



Fletcher Allen Health Care  
Department of Pathology and Laboratory Medicine  
111 Colchester Ave., Burlington, Vermont 05401  
Phone: 802-847-5121 or 800-991-2799

## FAXED LABORATORY ORDER FORM CVAD (CENTRAL VENOUS ACCESS DEVICE) Blood DRAWS

This form is to be used as follows:

1. For providers who wish to fax in a standing order to implement CVAD Care and Maintenance protocol\*
2. By the laboratory for documenting a standing order to implement CVAD Care and Maintenance protocol\*

If you are faxing in an order, please complete all the information, print legibly and provide an authorized signature\* below.  
**Fax this form to us at 802-847-5905** as promptly as possible. Thank you

### Laboratory Customer Service Use

Date Order Requested	___/___/___	Time	_____
Who called?	_____	Location	_____
Patient Full Name	_____	Date of Birth	___/___/___
FAHC MRN#	_____		
Order is documented in chart?	Y / N		

### Provider Office Use

Please review an excerpt from the policy "CENTRAL VENOUS ACCESS DEVICES (CVAD) Care and Maintenance"

**Excerpt from the policy:** All venous access devices must be flushed with at least 10ml of 0.9% sodium Chloride before and after accessing, and all non- valved devices require flushing with heparin to maintain patency of the line. The physician's order for drawing blood samples includes the appropriate care and maintenance of line before and after accessing the device, including flushing of the line per protocol. If it cannot be determined if the venous access device is valved, care and maintenance of the line includes heparin flush post procedure to assure patency. An order to implement this protocol will be obtained from the authorized provider who ordered the blood testing.

NOTE: The entire policy is available for review at [http://www.fletcherallen.org/upload/photos/6404CVAD\\_policy-final\\_\\_2\\_.pdf](http://www.fletcherallen.org/upload/photos/6404CVAD_policy-final__2_.pdf)

- I agree to the care and maintenance of the Central Venous Access Device as described above.  
(This order will remain in effect for a period of 1 year from this date or until the line is removed.)
- I wish to Decline the use of Fletcher Allen Health Care's Central Venous Access Device Care and Maintenance Protocol.  
Declining authorization for use of the CVAD protocol will necessitate the use of a venipuncture.

➔ Authorized\* Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
\*The following providers can provide an authorized signature (MD, DO, NP, PA, CNM, CSW).

Date \_\_\_\_\_ Time \_\_\_\_\_

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