

Biochemistry / Hematology Requisition

Outside Winnipeg and Brandon

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:	Ph #:	Fax #:	Patient Address:
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 by person collecting sample)			
♦Collection: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line		♦ Collector:	♦ Collection Date:
# Serum tubes _____ # Plasma tubes _____		♦ Collection Facility/Lab:	♦ Time:
Fasting information for glucose and lipid testing: Fasting 8-12 hours? <input type="checkbox"/> No <input type="checkbox"/> Yes # hours: _____		Referring Lab: # of tubes sent _____ Samples shipped frozen <input type="checkbox"/>	
Biochemistry			
<input type="checkbox"/> Sodium NAR/ NA	<input type="checkbox"/> Total Protein TP	<input type="checkbox"/> Alanine Transaminase ALTR/ALT	
<input type="checkbox"/> Potassium KR/ K	<input type="checkbox"/> Albumin AL	<input type="checkbox"/> Hemoglobin A1c GYHB	
<input type="checkbox"/> Chloride CLR/ CL	<input type="checkbox"/> Lactate Dehydrogenase LDH/LD	<input type="checkbox"/> Iron IROR/ IRON	
<input type="checkbox"/> Total CO2 CO2	<input type="checkbox"/> Y-Glutamyl Transferase GGT	<input type="checkbox"/> Total Iron Binding Capacity IBCR/ TIBC	
<input type="checkbox"/> Glucose G	<input type="checkbox"/> Alkaline Phosphatase ALKP/ALK	<input type="checkbox"/> Ferritin FER	
<input type="checkbox"/> Urea U	<input type="checkbox"/> Creatine Kinase CK	<input type="checkbox"/> C-Reactive Protein RCRP/ CRP	
<input type="checkbox"/> Creatinine CR	<input type="checkbox"/> Bilirubin, Total TB	<input type="checkbox"/> HCG Quantitative HCGQ	
<input type="checkbox"/> Calcium CA/ CAR	<input type="checkbox"/> Bilirubin, Direct DB	<input type="checkbox"/> HCG Qualitative (where HCGQ not available) HCGS	
<input type="checkbox"/> Phosphate P	<input type="checkbox"/> Lipid Profile LIPP	<input type="checkbox"/> Vitamin B12 B12	
<input type="checkbox"/> Magnesium MG	<input type="checkbox"/> Cholesterol Only CH	<input type="checkbox"/> TSH Reflex (will reflex Free T4/Free T3) TSH	
<input type="checkbox"/> Uric Acid UA	<input type="checkbox"/> Triglycerides Only TG		
Therapeutic Drug Monitoring (complete dose info below)			
<input type="checkbox"/> Carbamazepine CARB	<input type="checkbox"/> Cyclosporine CY	<input type="checkbox"/> Digoxin DIG	
<input type="checkbox"/> Gentamicin GENT	<input type="checkbox"/> Lithium LI	<input type="checkbox"/> Methotrexate MTX	
<input type="checkbox"/> Mycophenolic acid MYPA	<input type="checkbox"/> Phenobarbital PHEN	<input type="checkbox"/> Phenytoin (Dilantin) PYN	
<input type="checkbox"/> Sirolimus SIRO	<input type="checkbox"/> Tacrolimus-FK506 FK5	<input type="checkbox"/> Tobramycin TOBR	
<input type="checkbox"/> Valproic acid VALP	<input type="checkbox"/> Vancomycin VANC		
Dose info (list for all): Last dose date/time:		Next dose date/time:	
Glucose Tolerance Testing			
<input type="checkbox"/> 75 Gram Challenge - Pregnancy GTTP	<input type="checkbox"/> 50 Gram Challenge - Pregnancy GT50	<input type="checkbox"/> 75 Gram Challenge - non-pregnancy GTT2	
Hematology			
<input type="checkbox"/> CBC with Differential CBC	<input type="checkbox"/> Reticulocyte count RETA	<input type="checkbox"/> Sickle Cell Screen HSS	
<input type="checkbox"/> PT/INR IINR or PT	Is patient on anticoagulant? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify):		
<input type="checkbox"/> Erythrocyte Sedimentation Rate ESR	(cannot be ordered with CRP unless approved)		
<input type="checkbox"/> Basic DIC Screen (PT/PTT/FIB/DDIMER/CBC) BASD	<input type="checkbox"/> D Dimer DDIM	<input type="checkbox"/> Lupus Inhibitor LUPS	
<input type="checkbox"/> 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:		
<input type="checkbox"/> Other blood parasites** BPNM	Fever? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			
<input type="checkbox"/> Urinalysis (dipstick only) UR	<input type="checkbox"/> Urine Pregnancy Test PREG	<input type="checkbox"/> Fecal Occult Blood OB	
<input type="checkbox"/> Infectious Mononucleosis MS	<input type="checkbox"/> *Group A Strep Antigen Testing SATA	(colorectal cancer screening only)	
Additional Serum Biochemistry / Hematology Tests			

Ⓢ in Thompson, order on Clinical Microbiology Requisition