

MEMORANDUM

To: All Regional Medical Laboratory (RML) Clients
From: Vivian Rogers, MS-HCA, RML Patient Service Center Manager
Date: June 15, 2015
Subject: Scheduling for Port Access Labs

Regional Medical Laboratory is pleased to provide exceptional Phlebotomy Services to our clients and proud to continue our services for you and your patients. Our phlebotomists are highly trained in venipuncture phlebotomy, but we are unable to access ports within the laboratory or our Patient Service Center locations.

Effective immediately, please begin scheduling blood draws for patients requiring port access with St. John Scheduling to be collected at the Infusion Center located at the St. John Campus in Tulsa on the 8th flr. of the Siegfried tower. This is in an effort to provide better service to your patients, and to ensure the Infusion Center has the appropriate patient information required to perform the collection.

When lab draws are needed on patients that have ports, the physician's office will need to call Centralized Scheduling at 918-856-5789 to schedule the patient for an appointment. In addition, written orders for the port access will need to be faxed to the Infusion Center at 918-744-2711. Please find attached a scheduling reservation form.

On August 3rd, 2015 SJ Infusion Clinic will switch to electronic medical records (Cerner Millennium). Orders may be sent electronically rather than fax if possible after that time.

Physicians that do not have privileges at St. Johns may schedule through the Hospitalist Infusion Transfusion Coordinator (HITC). If there are any problems with scheduling a patient for collection, please call the Infusion Center directly at 918-744-3131 ext. 16676 or by pager at 918-761-2729.

For any questions regarding this change in process please call Linda Eick at 918-744-2190 or 918-744-3131 ext. 16676. You may also contact Vivian Rogers with questions at 918-361-0422.

SCHEDULING RESERVATION

PATIENT LABEL

DATE/ TIME: _____

PATIENT NAME: _____

DIAGNOSIS: _____

DOCTOR: _____

NEXT TREATMENT DATE: _____

TIME REQUESTED: _____

New Infusion Center Patient? _____ YES NO _____

CYCLE # _ (x how many appts.) _____

RESEARCH PATIENT? _____ YES NO _____

FREQUENCY: _ every _____

(IF YES CONTACT Candi Barlow 918-744-2685)

CHEMO MEDS:	CHEMO MEDS:	INJECTIONS:	LAB:
Abraxane	Herceptin (30, 60, 90 MINS)	Lovenox SubQ	Lab
Actimmune	Herceptin (loading dose)	Lupron IM	Lab Draw from PICC
Adriamycin/ Doxorubicin	Ifosfamide	Neulasta SubQ	Lab Draw From PORT
Alemtuzumab	Irinotecan	Neupogen SubQ	TYPE & CROSS
Alimta	Ixempra	Procrit SubQ	
Amifostine	Kypolis	Sandostatin IM	TASK NAME:
Aredia	Leucovorin	Xolair SubQ	D/C MEDS
ARSENIC	LEVOleucovorin	OTHER MEDS:	D/C PICC
Asparaginase	Mesna	Albumin	Dressing change (PICC)
Asparaginase TEST dose	Methotrexate	Boniva	Dr. Bell visit
Avastin (30, 60, 90 MINS)	Mitomycin	Cathflow	Dr. Hutton visit
Benlysta	Mitoxantrone	Cefazolin	Flush port/ Access port
Bleomycin TEST dose	Oxaliplatin	Daptomycin/ Cubicin	Fresh Frozen Plasma (FFP)
Bleomycin	Rituxan	Desferal (x____ HOURS)	Hydration (x____ hrs)
Campath	Romiplostim	Dobutamine (FIXED RATE)	New Infusion Center patient
Carboplatin	Taxol/ Paclitaxol	Fereheme	Pheresis
Cidofovir	Taxol (LOW DOSE)	Ferlecit	Phlebotomy
Cisplatin	Taxotere/ Docetaxol	Fortaz	PICC Placement
Cytarabine	Topotecan	Gentamicin	Procedure (HEM/ONC)
Cytoxan/ Cyclophosphamide	Torisel	Humira SubQ	Teaching
Dacogen	Treanda	Infed	Transfuse Platelets (x__ Units)
Doxil/ doxorubicin Liposomal	Vectibex	Iron TEST Dose	Transfuse Blood(x__Units PRBC)
Dacarbazine	Velcade	IVIG (x____ HOURS)	PREMEDS:
Elspar	Vidaza	Magnesium	Ativan
Epirubicin	VinBLAastine	Meropenem	Atropine
Erbix TEST dose	VinCRIstine	Oxacillin	Benadryl
Erbix	Vinorelbine	Perjuta	Calcium
Ethyol/ Amifostine	Yervoy	Prolia	Decadron
Etoposide/ VP-16	Zinecard	Reclast	Emend IV
Faslodex	CHOP	Remicade	Magnesium
Fludara	R-CHOP	Rocephin	Pepcid
Fluorouracil CONTINUOUS 2DAY	FOLFOX	Soliris	Potassium
Fluorouracil CONTINUOUS 5DAY	FOLFIRI	Solumedrol IV	Protonix
Fluorouracil CONTINUOUS 7DAY	FOLFOX + Avastin	Tysabri	Reglan
Fluorouracil IV PUSH	FOLFIRI + Avastin	Vancomycin	SoluCortef
Gemzar	Taxol(100mg)+ Carboplatin	Xgeva	Solumedrol IVP
	Taxol(300mg)+ Carboplatin	Zometa	Zofran

SCHEDULED BY: _____

PHONE: _____

DATE/ TIME: _____

COMMENTS: _____

FAX RESERVATION TO: 918-856-3850