



# Beaufort Memorial HOSPITAL

**Blood Conservation  
Lab Pre-Screening Order Set  
BASELINE EVALUATION SCREEN FOR IRON DEFICIENCY ANEMIA  
(Recommended for adults with pre-op Hgb less than 13.0 g/dL)  
Outpatient Pg 1 of 1**

<b>Patient Name:</b>	<b>D.O.B</b>
<b>Surgical Diagnosis:</b>	
<b>Diagnosis: Screening for Anemia / Iron Deficiency</b>	
<b>Allergies:</b>	
<b>Directions: All blanks must be filled in for this to be a valid order. Only boxes that are checked will be executed. Statements with no blanks or boxes are considered valid orders and will be executed.</b>	

**Surgery Date:** \_\_\_\_\_

**Surgical Procedure:** \_\_\_\_\_

**Ordering Physician:** \_\_\_\_\_

**Surgeon:** \_\_\_\_\_

**INSTRUCTIONS FOR PHYSICIAN OFFICES**

- 1) FOR REGISTRATION AND BLOOD TESTS INSTRUCT PATIENT TO GO TO:**  
BMH MEDICAL PLAZA (3 story building with columns/ next to the hospital) **OR**  
BLUFFTON MEDICAL SERVICES
- 2) FAX THIS ORDER SET TO APPROPRIATE SITE:**
  - BMH MEDICAL OFFICE BUILDING – FAX # 843-522-5580  
BLUFFTON MEDICAL SERVICES – FAX # 843-706-8699
  - AND**
  - BLOOD CONSERVATION OFFICE – FAX # 843-522-5494
- 3) IF PATIENT HAD A CBC and PANEL-7 DRAWN BY THE BMH LAB WITHIN 7 DAYS THESE TESTS CAN BE ADDED ON.  
CHECK OFF THE BOX BELOW AND DOCUMENT THE DATE OF THE ORIGINAL LABS.  
FAX TO BMH LAB AT FAX # 843-522-5890**

FOR QUESTIONS CALL BMH LAB AT 522-5125

**INSTRUCTIONS FOR LAB**

**THIS IS AN ADD ON ORDER/ ORIGINAL LABS DRAWN ON \_\_\_\_\_ (date)**

**LAB ORDER**

**Include the following lab tests :**

**IRP / Iron Profile** (serum iron, transferrin saturation)  
**FER / Ferritin**

**RET / Reticulocyte Count**  
**B-12 / Vitamin B-12**

FOR QUESTIONS CALL BLOOD CONSERVATION OFFICE AT 522-5293

**Physician's Signature:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

