory

# Liver Transplant Order Form

Chemistry/Hematology/Coagulation

Patient Label Here

Patient Name \_\_\_\_\_ Sex \_\_\_\_\_ OR# \_\_\_\_\_

MR# \_\_\_\_\_ Coll Date/Time \_\_\_\_\_

Collector Initials \_\_\_\_\_ OR Phone# \_\_\_\_\_

Test Name	Result	Units	Ref Range	Test Name	Result	Units	Ref Range
BMP	Glucose _____	mg/dL	74-106	WBC	_____	th/cmm	4.4-9.7 ♀ 3.9-8.8 ♂
	Na <sup>+</sup> _____	mmol/L	136-145	RBC	_____	m/cmm	3.7-4.87 ♀ 4.18-5.48 ♂
	K <sup>+</sup> _____	mmol/L	3.4-4.5	Hgb	_____	g/dL	10.6-13.5 ♀ 11.9-15.4 ♂
	Chloride _____	mmol/L	98-107	Hct	_____	%	32.9-41.2 ♀ 36.2-41.2 ♂
	CO <sub>2</sub> _____	mmol/L	22-29	Platelet	_____	th/cmm	186-353 ♀ 151-304 ♂
	BUN _____	mg/dL	6.0-20.0	PT	_____	Sec	9.9-13.2
	Creatinine _____	mg/dL	0.67-1.17	INR	_____		0.9-1.2
	Ca <sup>+</sup> _____	mg/dL	8.6-10.2	PTT	_____	Sec	23.4-35.1
	GFR _____	ml/min/1.73m <sup>2</sup>		Thrombin Time _____		Sec	20-24

**TEG Orders (check box):**

- TEG Only
- TEG with Heparinase
- Rapid TEG
- Rapid TEG with Heparinase
- Platelet Mapping
- Platelet Mapping with Heparinase

Fibrinogen \_\_\_\_\_ mg/dL 180-400

D-Dimer \_\_\_\_\_ ng/ml 0-500

**Other Tests as needed (please circle if needed):**

Magnesium \_\_\_\_\_ mg/dL 1.7-2.5

Phosphorus \_\_\_\_\_ mg/dL 2.7-4.5

**Ordering Physician Signature**

\_\_\_\_\_  
Date/Time: \_\_\_\_\_

**Do not write below this line. For Lab Use Only.**

Test Orders in Epic when samples leave OR? Yes or No (circle one)

Test Results entered into Epic: Date/time \_\_\_\_\_ Initials: \_\_\_\_\_