Biochemistry / Hematology Requisition

Winnipeg/ Brandon Outpatient

Lab Use Only: Place Barcode Label Here

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

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: □ Female □ Male
Ph #:	Fax #:	*PHIN: Specify Province or DND if different
Copy Report To *(if info missing, report may not be sent)*:		MRN:
Last & Full First Name: Ph #: Fax #:		Encounter #:
Facility Name/ Address:		Patient Ph #:
Last & Full First Name: Ph #: Fax #:		Patient Address:
Facility Name/ 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:	♦ Time:
# Serum tubes(s) ____ # Plasma tubes(p) ____	Referring Lab: # of tubes sent ____ Samples shipped frozen ❑	

Fasting information for glucose and lipid testing: Fasting 8-12 hours? ❑No ❑Yes # hours: _____

Biochemistry					
❑ Sodium	NA	❑ Total Protein	TP	❑ Alanine Transaminase	ALT
❑ Potassium	K	❑ Albumin	AL	❑ Hemoglobin A1c	GYHB/ HBA1
❑ Chloride	CL	❑ Y-Glutamyl Transferase	GGT	❑ Iron	IRON
❑ Total CO2	CO2	❑ Alkaline Phosphatase	ALK	❑ Total Iron Binding Capacity	TIBC
❑ Glucose	G	❑ Creatine Kinase	CK	❑ Ferritin	FER
❑ Urea	U	❑ Lactate Dehydrogenase	LD	❑ C-Reactive Protein	RCRP
❑ Creatinine	CR	❑ Bilirubin, Total	TB	❑ HCG Quantitative	HCGQ
❑ Calcium	CA	❑ Bilirubin, Direct	DB	❑ Vitamin B12	B12
❑ Phosphate	P	❑ Lipid Profile	LIPP	❑ TSH *(will reflex Free T4/Free T3)*	TSH
❑ Magnesium	MG	❑ Cholesterol Only	CH		
❑ Uric Acid	UA	❑ Triglycerides Only	TG		

Therapeutic Drug Monitoring *(complete dose info below)*					
❑ 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 *(list for all):* Last dose date/time: Next dose date/time:

Glucose Tolerance Testing					
❑ 75 Gram Challenge - *Pregnancy*	GTTP	❑ 50 Gram Challenge - *Pregnancy*	GT50	❑ 75 Gram Challenge *non-pregnancy*	GTT2

Hematology					
❑ CBC with Differential	CBC	❑ Reticulocyte count	RETA	❑ Sickle Cell Screen	HSS
❑ PT/INR	PT	Is patient on anticoagulant? ❑ No ❑ Yes *(specify):*			
❑ Erythrocyte Sedimentation Rate	ESR	*(cannot be ordered with CRP unless approved)*		❑ D Dimer	DDIM
❑ Basic DIC Screen	BASD	*Incl. PT/PTT/FIB/DDIMER/CBC*		❑ Infectious Mononucleosis	MS
				❑ Lupus Inhibitor	LUPS

❑ Malaria** *(does not detect the presence of other blood parasites; if suspected, check the "Other blood parasites" box)*	MAL	** For Malaria and other non-malarial blood parasites, complete the following: *When:* *Where:*
❑ Other blood parasites**	BPNM	**Fever?** ❑ Yes ❑ No
Additional Biochemistry/Hematology Tests:		