NewYork-Presbyterian
The University Hospital of Columbia and Cornell

45171

SPONSORED RESEARCH DIAGNOSTIC ORDER FORM

Ordering Physician/NP _____ ID Code _____ Beeper #_____
Date ___/___/ 20___ Time _____ AM PM Attending MD _____

MANDATORY FIELD - CHOOSE ONE
( ) **Bill Research Grant / Study:**
WMC Account No._____ - _____
Principal Investigator's Name _____
Principal Investigator's NYPH ID Code _____
( ) **Bill Patient / Insurance:**
Use QV modifier & V70.7 secondary diagnosis

P indicates Prep. is required. C indicates WRITTEN CONSENT is Required

PRIORITY RATING: 1 = EMERGENCY (NOW) 2 = URGENT (TODAY) 3 = ROUTINE

CARDIOLOGY	PRIORITY 1, 2 or 3	FAX	TO BE DONE DATE	TO BE DONE TIME
☐ Echo ☐ PORT		68701		
☐ EKG ☐ PORT ☐ Signal Average EKG		68701		
☐ Holter Monitor		68701		
☐ E.T.T.		68701		
PULMONARY				
☐ **PFTs**		**68808**		

NEUROLOGY				
☐ **DOPPLER:**				
☐ CAROTID		68984		
☐ TRANSCRANIAL		68984		

NUCLEAR MEDICINE				
☐ **Bone Scan** P		68873		
☐ **Gallium** P		68873		
☐ **Biliary** P		68873		
☐ **DPX** P		68873		
☐ **Renal** P		68873		
☐ **VQ** P		68873		
☐ **RNCA**		68873		
☐ **Thallium**		68873		
☐ **Thyroid**				

OTHER PROCEDURES NOT LISTED:
☐ _____
☐ _____
☐ _____

RADIOLOGY	PRIORITY 1, 2 or 3	FAX	TO BE DONE DATE	TO BE DONE TIME
☐ Abdomen ☐ Flat ☐ Erect		28093		
☐ CXR		28093		
☐ Foot ☐ Right ☐ Left ☐ Hand ☐ Right ☐ Left ☐ Ankle ☐ Right ☐ Left		28093		
☐ Pelvis		28093		
☐ Ribs		28093		
☐ Spine ☐____(Area) ☐ Mammogram		68189		
☐ Portable		28093		

FLUOROSCOPY					
☐ **Ba E**	P		68395		
☐ **IVP**	C,P		68395		
☐ **Small Bowel Series**	P		68395		
☐ **UGI Series**	P		68395		

SONOGRAPHY (EXCLUDES OB)					
☐ Abdomen	P		28093		
☐ Pelvis/Transvaginal	P		28093		
☐ Scrotum	P		28093		
☐ Thyroid	P		28093		
☐ Renal	P		28093		
☐ Head	P		28093		
☐ Other _____ (Specify)	P		28093		

CAT SCAN* C,P CONTRAST: ☐ With ☐ Without ☐ Both				
☐ Head		68060		
☐ Cervical Spine		68060		
☐ Thoracic Spine		68060		
☐ Lumbar Spine		68060		
☐ Chest		68060		
☐ Abdomen		68060		
☐ Pelvis		68060		

P Pt must be NPO 4 hrs. Requires BUN & Creatinine.

MRI CONTRAST: ☐ With ☐ Without ☐ Both				
☐ Extremity		68046		
☐ Head		68046		
☐ Spine		68046		

CLINICAL DATA

Clinical History _____

Contrast Study: BUN _____ Creatinine _____ Date ___/___/ 20___
(required within 2 weeks)

Consent Obtained ☐ Yes ☐ N/A
Wound/Skin Precautions ☐ Yes ☐ N/A
Respiratory Precautions ☐ Yes ☐ No ☐ N/A
Pregnancy ☐ Yes ☐ No ☐ N/A

Pre-Op Date of Surgery ___/___/ 20___

Pediatric Patient: for Pediatric Radiology (M-F 8am - 4pm) fax to 60138 - for Pediatric Cardiology fax to 68373

51131 (10/05)

PROCEDURE ORDER FORM

Many of the Radiology examinations require that the patient be prepared for the procedure that is being ordered. We have included a brief description of the most common procedures, HOWEVER, all exams are included in the **Manual of Laboratory, X-Ray, and Special Procedures** and are contained in the Ancillary Services section in this manual. The procedure in the manual contains a brief description, indications, contraindications, patient preps and special instructions.

Please call Pediatric Radiology x62554 for modified preps for pediatric cases.

NOTE: SEQUENCING of exams is critical when ordering multiple exams. Barium studies generally should be done after other diagnostic procedures. See Manual for more complete information or discuss with Radiologist so as not to delay patient care.

G.I. Series

Prep: N.P.O. from Midnight day before study. Suspend all medication except essential.
Antispasmodics should be discontinued 24 hours before procedure.
Aftercare: mild laxative and fluids.

