FNIHB HemoCue / i-STAT Requistion and Report

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:
*Ordering Facility:	
Address:	
*Critical Results Phone #:	Fax #:

Reason for Testing

Patient Information

*Last/First Name *(per MB Health Card):*

* Date of Birth (dd/mm/yyyy)

*Sex: ❑Female ❑Male

*Unique Identification Number: ❑PHIN:

❑Treaty Number: ❑MRN:

Patient Phone #:

Patient Address:

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

Demographics Verified: ❑ Health Card ❑ Other:

♦ Collector:	♦ Collection Date:
♦ Collection Facility	♦ Collection Time:

♦ Collection: ❑ Venipuncture ❑ Capillary ❑ Indwelling Line

HemoCue Analyzer Report

Test	Reference Intervals	Critical Values
❑ IWBC Units: $x10^9$/L	Adult: 4.0 - 10.0 1 years: 6.0 - 16.0 2-6 years: 5.0 - 15.0 6-12 years: 5.0 - 13.0 1 months: 5.0 - 19.0 2 months: 5.0 - 15.0 3-6 months: 6.0 - 18.0	≤ 2 x 10^9/L or > 30 x 10^9/L, ***Call physician first time, same day***
❑ IHGB Units: g/L	Adult (M): 130 – 170 Adult (F): 120 – 150 Infants post neonatal 110 – 140 Pediatric: see **Note[1]** *(to the right)* **2 yr- teenage-** Gradual increase to adult normal	≤ 65 g/L ***Call physician first time, same day***

Affix HemoCue Printout(s) Here

If no printout available transcribe results below:	If no printout available transcribe results below:
WBC:_____x10^9/L	HGB:_____g/L
Reported by: _____ Date: _____	Reported by: _____ Date: _____

Note[1] No pediatric reference ranges from Manufacturer. Based on review they are comparable to our standard analyzers as listed. See LIM for more information.

i-Stat Analyzer Report

Test	Reference Intervals Venous	Critical Values *Frequency- Call Every Time* Values may differ in premature infants		
❑ **INR**	0.9 - 1.1	≥ 5.0		
❑ **Blood Gas**		**Adult**	**Child**	**Neonate****
*p*H	7.31 - 7.41	<7.21 or >7.59	<7.21 or >7.59	none
pCO_2	41 – 51 mmHg	<19 or >67	<21 or >66	none
pO_2	None (mmHg)	<43	<45 or >124	<37 or >92
BE	(-2) - (+3) mmol/L	n/a - Calculated Values		
HCO_3	23 – 28 mmol/L			
TCO_2	24 – 29 mmol/L			
sO_2	None (%)			
Lactate	0.90-1.70 mmol/L	>5mmol/L (phone once/72hours)		
❑ **Chem8**		**Adult**	**Child**	**Neonate****
Sodium	138 -146 mmol/L	<120 or >158	<121 or >156	
Potassium	3.5 - 4.9 mmol/L	<2.8 or >6.2	<2.8 or >6.4	<2.8 or >6.5
Chloride	98 – 109 mmol/L	<75 or >126	<77 or >121	
TCO_2	24 – 29 mmol/L	<11 or >40	<11 or >39	None
Glucose	3.9 - 5.8 mmol/L	<2.6 or >27	<2.6 or >25	<1.8 or >18
Urea	2.9 - 9.4 mmol/L	>37	>20	
Creatinine	53 – 115 µmol/L	>654	>336	none
Anion Gap	10 – 20 mmol/L	none		
❑ **Troponin I**	0.00 - 0.08 µg/L	**Critical:** > 0.10 ug/L (phone first positive)		

Affix i-STAT Printout(s) Here

If no printout available, transcribe results below:

INR: _____

Blood Gas _____

*p*H: _____

pCO_2: _____ mmHg

pO_2: _____ mmHg

BE _____ mmol/L

HCO_3: _____ mmol/L

TCO_2: _____ mmol/L

sO_2: _____ %

Lactate: _____ mmol/L

Chem8

Sodium: _____ mmol/L

Potassium: _____ mmol/L

Chloride: _____ mmol/L

TCO_2: _____ mmol/L

Glucose: _____ mmol/L

Urea: _____ mmol/L

Creatinine: _____ µmol/L

Anion Gap: _____ mmol/L

Troponin I: _____ µg/L

Troponin I: <0.08 µg/L – no myocardial necrosis, if > 6 – 9 hours after onset of symptoms.
0.08 to 0.10 µg/L – possible myocardial injury, in the context of suspected ACS, repeat after two (2) hours (must be > 6 hours after onset of symptoms)
>0.10µg/L – NSTEMI when seen in the context of suspected ACS

Critical Result Reporting:	Result(s) Reported:	Reported To:
	Time/Date:	Reported By: