



Patient label placed here (if applicable) or if labels are not used, minimum information below is required.

Name (*last, first*)

Birthdate (*yyyy-Mon-dd*)

Gender

PHN / ULI

## Spinal Fluid Collection Protocol

### Important:

Before you complete this protocol please see [Side B](#) for instructions.

Protocol	3 Tubes Collected	4 Tubes Collected	Test
<b>CAUTION: If CJD is suspected, attending physician MUST contact the On-Call Pathologist.</b>			
<input type="checkbox"/> Meningitis, Encephalitis, Infective Process	1	1	Viral Investigation - Complete Prov Lab Culture and Serology requisition. Include Patient History Specify: <input type="checkbox"/> Enterovirus PCR <input type="checkbox"/> West Nile Virus PCR <input type="checkbox"/> Herpes Simplex Virus PCR <input type="checkbox"/> Varicella Zoster PCR - Sample should be in a dedicated unopened tube. If sample needs to be shared use sterile technique.
		2	Glucose Protein Lactate ( <i>if clinically indicated</i> ) - Collect on ice
	2	3	Culture (includes Gram Stain)
	3	4	Cell Count <input type="checkbox"/> Other Test ( <i>Specify-see side B</i> )
<input type="checkbox"/> Subarachnoid Hemorrhage	1	1	Cell Count - <b>REQUIRED</b>
		2	Glucose Protein
	2	3	Culture (includes Gram Stain)
	3	4	Cell Count - <b>REQUIRED</b> <input type="checkbox"/> Other Test ( <i>Specify-see side B</i> )
<input type="checkbox"/> Leukemia, Lymphoma, Metastatic Carcinoma  <b>See Side B for sample volumes</b>	1	1	Non-Gynecological Cytology
		2	Glucose Protein
	2	3	Culture (includes Gram Stain)
	3	4	Cell Count <input type="checkbox"/> Other Test ( <i>Specify-see side B</i> )
<input type="checkbox"/> Headache, Multiple Sclerosis, Other	1	1	Protein Electrophoresis (CSF & Serum)
		2	Glucose Protein
	2	3	Culture (includes Gram Stain)
	3	4	Cell Count <input type="checkbox"/> Other Test ( <i>Specify-see side B</i> )

**Instructions:**

- Use lumbar puncture tray and sterile tubes provided in tray.
- Collect sample using sterile technique.
- Ensure tubes are collected and labeled in order of draw #1, #2, #3, #4. Ensure tube label matches number on collection tube.
- Dispense appropriate volumes into appropriately labeled tubes.
- **Minimum Volumes per tube:** 1.0mL (adult) 0.5mL (pediatric).

**NOTE:** If Leukemia or Lymphoma is suspected and Flow Cytometry is requested, the optimal minimum volume for Tube 1 is 4.0 mL.

- Complete Spinal Fluid Collection Protocol sheet on Side A.
- Transport samples to Lab immediately. DO NOT send in CTS (pneumatic tube).
- Contact Lab to indicate test(s) in order of importance when minimal amount of spinal fluid is collected.
- If Protein Electrophoresis is ordered also order Protein Electrophoresis (PERO) on serum.
- **NOTE:** Spinal Fluid test orders must be placed in Meditech OE.
- **NOTE:** Submit Spinal Fluid Collection Protocol with samples

Test	Order Entry Category	Test Order Code DTH HCIS	Test Order Code ECH HCIS
Viral Investigation	MIC	VIROV1	VICSF
Glucose Protein Lactate	LAB	GLUCSF PROTCSF LACCSF	GLUCSFRO GLUCSF (SMH) PROTCSFRO PROTCSF(SMH) LACRO
Culture	MIC	CUBF	CUCSFRO CUCSF (SMH)
Cell Count	LAB	CCCSF1 CCCSF3 or CCCSF4	CCCSF1 CCCSF3 or CCCSF4
Non-Gynecological Cytology	LAB	CYFL	PATHROVI
Protein Electrophoresis (CSF & Serum)	LAB	PECSF & PERO	PECSF PE

Optional Tests	Order Entry Category	Test Order Code DTH HCIS	Test Order Code ECH HCIS
Albumin	LAB	ALBCSF	ALBCSF
Amylase	LAB	AMYFLU	AMYFLUT
Creatinine	LAB	CREAFLU	CREFLUT
Electrolytes	LAB	LYTEFLU	LYTEFLU
Lactate Dehydrogenase	LAB	LDCSF	LDFLUT
Syphilis	LAB	SYPRO	SYPS
Urate	LAB	URAFLU	URAFLU
Urea	LAB	UREFLU	UREFLU
Fungal Culture	MIC	FUNROV1	FUNINV
TB Culture	MIC	TBROV1	TBROV1