Hospital Biochemistry / Hematology Requisition

For use in Winnipeg and Brandon Hospitals

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

Ordering Provider Information

*Last & Full First Name: | Billing Code:

Inpatient Location: | *Critical Results Ph #:

*Facility Name/ Address

Ph #: | Fax #:

Copy Report To *(if info missing, report may not be sent)*:

Last & Full First Name: | Ph #: | Fax #:

Facility Name/ Address:

Last & Full First Name: | Ph #: | Fax #:

Facility Name/ Address:

Patient Information *(print or use addressograph)*

*Last/First Name: (per Health Card)

* Date of Birth (dd/mm/yyyy)

*Sex: ☐ Female ☐ Male

*PHIN: Specify Province or DND if different

MRN:

Encounter #:

Patient Ph #:

Patient Address:

Demographics verified via:
❑ Health Card ❑ Armband ❑eChart/CR ❑Other

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 ❑

Biochemistry

Test	Code	Test	Code	Test	Code
❑ Sodium	NA	❑ Creatine Kinase	CK	❑ Osmolality	OS
❑ Potassium	K	❑ Total Protein	TP	❑ Osmolality Calculated	OSCA
❑ Chloride	CL	❑ Albumin	AL	❑ Ethanol	ETO
❑ Total CO2	CO2	❑ Prealbumin	PALB	❑ Lipase	LIP
❑ Glucose	G	❑ Troponin T	HTNT	❑ Uric Acid	UA
❑ Urea	U	❑ Bilirubin, Total	TB	❑ Myoglobin	SMYO
❑ Creatinine	CR	❑ Bilirubin, Direct	DB	❑ Hemoglobin A1c	GYHB
❑ eGFR	eGFR	❑ Y-Glutamyl Transferase	GGT	❑ Haptoglobin	HPT
❑ Calcium	CA	❑ Lactate Dehydrogenase	LD	❑ C-Reactive Protein	RCRP
❑ Phosphate	P	❑ Alanine Transaminase	ALT	❑ Ionized Calcium	ICA
❑ Magnesium	MG	❑ Alkaline Phosphatase	ALK	❑ Ammonia **(send on ice)**	AMM
❑ Lipid Panel	LIPP	❑ Iron	IRON	❑ Lactic Acid **(send on ice)**	LAC
❑ Cholesterol only	CH	❑ TIBC	TIBC	❑ Beta-Hydroxybutyrate	BHB
❑ Triglycerides only	TG	❑ Ferritin	FER	❑ HCG Quantitative	HCGQ

Drug Levels - Toxic Exposure/ Overdose

Test	Code	Test	Code	Test	Code
❑ Acetaminophen	ACTM	❑ Alcohol Screen (incl methanol)	ALC	❑ Ethylene glycol	EGOL
❑ Carboxyhemoglobin	CBHB	❑ Salicylate	SAL		

Therapeutic Drug Monitoring *(complete dose/time info below)*

Test	Code	Test	Code	Test	Code
❑ Carbamazepine	CARB	❑ Cyclosporine	CY	❑ Digoxin	DIG
❑ Gentamicin	GENT	❑ Lithium	LI	❑ Methotrexate	MTX
❑ Mycophenolic acid	MYPA	❑ Phenobarbital	PHEN	❑ Tacrolimus – FK506	FK5
❑ Phenytoin / (Dilantin)	PYN	❑ Sirolimus	SIRO	❑ Vancomycin	VANC
❑ Tobramycin	TOBR	❑ Valproic acid	VALP		

Dose info: Last dose date/time: _____ Next dose date/time: _____

Glucose Tolerance Testing

Test	Code	Test	Code	Test	Code
❑ 75 Gram Challenge *(pregnancy)*	GTTP	❑ 50 Gram Challenge *(pregnancy)*	GT50	❑ 75 Gram Challenge *(non-pregnancy)*	GTT2

Hematology

❑ CBC *(incl. differential)* CBC | ❑ Reticulocyte count RETA | ❑ Reticulocyte hemoglobin RETA | ❑ D Dimer DDIM

❑ PT/INR *(indicate anticoagulant)* INR | Is patient on anticoagulant: ❑No ❑ Yes *(specify)*:

❑ Infectious Mononucleosis MS | ❑ Erythrocyte Sedimentation Rate ESR *(Cannot be ordered with CRP unless approved)*

❑ Fibrinogen CFIB | ❑ Lupus Inhibitor LUPS | ❑ Sickle Cell Screen HSS

❑ Basic DIC Screen *(PT/PTT/FIB/DDIMER/CBC)* BASD | ❑ aPTT *(***must** *indicate condition below)* APTT *Recommend clinical hematology consult for unexplained bleeding*
❑ Unfractionated Heparin ❑ Liver Transplant ❑ Cord blood ❑ Other, *please specify*: ______________________________

❑ Malaria** *(does not detect other blood micro-organisms; if suspected, check below)* MAL

❑ Other blood parasites** BPNM

**** For Malaria and other non-malarial blood parasites, complete the following:**
Fever? ❑Yes ❑ No *****Recent travel history required*****
When: ***Where:***

Other Biochemistry/Hematology Tests *(please list)*:

Shared health Soins communs Manitoba

Approval Date: 16-JUL-2020

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