

SKR 2# M.D. Checklist for Ordering Preoperative Laboratory Tests™

(Check indication if positive: Only one positive indication is needed per item.)

Patient Name: _____

Scheduled Operation: _____

TESTS TO BE OBTAINED

Hgb/HCT

INDICATION FOR ORDERING TEST

_____ Potentially bloody operation (blood to be cross-matched preoperatively)

_____ Known anemia

_____ Bleeding disorder

_____ Hematologic malignancy

_____ Patient undergoing radiation or chemotherapy

_____ Chronic renal failure

_____ Severe chronic disease

_____ Other (specify): _____

WBCs (Differential will be obtained automatically if WBC or Hgb is abnormal.)

_____ Infection

_____ Disease of WBCs

_____ Patient undergoing radiation or chemotherapy

_____ Immunosuppressive therapy or steroid therapy

_____ Hypersplenism

_____ Aplastic anemia

_____ Check here if you wish differential in any case.

_____ Collagen vascular disease

_____ Other (specify): _____

PT/PTT

_____ Known or suspected coagulation abnormality

_____ Anticoagulant therapy or anticipated therapy

_____ Hemorrhage or anemia

_____ Thrombosis

_____ Liver disease

_____ Malabsorption or poor nutrition

_____ Other (specify): _____

Continued