

**Vanderbilt University Medical Center**  
**Department of Radiology IR or**  
**CT US Guided Radiology Orders**  
Orders - Radiology



Patient Label or Patient Identifiers

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Sex:  Male  Female Last four Digits of SSN: \_\_\_\_\_

Name of Procedure: \_\_\_\_\_

Reason for Procedure: \_\_\_\_\_

Associated ICD 10 Diagnosis Code: \_\_\_\_\_

Biopsy or  Ablation

Body Location: \_\_\_\_\_

Laterality:  Radiologist's Discretion  Right  Left  Bilateral

Specimens:  Diagnostic Only  Research Only  Both

Type of Specimens Required:  FNA  Core  Both  Either

Tests to be performed on sample:

Cytology  Flow cytometry  Microbiology  Surgical pathology  None

Specify:  Diagnosis  Establish Metastases

Abscess/Fluid Drainage

Type:

Abscess/Fluid aspiration only  Paracentesis  
 Abscess/Fluid pigtail drain insertion  Thoracentesis

Location:  Chest  Abdomen  Pelvis  Other

Laboratory Tests Required:

|  |  |  |
|--|--|--|
| <input type="checkbox"/> None                        | <input type="checkbox"/> Ascitic fluid cytology        | <input type="checkbox"/> Triglyceride body fluid |
| <input type="checkbox"/> Culture body fluid bacteria | <input type="checkbox"/> LDH body fluid                | <input type="checkbox"/> PH body fluid           |
| <input type="checkbox"/> Culture body fluid AFB      | <input type="checkbox"/> Protein body fluid            | <input type="checkbox"/> Creatinine body fluid   |
| <input type="checkbox"/> Culture body fluid fungus   | <input type="checkbox"/> BF amylase                    | <input type="checkbox"/> Albumin body fluid      |
| <input type="checkbox"/> Culture abscess bacteria    | <input type="checkbox"/> Body fluid misc-cell CTS/Diff | <input type="checkbox"/> Cytology body fluid     |
| <input type="checkbox"/> Pleural fluid cytology      | <input type="checkbox"/> Glucose body fluid            | <input type="checkbox"/> Gram stain              |
|  |  | <input type="checkbox"/> Other                   |

In order to schedule with the correct modality and proceduralist, we require patient demographics, insurance information, recent history and physical, updated medication list, and any related imaging reports. Films are also required. Once reviewed, our scheduling team will contact the patient directly to schedule. For questions for our scheduling teams:

- Vanderbilt University Medical Center (VUH): (615) 343-4281
- Vanderbilt Wilson County Hospital (VWCH): (615) 449-8621

Ordering Provider Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Pager or Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

RN Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date and Time of Order: \_\_\_\_\_