

Urine Chemistry Requisition Completion Guide

Urine Chemistry Testing Requisition

Lab Use Only
Place Barcode Label Here

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

Ordering clinician info
Fields with asterisk must be included

Patient info
Addressograph/ label OK.

Microscopy will only be performed if urine dipstick is positive for protein, blood or leukocyte esterase

Specimen Collection
Must be completed to accept specimen

Patient height & weight required

Creatinine must be ordered on serum/ plasma requisition

If **uric acid** is ordered with any of: calcium, Phosphate or oxalate, the uric acid requires a separate 24-hour collection

Random Uric Acid available only to select providers
Fields with asterisk must be included

Ordering Provider Information		Patient Information (print or use addressograph)	
*Last & Full First Name:	Billing Code:	*Last/First Name: (per Health Card)	
Inpatient Location:	Critical Results Ph #:	* Date of Birth: (dd/mm/yyyy)	
*Facility Name/ Address		*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Ph #:	Fax #:	*PHIN: Specify Province or DND if different	
<i>Copy Report To: (if info missing, report may not be sent)</i>		MRN:	
Last & Full First Name:	Ph #:	Encounter #:	
	Fax #:	Patient Ph #:	
Facility Name/ Address:		Patient Address:	
Last & Full First Name:	Ph #:		
	Fax #:		
Facility Name/ Address:		Demographics verified via:	
		<input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other	
Collection Information (fields marked with * required)			
Random Sample		24 Hour Sample	
* Collected by:	* Collection Date:	24 Hour Volume:	Collection Facility/Lab:
* Collection Facility/Lab:	* Time:	Start Collection Date:	End Collection Date:
		Start Collection Time:	End Collection Time:
Number of tubes/containers sent: Tubes	Containers	Other	Check if samples shipped frozen <input type="checkbox"/>
Urinalysis		RANDOM Urine Chemistry	
<input type="checkbox"/> Urine Dipstick only UR		No additive required	
<input type="checkbox"/> Renal Workup UR + URR		<input type="checkbox"/> Albumin ¹ UALB	
<i>Microscopic examination done only if the dipstick is positive for protein, blood or leukocyte esterase</i>		<input type="checkbox"/> Protein, Total ¹ TPU	
Creatinine Clearance		<input type="checkbox"/> Sodium NAU	
<input type="checkbox"/> Creatinine Clearance CRCL		<input type="checkbox"/> Potassium KU	
Required to perform test:		<input type="checkbox"/> Chloride CLU	
Height _____ cm	Weight _____ kg	<input type="checkbox"/> Urea UU	
<i>Blood sample must be collected within 24 hours of urine collection. Creatinine must be ordered on serum/plasma requisition</i>		<input type="checkbox"/> Creatinine CRU	
		<input type="checkbox"/> Osmolality OSU	
Renal Calculi		<input type="checkbox"/> Citrate ^{1,2} CITU	
Analysis of air dried stones or fragments		<input type="checkbox"/> Metanephrines ^{1,2} MNPH	
<input type="checkbox"/> Calculi CALI		<input type="checkbox"/> Aminolevulinic Acid ^{1,2} ALAU	
Record source (i.e. bladder, kidney, passed):		<input type="checkbox"/> Porphobilinogen ^{1,2} PBIG	
		<input type="checkbox"/> HCG (qualitative) ⁴ PREG	
Patient History:		Addition of acid (6M HCL) required by lab	
		<input type="checkbox"/> Calcium ¹ CAU	
		<input type="checkbox"/> Phosphate POU	
		<input type="checkbox"/> Oxalate ¹ OXU	
		<input type="checkbox"/> 3-Hydroxyindoleacetic Acid ¹ HIAA	
		<input type="checkbox"/> Homovanillic Acid ¹ HVA	
		<input type="checkbox"/> Vanillylmandelic Acid ¹ VMA	
		Addition of Base (1M NaOH) required by lab	
		<input type="checkbox"/> Uric Acid ³ UAU	
		Available ONLY to Physicians from Pediatric Endocrinology, Genetics, Nephrology and Urology (as per LIM)	
		¹ Reported as ratio to Creatinine	
		² Acid pH adjustment acceptable, but not required	
		³ No additive required; wrap in aluminum foil	
		⁴ Not performed on site at SBH	
		24 HOUR Urine Chemistry	
		(No additive required in collection container)	
		These tests can often be performed on a single 24-hour collection. See notes	
		<input type="checkbox"/> Albumin UALB	
		<input type="checkbox"/> Protein, Total TPU	
		<input type="checkbox"/> Sodium NAU	
		<input type="checkbox"/> Potassium KU	
		<input type="checkbox"/> Chloride CLU	
		<input type="checkbox"/> Urea UU	
		<input type="checkbox"/> Creatinine CRU	
		<input type="checkbox"/> Osmolality OSU	
		<input type="checkbox"/> Cortisol CORU	
		<input type="checkbox"/> Citrate CITU	
		<input type="checkbox"/> Calcium ⁵ CAU	
		<input type="checkbox"/> Phosphate ⁵ POU	
		<input type="checkbox"/> Oxalate ⁵ OXU	
		<input type="checkbox"/> Uric Acid ⁵ UAU	
		⁵ If uric acid is ordered with any of: calcium, phosphate or oxalate, the uric acid requires a separate 24-hour collection	
		24-hour collection (container contains 5g sodium carbonate, available from lab)	
		<input type="checkbox"/> Porphyrins, Total POR	
		Other Urine Chemistry tests:	