

May 15, 2024

DIAGNOSTIC SERVICES

## General Endocrinology Requisition and Endocrine Testing Update

**Date effective: May 27, 2024**

**Background Information:** Effective May 27, 2024, updated versions of R250-10-76 General Endocrinology requisition will be implemented provincially. Please begin using the new requisition as soon as possible, as some test codes have changed and use of the new requisition will support accurate test ordering.

### Summary of changes:

- Some test codes have been updated in the revised requisitions to reflect test repatriation and/or change in assay methodology.
- A new section for physicians to provide **fasting instruction** for patients has been added. Laboratory procedure for collection and reporting has not changed.
- **Oral Glucose Tolerance Tests (OGTT)** and **Glucose Challenge Test (GCT)** have been added to the requisition.
- Common **Biochemistry/Hematology** tests have been added to the requisition.
- **25-hydroxy vitamin D** ordering is now available on endocrinology requisitions. Indications for ordering and signature are required on this requisition to avoid test cancellation. Current Vitamin D requisition has been discontinued.
- Indications for Free T4 testing must be completed.
- Less common tests can be ordered under “Other Tests” section of the appropriate requisition. Please print legibly and consult Lab Information Manual ([Lab Information Manual \(sbgh.mb.ca\)](http://sbgh.mb.ca)) for correct test names, requisitions and test approval requirements.
- Effective May 27, 2024 methods for few endocrinology assays will be updated and reference ranges will change, please see your reports for details.

### References/Resources:

- See attached requisition with changes highlighted
- Please contact your site laboratory if you have any questions.

## General Endocrinology Requisition

THIS SPACE FOR LAB USE ONLY  
PLACE LIS LABEL HERE

Fields marked with \* are mandatory and must be clearly legible or can result in specimen rejection.

|   |   |   |   |
|---|---|---|---|
| <b>Ordering Provider Information</b>                      |   | <b>Patient Information (print or use addressograph)</b> |   |
| *Last & Full First Name:                                  | Billing Code:   | *Last/First Name (per Health Card)                      |   |
| Inpatient Location:                                       | *Critical Results Ph #:   | *Date of Birth (dd/mm/yyyy)                             | *Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| *Facility Name/ Address:                                  | Ph #:   | *PHIN: Specify Province or DND if different             |   |
| Ph #:   | Fax #:  | MRN:  | Encounter #:  |
| Copy Report To (if info missing, report may not be sent): | Last & Full First Name:   | Ph #:   | Fax #:  |
| Facility Name/ Address:                                   | Patient PH #:   |   |   |
| Last & Full First Name:                                   | Ph #:   | Fax #:  | Patient Address:  |
| Facility Name/ Address:                                   | Demographics verified via:<br><input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other |   |   |

Provide fasting instructions to patient

**Patient Preparation Instruction (to be completed by ordering physician)**

\*Fast (nothing to eat, drink or chew)  8-12h  Alternate time \_\_\_\_\_ h  No (if not checked, assume non-fasting specimen)

**Collection Information (fields marked with \* required by person collecting sample)**

\*Collection:  Venipuncture  Capillary  Indwelling Line      \*Collector: \_\_\_\_\_      \*Collection Date: \_\_\_\_\_  
 \*Collection Facility/Lab: \_\_\_\_\_      \*Collection Time: \_\_\_\_\_

# Serum tubes \_\_\_\_\_ # Plasma tubes \_\_\_\_\_ Referring Lab: # of tubes sent \_\_\_\_\_ Samples shipped frozen

Fasting Information  No  Yes # of hours \_\_\_\_\_

AM, PM or random cortisol order

Fasting or non-fasting glucose order

Oral Glucose Tolerance Testing

Aldosterone Renin Ratio is an orderable test.

