

Midland Health, Midland, TX
Radiology CSF Orders for Lumbar Puncture

Patient: _____ DOB: _____
Diagnosis: _____

*Require appropriate **holding of anticoagulation medications**. Please contact (221-1915) for special circumstances.

*Require **platelet count & coagulation profile** within 30 days of procedure. Please provide results or check below.

☐ Draw platelet count and/or PT/PTT/INR as needed

☐ Require opening pressure

☐ Require more higher amount than necessary for ordered labs: _____ mL

☐ Freeze/Hold CSF for future exam: _____ mL

Tube 1 ☐ Glucose CSF (0.25 mL) ☐ Protein CSF (0.25 mL) ☐ Angiotensin Converting Enzyme CSF-ARUP (0098974) (1mL/0.5mL) ☐ Lactate CSF (ARUP 3019672) (1mL/0.5mL)	Tube 2 ☐ CSF Culture (0.5 ml) ☐ Anaerobic Culture (0.25 mL) ☐ Fungal Culture (0.25 mL) ☐ Acid Fast Bacillus (AFB) Culture/Stain-ARUP (0060152) (5mL/1mL)
Tube 3 ☐ Meningitis/Encephalitis Panel by PCR (0.5ml) (includes HSV 1&2, VZV, CMV, N. meningitidis, C. neoformans) ☐ Epstein-Barr Virus by PCR-ARUP (0050246) (2mL/0.5mL) ☐ Borrelia burgdorferi Antibodies, Total by ELISA, CSF (ARUP 3016760) (6mL/2.5mL) ☐ Mycobacterium tuberculosis Complex Detection and Rifampin Resistance by PCR (ARUP 2010775) (2mL/1mL) ☐ Arbovirus Antibodies, IgG, CSF (ARUP 2001596) (4mL/1.5mL) ☐ Cysticercosis Antibody, CSF (ARUP 0055285) (1mL/0.3mL) ☐ Coccidioides by Antibodies Panel, CSF (ARUP 3000061) (2mL/1mL)	Tube 4 ☐ Cell Count w/ Diff Body Fluid (0.5 mL) ☐ VDRL with Reflex to Titer CSF (preferred, ARUP 0050206) (0.5mL/0.4mL) ☐ Treponema pallidum IgG, CSF by IFA (ARUP 0055273) (1mL/0.2mL) ☐ Oligoclonal Band Profile (ARUP 0080440) (1.5mL/1mL) ☐ Blood in red top on day of LP, sent with CSF ☐ Myelin Basic Protein (ARUP 0080515) (1mL/0.3mL) ☐ Aquaporin-4 Antibody, CSF (ARUP 2011699) (0.5mL) ☐ Myelin Oligodendrocyte Glycoprotein Antibody, CSF (ARUP 3016853) (0.5 mL) ☐ Autoimmune Encephalopathy/Dementia Panel, CSF (ARUP 3006202) (1mL/0.5mL) ☐ Optional serum panel (ARUP 3006201), yellow SST top day of LP, sent with CSF ☐ Cytology Fluid concentration (1mL) ☐ Immunoglobulin Kappa Free Light Chain, CSF (Downtime form – ARUP/Mayo KCSF) (1 mL/0.5 mL)
Special tube ☐ Alzheimer's Disease Markers, CSF (ARUP 3017653) (1mL) (ARUP 3017653 Phospho-Tau (181P) CSF/ Beta-Amyloid (1-42) CSF Ratio – ARUP Supply Kit #58810) Blood in purple top on day of LP, sent with CSF	Special tube ☐ Pyruvic Acid, CSF (ARUP 0080312) (1mL) (Mix 30 seconds and send on ice)
Other:	

Provider Signature: _____ Date: _____

Provider Name Printed: _____

(Patient Label)

Patient Name:

Patient DOB:

MR #:

Acct #:

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Radiology Department

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Effective Date: 05/18/2026

Last Review Date: 05/18/2026

Scan to: Orders