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| **PROTOCOL INFORMATION**  **SPID# Visit#**  **Study Fund #:**  **Admit to TCRC:** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ **Outpatient** □ **Inpatient**  **Diagnosis:**  **Study Title:**  **Appts / Tests:**  **Consent in chart – verify expiration date**  □ **ID Band on & checked** □ |

**Code Status / Allergies / Prior to Admission Medications:**  **in EPIC**

**Diet:**

**Activity:**

**Discharge:**

**Labeling/Processing:** see Processing Instructions. MD/NP signaturenot required for Processing Instructions.

**Visit Specific Orders:**

1. **URINE HCG: □ YES □NO**

**Visit Specific Flow sheet**

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| **Role** | **Procedure** | **Timepoint** | **Time Done** | **Comments** |
| **RN/RD** | Check Visit Specific Order to verify if UrHCG needs to be done for this visit |  |  | If doing UrHCG, order and document in EPIC  as per current routine |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Tube: Indicate specimen type (urine/ blood/ CSF..), tube color, size and amount** | **Test:** | **Processing instructions:** | **Special instructions:** | **Storage/Send To:** | |  | Name of test:  Code of test: | Clot:  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |  | Name of test:  Code of test: | Clot:  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |  | Name of test:  Code of test: | Clot:  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |  | Name of test:  Code of test: | Clot:  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |  | Name of test:  Code of test: | Clot:  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |  | Name of test:  Code of test: | Clot: N  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |  | Name of Test  Code of test: | Clot:  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |  | Name of Test  Code of test: | Clot:  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |  | Name of Test  Code of test: | Clot:  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |  | Name of Test  Code of test: | Clot:  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |  | Name of Test  Code of test: | Clot:  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |  | Name of Test  Code of test: | Clot:  Spin:  Aliquot:  Temp: | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  | |