

Fluid Tests – Valid Order Chart

See External Laboratory Provider Links
if Fluid Test or Type Not Listed in Chart

	Amniotic	Dialysate	Peritoneal Fluid	Pleural Fluid	Spinal Fluid	Synovial Fluid (joint)	Adrenal Gland	Appendix	Bartholin Cyst	Bile	Breast	Hydrocele	Ischio-rectal	Liver	Lung	Maxillary Gland	Nasopharynx	Nipple	Ovary	Pancreas	Paracolic Gutter	Pelvic Cavity	Pericardium	Pilonidal Cyst	Pouch of Douglas	Sinus	Spermatocoele	Submandibular	Submaxillary Gland	Testicle	Thoracic Cavity	Trachea	Uterus	Other than listed
Albumin		x	x	x	x	x																x												
Alpha Fetoprotein (send out)	x																																	
Amylase			x	x	x	x																x												
AST			x	x	x	x																x												
Bilirubin			x	x	x	x																x												
Calcium			x	x	x	x																x												
Cell Count			x	x	x	x																												
Chlamydia (send out)	x			x											x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Cholesterol			x	x	x	x																x												
Creatinine	x	x	x	x	x	x																x												
Crystal Identification					x																													
Culture																																		
Routine aerobic	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					
Anaerobic	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					
Diphtheria (send out)															x																			
Fungal (send out)	x		x	x	x	x					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Genital									x									x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Mycoplasma (send out)	x		x	x								x	x	x																x	x	x		
Pertussis (send out)															x																			
TB (send out)	x		x	x	x	x					x	x	x	x				x	x	x	x	x	x	x	x	x	x	x	x	x				
Cytologic Exam			x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					
Differential			x	x	x	x																												
Electrolyte		x	x	x	x	x															x													
Fetal Maturity (send out)	x																					x												
Glucose		x	x	x	x	x																x												

Printed copies are **UNCONTROLLED** unless signed by an authorized lab personnel below.

(Authorized individuals are: lab personnel designated in their zone/program or provincial role to produce print copies)

	Amniotic	Dialysate	Peritoneal Fluid	Pleural Fluid	Spinal Fluid	Synovial Fluid (joint)	Adrenal Gland	Appendix	Bartholin Cyst	Bile	Breast	Hydrocele	Ischio-rectal	Liver	Lung	Maxillary Gland	Nasopharynx	Nipple	Ovary	Pancreas	Paracolic Gutter	Pelvic Cavity	Pericardium	Pilonidal Cyst	Pouch of Douglas	Sinus	Spermatocoele	Submandibular	Submaxillary Gland	Testicle	Thoracic Cavity	Trachea	Uterus	Other than listed
Immunoelectrophoresis (send out)				x																														
Lactate				x																														
LD	x	x	x	x	x																	x												
Legionnaire's (send out)		x												x	x													x	x	x				
Lipase	x	x	x	x																		x												
Magnesium	x	x	x	x																		x												
Parasitic Identification		x											x	x													x	x	x					
Phosphate	x	x	x	x	x																x													
Protein Electrophoresis (send out)			x																															
Protein Total	x	x	x	x	x																x													
Osmolality	x	x			x																													
RSV														x																				
Syphilis (send out)				x																														
Triglyceride	x	x	x	x	x																x													
Urate	x	x	x	x	x															x														
Urea	x	x	x	x	x													x	x	x	x	x	x	x	x	x	x	x	x					
Viral Investigation (send out)	x		x	x	x	x	x				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					

* Dialysate Fluid is Peritoneal Dialysate from Home Collection.

Printed copies are UNCONTROLLED unless signed by an authorized lab personnel below.

(Authorized individuals are: lab personnel designated in their zone/program or provincial role to produce print copies)