



# The Mount Sinai Hospital

One Gustave L. Levy Place  
New York, New York 10029

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## PRE-PROCEDURE TESTING REQUEST

Proceduralist Name: \_\_\_\_\_

Planned Procedure: \_\_\_\_\_

### Required Testing as per Medical Center Policy

- **β-hCG** on day-of-procedure if menstruated within prior 12 months.
- **Glucose** on day-of-procedure if diabetic.
- **Potassium** within 24 hours prior to procedure if on dialysis.
- **ECG** within 6 months if known heart disease, or age over 50 and non-minor surgery.
- **Type & Screen** if significant potential for blood loss during procedure.
- **Chest X-Ray** as close to time of surgery as possible (6 months at most) if history of significant respiratory disease, or age over 70 and scheduled to undergo a procedure with significant potential for respiratory problems (e.g., cardiac, thoracic, major abdominal and major vascular surgery).  
Note: CXR is **NOT** required based on age alone.

### Additional Non-Standard Testing

**Complete Blood Count**  
History of anemia, or known abnormalities of white blood cell count or platelets

**Coagulation**  
Required Justification:  
 Anticoagulated (e.g., warfarin, low-molecular-weight heparin)  
 Known liver disease  
 History of bleeding or bleeding disorder  
 Other - Details: \_\_\_\_\_

**Chemistry**  
Diuretic use, chronic kidney disease, diabetes, or prior history or high likelihood of electrolyte abnormalities (e.g., profuse diarrhea, vomiting)

**Liver Function**  
Known or suspected liver disease

**Other Tests**  
Test Name: \_\_\_\_\_ Justifying Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PAT USE ONLY

**PAT**

ECG

CXR

T&S

CBC

PT/PTT

CHEM

LFT

**DOS**

HCG

GLUC

K+

### Requestor

Print Name: \_\_\_\_\_ Contact/Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Dict # / Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_