Barium Enema

Prep: Clear fluids 24 hours prior to study,
60 ml magnesium citrate by mouth at 5 PM day before study.
4 bisacodyl tablets (Dulcolax) by mouth at 10 PM the night before exam.
1 bisacodyl suppository morning of exam.
Nothing by mouth after midnight.

I.V.P. (Intravenous Pyelogram)

Prep: 10 ounces of magnesium citrate at 6 PM evening before exam.
Nothing by mouth after midnight.

C.T. (Head & Body)

Prep: Clear fluids 4 hours prior to study. Contrast injection requires the patient be NPO for at least 4 hours prior to study. Patients must be cooperative and able to hold their breath for Body CT's.
Aftercare: Patients receiving contrast should be hydrated.

MRI

CONTRAINDICATIONS: ① Patients over 300 lbs. ② Patients with PACEMAKERS CANNOT BE DONE. ③ Patients with metal surgical clips and other prosthetic devices should consult with the Radiologist before ordering MRI's. ④ Claustrophobia and inability to remain still are also contraindication and sedation may be required. SEE MANUAL FOR COMPLETE DETAILS.

Sonograms

PELVIC/OBSTETRICAL: Requires full bladder. Patient should drink water and maintain a full bladder.
ABDOMINAL/AORTIC RENAL: Clear liquid diet for 24 hours prior to exam.

Nuclear Medicine - SPECIAL CONSIDERATIONS:

1. To obtain an adequate study, patient must be able to lie quietly for up to one hour in supine position. Adequate sedation is absolutely necessary in the restless patient.
2. For biliary, meckel's, cardiac, and any studies requiring sedation, the patient must be fasting for a minimum of four hours prior to test.
3. Radioactive iodine is used for thyroid uptake and scanning. Do not schedule test if any of the following drugs or foods have been ingested within minimal time limits indicated:
   Iodine Compound (Lugol's Potassium Iodids, Kelp): 1-2 weeks
   Seafood, Ovaltine, vitamin pills, Orande, Combid: 3-5 days
   Diodrast, Hypaque (i.e., IVP's and arteriograms): 1-2 weeks
   Priodax. Telepaque, etc. (i.e. gallbladder series): 3-6 months
   Lipoidal (i.e., bronchograms): at least 6 months
   Anti-thyroid drugs (i.e., Propylthiouracil, Tapazole): 7 days. If in preparation for urgent radioiodine treatment, consultation is advised.
   Thyroid substance (i.e., desiccated thyroid, Thyroxine): 4 weeks
   Tri-iodothyronine (Cytomel): 10-12 days.
   If special circumstances require evaluation despite the above indications (contraindications) Nuclear Medicine physician consultation advised.

GUIDELINES FOR SPONSORED RESEARCH DIAGNOSTIC ORDER FORM

- This form MUST be used to order **research related** diagnostic radiology exams. It is also required for **research related** Cardiology, Pulmonary, and Neurology services.

- Do not use the Sponsored Research Diagnostic Order Form for non-research related diagnostic services that are being ordered at the same time. Use the usual order process for non-research related services (i.e., prescription blank, other pre-printed order form, standard EPIC order process, etc.).

- The red box on the upper left side of the form MUST be completed. The ordering physician (who will most likely be the Principal Investigator or a Co-investigator) must indicate how the research related service is to be billed. The choices are:

Bill Research Grant/Study OR **Bill Patient/Insurance**

- "Bill Research Grant/Study should be marked if the sponsor is paying for the service. The selection of this option should be consistent with the protocol and the corresponding information provided on the clinical trials analysis form completed at the time the research study was approved or renewed. It should also be consistent with the financial responsibility information provided on the patient's informed consent.

- When selecting, **"Bill Research Grant/Study"**, the hospital technical component and the corresponding professional component will be billed to the grant account for the research study. It is important to indicate the WMC Account Number for the research grant/study. This is a six-digit account number. A corresponding three-digit suffix assigned by NYPH (available after March 1, 2006) should be listed in addition to the WMC grant account number. Also list the Principal Investigator's Name and the Principal Investigator's NYPH ID code.

- **"Bill Patient/Insurance"** should be marked if the research related service is considered "Standard of Care" **and** is not be paid for by the study sponsor. When this is selected, the ordering provider is indicating the service is medically necessary regardless of the fact that the patient is enrolled in a research study. The hospital and physician fees will be billed to the patient and/or their insurance as applicable. This should also correspond to the information provided on the clinical trial analysis form as well as the information provided to the patient at the time of obtaining his/her consent for research participation.

