

MICHIGAN MEDICINE

SURGERY – CRITICAL CARE/TRAUMA/BURN

RESULTS
REPORTING
LOCATION CODE

**Testing/Diagnostic/Screening
Requisition – Trauma Burn**

- Routine
 STAT

ORDER DATE: ____/____/____
(mm/dd/yyyy)

ICD-10 Code/Diagnosis:		Ordering Clinician to receive report: <input type="checkbox"/> See label above	
Collected by:		UMHS Dr. #: _____	
Collected Date: ____/____/____	Collection Time: ____:____am/pm	Attending Physician: (if different from above)	UMHS Dr. #: _____

Trauma Burn Laboratory Phone (734) 936-9673

QUANTITATIVE BIOPSY CULTURE

<p>SPECIMEN SOURCE</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>TEST REQUESTED:</p> <p><input type="checkbox"/> Quantitative Wound Biopsy</p> <p><input type="checkbox"/> Quantitative Bone/Deep Tissue Biopsy</p> <p><input type="checkbox"/> Topical Antimicrobial Sensitivity (if culture positive > 10⁵)</p>
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SKIN BANKING

Dispensed by: _____

Time Dispensed: _____

<p><input type="checkbox"/> Autograft Tissue Storage _____ Expires 14 days after procurement</p> <p><input type="checkbox"/> EZ Derm® 7" X 18" sheet _____</p> <p><input type="checkbox"/> EZ Derm® 3" X 24" roll _____</p> <p><input type="checkbox"/> EZ Derm® 3" by 48" roll _____</p> <p><input type="checkbox"/> Integra® 2" x 2" (5 cm x 5 cm) _____</p> <p><input type="checkbox"/> Integra® 4" x 5" (10 cm x 12.5 cm) _____</p> <p><input type="checkbox"/> Integra® 4" x 10" (10 cm x 25 cm) _____</p> <p><input type="checkbox"/> Integra® 8" x 10" (20 cm x 25 cm) _____</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p><input type="checkbox"/> Frozen Allograft Skin (sq.in./sq.cm/sq.ft.) _____ Amount requested _____ Amount dispensed _____</p> <p><input type="checkbox"/> ARTISS™, 4 ml _____</p> <p><input type="checkbox"/> ARTISS™, 10 ml _____</p> <p><input type="checkbox"/> PROKERA® _____</p> <p>Time Thawed: _____</p> <p>Thawed by: _____</p> <p>Thawed Exp. Date: _____</p>
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Circulator: Document Required Preparation Details:

Allograft Prep Solution	Lot #	Exp. Date (mm/dd/yy)	Prepared on field by (Last, First)
Sodium chloride 0.9%			