| Biochemistry/Hematology  | Calcium & Bone  | Indications for Free T4 (must be completed or testing will not be performed)   |
|--|---|--|
| <input type="checkbox"/> CBC (incl. differential) CBC                          | <input type="checkbox"/> Calcium CA   | <input type="checkbox"/> Thyroxine replacement therapy <input type="checkbox"/> Goiter   |
| <input type="checkbox"/> Sodium NA   | <input type="checkbox"/> Ionized calcium ICA  | <input type="checkbox"/> Hypothyroid <input type="checkbox"/> Hypopituitarism <input type="checkbox"/> Thyroiditis   |
| <input type="checkbox"/> Potassium K   | <input type="checkbox"/> PTH (ix of abnormal calcium/creatinine) PTHY                                     | <input type="checkbox"/> Hypothyroid <input type="checkbox"/> Autoimmune disease   |
| <input type="checkbox"/> Chloride CL   | <input type="checkbox"/> Phosphate P  | <input type="checkbox"/> Thyroid cancer suppression <input type="checkbox"/> Malabsorption   |
| <input type="checkbox"/> Osmolality OS   | <input type="checkbox"/> Magnesium MG   | <input type="checkbox"/> Other (specify): _____  |
| <input type="checkbox"/> ALT ALTR  | <input type="checkbox"/> 25-hydroxy vitamin D <sup>3</sup> VD25   | <b>Indications for Androgen Testing (consult list below for appropriate ordering)</b>  |
| <input type="checkbox"/> CK CK   | <b>Adrenal</b>  | Infertility, hirsutism, virilization, amenorrhea, oligomenorrhea, hypogonadism, erectile dysfunction, precocious puberty, testicular or adrenal tumor, testosterone replacement therapy, anti-androgen therapy, hormone replacement therapy. |
| <input type="checkbox"/> Creatinine (+ eGFR if >18y outpatient) CR             | <input type="checkbox"/> Cortisol AM (7-9 am) <sup>4</sup> COR  |  |
| <input type="checkbox"/> eGFR (inpatient only) EGR                             | <input type="checkbox"/> Cortisol PM (3-5 pm) <sup>4</sup> COR  |  |
| <input type="checkbox"/> TSH with reflex TSH                                   | <input type="checkbox"/> Cortisol Random COR  |  |
| <input type="checkbox"/> Free T4 <sup>2</sup> FT4                              | <input type="checkbox"/> ACTH (collect & transport on ice, 60min) <sup>3</sup> ACTH                       |  |
| <input type="checkbox"/> Anti-TPO (Thyroperoxidase Ab) TPO                     | <b>Reproductive, Fertility &amp; Growth</b>   |  |
| <input type="checkbox"/> TRAb (TSH Receptor Ab) TRAB                           | <input type="checkbox"/> FSH FSH  |  |
| <input type="checkbox"/> Thyroglobulin (+ anti-Tg) THGL                        | <input type="checkbox"/> LH LH  |  |
| <b>Diabetes &amp; Lipids</b>   | <input type="checkbox"/> DHEA-S <sup>2</sup> DHAS   | <b>Indications for 25-hydroxy vitamin D Testing (must be completed or testing will not be performed)</b>   |
| <input type="checkbox"/> Glucose (fasting, see § above) G                      | <input type="checkbox"/> Estradiol E2   | <input type="checkbox"/> Metabolic bone disease (recurrent fractures, rickets, osteomalacia, osteopenia, osteoporosis)   |
| <input type="checkbox"/> Glucose (random) G                                    | <input type="checkbox"/> Progesterone PGN   | <input type="checkbox"/> Abnormal blood calcium, magnesium or phosphate  |
| <input type="checkbox"/> HbA1C GYH8  | <input type="checkbox"/> Prolactin (11am-5pm preferred) <sup>6</sup> PL                                   | <input type="checkbox"/> Parathyroid disease   |
| <input type="checkbox"/> Lipid panel § LIPP                                    | <input type="checkbox"/> Testosterone, Total (7-10 am recommended) <sup>2</sup> TST                       | <input type="checkbox"/> Malabsorption syndrome (celiac disease, small intestine surgery, cystic fibrosis or medication interfering with vitamin D absorption)   |
| <input type="checkbox"/> Insulin INS   | <input type="checkbox"/> Testosterone, Total, Bioavailable & Free (7-10 am recommended) <sup>2</sup> FTST | <input type="checkbox"/> Anticonvulsant agents   |
| <input type="checkbox"/> OGTT 75g – Non-Pregnancy, fasting § GTT2              | <input type="checkbox"/> 17-hydroxyprogesterone (L-C-M5/M5) OH17  | <input type="checkbox"/> Chronic kidney disease (CKD)  |
| <input type="checkbox"/> OGTT 50g – Pregnancy, non-fasting GT50                | <input type="checkbox"/> hCG (quantitative) HCGQ  | <input type="checkbox"/> Chronic liver disease   |
| <input type="checkbox"/> OGTT 75g – Pregnancy (tier 2 testing), fasting § GTTP | <b>Other tests:</b>   | <input type="checkbox"/> Intake of high dose vit D + symptoms of hypervitaminosis D  |
| <b>Hypertension</b>  |   | Signature of Ordering Provider for 25-(OH)-vitamin D:  |
| <input type="checkbox"/> Aldosterone-Renin Ratio ARR                           |   |  |
| <input type="checkbox"/> Aldosterone ALDO                                      |   |  |
| <input type="checkbox"/> Renin RENI  |   |  |

Complete indications for FT4 order

Consult indications for androgen testing

Complete indications for 25(OH) vitamin D order. Signature is required.

<sup>1,2,3</sup> Identify and include indications for ordering. Order of 25-(OH)-vitamin D must include signature of ordering provider certifying to the indication for order.

<sup>4</sup> If collected outside indicated timeframe, do NOT reject specimen, report as random cortisol.

<sup>5</sup> Complete collection information can be found in the Lab Information Manual (LIM) at <https://apps.sbgq.mb.ca/labmanual/test/findTestPrepare>

<sup>6</sup> Prolactin follows diurnal variation and levels are higher for the first four hours after waking. Most patients reach nadir levels by 11 am. Stress, exercise, medication (antihypertensive, antidepressant, antipsychotic, gastrointestinal), oral contraceptives, opioids, marijuana cause elevated prolactin.