

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 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		
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:			Patient Address:		
Ph #:			Demographics verified via:		
Fax #:			<input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other		
Facility Name/ Address:					
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	
<input type="checkbox"/> Urine Dipstick only	UR
<input type="checkbox"/> Renal Workup	UR + URR
<i>Microscopic examination done only if the dipstick is positive for protein, blood or leukocyte esterase</i>	

Creatinine Clearance	
<input type="checkbox"/> Creatinine Clearance	CRCL
<i>Required to perform test:</i>	
Height _____ cm	Weight _____ kg
<i>Blood sample must be collected within 24 hours of urine collection. Creatinine must be ordered on serum/plasma requisition</i>	

Renal Calculi	
<i>Analysis of air dried stones or fragments</i>	
<input type="checkbox"/> Calculi	CALI
Record source (i.e. bladder, kidney, passed):	

Patient History:

RANDOM Urine Chemistry	
No additive required	
<input type="checkbox"/> Albumin ¹	UALB
<input type="checkbox"/> Protein, Total ¹	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"/> Citrate ^{1,2}	CITU
<input type="checkbox"/> Metanephrines ^{1,2}	MNPH
<input type="checkbox"/> Aminolevulinic Acid ^{1,3}	ALAU
<input type="checkbox"/> Porphobilinogen ^{1,3}	PBG
<input type="checkbox"/> HCG (qualitative) ⁴	PREG
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"/> 5-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 ¹	UAU
<i>Available ONLY to Physicians from Pediatric Endocrinology, Genetics, Nephrology and Urology (as per LIM)</i>	
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	
<i>(No additive required in collection container)</i>	
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: