

# BODY FLUID REQUISITION

LAB USE ONLY  
BARCODE

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)		
*Facility Name / Address:			* Date of Birth (dd/mm/yyyy)		
			*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Critical Results Ph #:	Fax #:		*PHIN: Specify if other province/ DND		
Provider Signature:	Ph #:		MRN:		
Copy Report To (if info missing, report may not be sent):			Encounter#:		
Last & Full First Name:	Ph #:	Fax #:	Patient Phone #:		
Facility Name/ Address:			Patient Address:		
Last & Full First Name:	Ph #:	Fax #:	Demographics verified via:		
Facility Name/ Address:			<input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other		
COLLECTION INFORMATION (Fields marked with ♦ required by person collecting sample)					
♦ Collector:			♦ Collection Date:		
♦ Collection Facility/Lab:			♦ Time:		
Check off FLUID TYPE & the TEST(s) requested (**All requests for cell count & differential require additional sample)					
*Indicates tests that <u>require</u> the same test ordered on a matching blood sample. For Fluid Triglyceride orders, the blood must be drawn within 2 hours of fluid collection. For the other tests it must be drawn within 6 hours – on separate requisition.					
<input type="checkbox"/> <b>PLEURAL FLUID</b> (Thoracentesis)	<b>PR</b>	<input type="checkbox"/> <b>PERITONEAL FLUID</b> (Ascites)	<b>PT</b>	<input type="checkbox"/> <b>Other Fluid</b> (specify site): _____	
<input type="checkbox"/> Total Protein *	TPFL	<input type="checkbox"/> Total Protein *	TPFL	<input type="checkbox"/> **Cell Count & Differential	HFLD
<input type="checkbox"/> LD *	LDLFL	<input type="checkbox"/> Albumin *	ALFL	<input type="checkbox"/> Crystals	CRYS
<input type="checkbox"/> Glucose	GFL	<input type="checkbox"/> Triglyceride *	TGFL	<input type="checkbox"/> Fluid for Eosinophils	FFE
<input type="checkbox"/> Creatinine	CRFL	<input type="checkbox"/> LD *	LDLFL	<input type="checkbox"/> Other tests (specify): _____	
<input type="checkbox"/> Cholesterol	CHFL	<input type="checkbox"/> Glucose*	GFL	Might require blood or urine samples; contact laboratory for consult	
<input type="checkbox"/> Triglyceride	TGFL	<input type="checkbox"/> Creatinine	CRFL		
<input type="checkbox"/> Lipase	LPFL	<input type="checkbox"/> Bilirubin*	BFL	<input type="checkbox"/> <b>CEREBROSPINAL FLUID</b>	
<input type="checkbox"/> **Cell Count & Differential	HFLD	<input type="checkbox"/> Lipase*	LPFL	<input type="checkbox"/> Protein	PC
<input type="checkbox"/> <b>SYNOVIAL FLUID</b>	<b>SY</b>	<input type="checkbox"/> **Cell Count & Differential	HFLD	<input type="checkbox"/> Glucose *Must be sent on ice*	GLC
<input type="checkbox"/> Total Protein	TPFL	<input type="checkbox"/> <b>DIALYSIS FLUID</b>	<b>DF</b>	<input type="checkbox"/> Lactate *Must be sent on ice*	SFLA
<input type="checkbox"/> LD	LDLFL	<input type="checkbox"/> Sodium	NAFL	<input type="checkbox"/> Chloride	CLC
<input type="checkbox"/> Glucose	GFL	<input type="checkbox"/> Potassium	KFL	<input type="checkbox"/> **Cell Count & Differential	CSFH
<input type="checkbox"/> Uric Acid	UAFL	<input type="checkbox"/> Glucose	GFL	<input type="checkbox"/> Suspected New or Relapsed Leukemia	CSFP
<input type="checkbox"/> Lactic Acid	LAFL	<input type="checkbox"/> Urea	UFL	<input type="checkbox"/> Protein Electrophoresis*	SFPE
<input type="checkbox"/> Cholesterol*	CHFL	<input type="checkbox"/> Creatinine	CRFL	Oligoclonal Bands (Blood sample required)	
<input type="checkbox"/> Triglyceride*	TGFL	<input type="checkbox"/> Phosphate	PFL	<input type="checkbox"/> <b>LIQUID STOOL</b>	
<input type="checkbox"/> **Cell Count & Differential	HFLD	<input type="checkbox"/> Total Protein	TPFL	<input type="checkbox"/> Sodium	NAFL
<input type="checkbox"/> Crystals	CRYS	<input type="checkbox"/> **Cell Count & Differential	HFLD	<input type="checkbox"/> Potassium	KFL
<input type="checkbox"/> <b>PERICARDIAL FLUID</b>	<b>PC</b>	<input type="checkbox"/> <b>BRONCHOALVEOLAR LAVAGE</b>	<b>BAL</b>	<input type="checkbox"/> Osmolality	MSFL
<input type="checkbox"/> Total Protein *	TPFL	<input type="checkbox"/> Differential	HFLD	<input type="checkbox"/> Chloride	MSFL
<input type="checkbox"/> Albumin *	ALFL	<input type="checkbox"/> <b>SEMEN ANALYSIS</b>		<input type="checkbox"/> <b>STOOL</b>	
<input type="checkbox"/> LD *	LDLFL	<input type="checkbox"/> Fertility Testing	SFT	<input type="checkbox"/> Fecal Occult Blood	
<input type="checkbox"/> Triglyceride*	TGFL	<input type="checkbox"/> Post Vasectomy	PVSA	(Colorectal Cancer Screening Only)	
<input type="checkbox"/> CEA	CEFL			<input type="checkbox"/> Fecal Fat (Natural & Split) - Qualitative	
<input type="checkbox"/> **Cell Count & Differential	HFLD				
<input type="checkbox"/> <b>PANCREATIC FLUID</b>	<b>PA</b>				
<input type="checkbox"/> CEA	CEFL				
<input type="checkbox"/> CA19-9	C19F				