- Registrars cannot accept this form if the red box labeled "Mandatory Field" is incomplete as this information determines financial responsibility and ensures compliance with the grant/study billing. Failure to use this form when ordering research related diagnostic services or failure to use the form properly may result in any of the following:

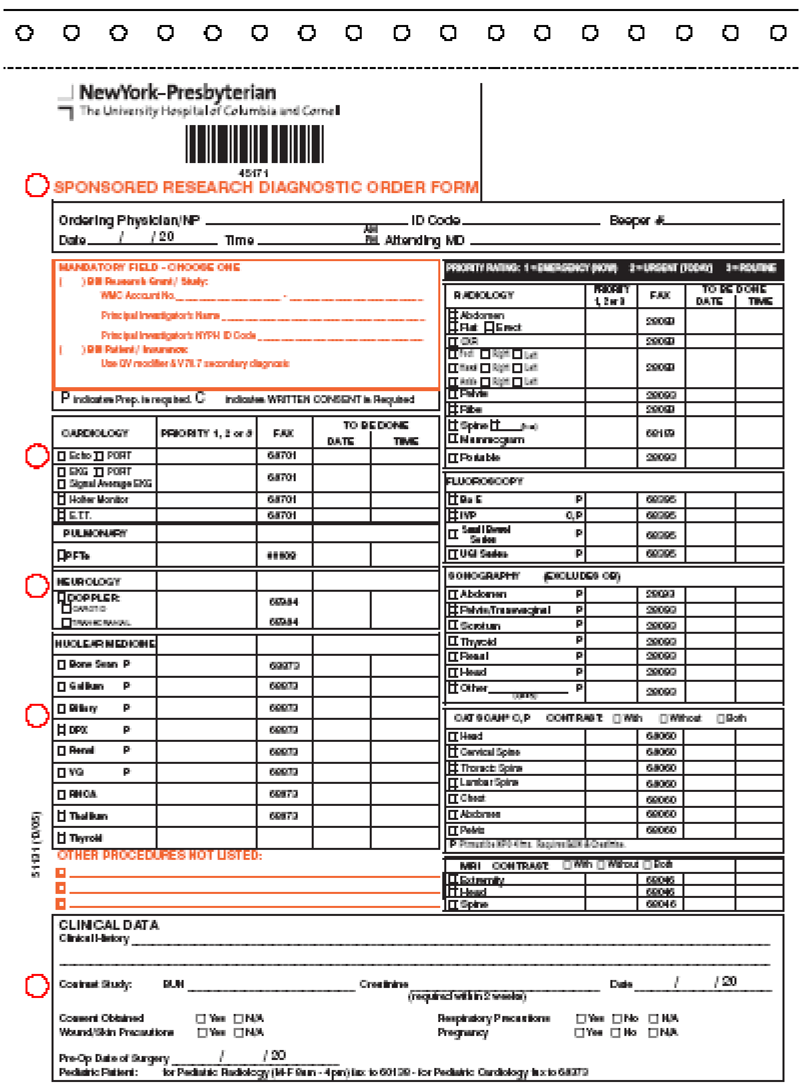
    - Incorrect billing to the patient;
    - Incorrect billing to the research account;
    - Administrative inefficiencies while phone calls or other personal contacts are made to clarify the information provided;
    - Non-compliance reported to Office of Billing Compliance for a corrective action plan

For more information, contact your department's billing compliance representative or one of the following:

CONTACT	DEPARTMENT	EXT.
Susanna Partrick	Office of Billing Compliance	60145
Margaret Dornbaum	Radiology	63027
Mercy Acuna	Medicine	64322
Joan Hirschfeld	Medicine	64943
John Wright	Neurology	62833

Please make sure the appropriate staff member has a supply of the SPONSORED RESEARCH DIAGNOSTIC ORDER FORM available for your department's use. Additional forms can be ordered by using the approved NYPH order number on the left side of the form (51131).

SAMPLE FORM: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Ordering Physician/NP ______ ID Code ______ Beeper # ______
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CARDIOLOGY	PRIORITY 1, 2 or 3	FAX	TO BE DONE DATE	TO BE DONE TIME
Echo PORT		68701		
EKG PORT / Signal Average EKG		68701		
Holter Monitor		68701		
E.T.T.		68701		
PULMONARY				
PFTs		[illegible]		
NEUROLOGY				
DOPPLER: CAROTID		68984		
TRANSCRANIAL		68984		
NUCLEAR MEDICINE				
Bone Scan P		68873		
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Thyroid				

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RADIOLOGY	PRIORITY 1, 2 or 3	FAX	TO BE DONE DATE	TO BE DONE TIME
Abdomen Flat Erect		29080		
CXR		29080		
Foot Right Left / Hand Right Left / Ankle Right Left		29080		
Pelvis		29093		
Ribs		29080		
Spine ___ / Mammogram		68169		
Portable		29093		
FLUOROSCOPY				
Ba E P		68095		
IVP C,P		68095		
Small Bowel Series P		68095		
UGI Series P		68095		
SONOGRAPHY (EXCLUDES OB)				
Abdomen P		29093		
Pelvis/Transvaginal P		29093		
Scrotum P		29093		
Thyroid P		29093		
Renal P		29093		
Head P		29093		
Other ___ P		29093		
CAT SCAN* C,P CONTRAST: With / Without / Both				
Head		68050		
Cervical Spine		68050		
Thoracic Spine		68050		
Lumbar Spine		68050		
Chest		68050		
Abdomen		68050		
Pelvis		68050		
MRI CONTRAST: With / Without / Both				
Extremity		68046		
Head		68046		
Spine		68046		

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