

Hospital Biochemistry/ Hematology Requisition

For use Outside WRHA and Brandon Hospitals

Hospital Biochemistry / Hematology Requisition

for hospital patients outside Winnipeg and Brandon

THIS SPACE FOR LAB USE ONLY
PLACE LIS LABEL HERE

Standardized Header. Note required information fields.

Standardized patient information section. Addressograph or label are ok.

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:
Inpatient Location:	*Critical Results Ph #:
*Facility Name/ Address	Ph #:
Ph #:	Fax #:

Patient Information (print or use addressograph)

*Last/First Name: (per Health Card)
*Date of Birth (dd/mm/yyyy)
*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
*PHIN: Specify Province or DND if different
MRN:
Encounter #:
Patient Ph #:
Patient Address:

Copy Report To (if info missing, report may not be sent):

Last & Full First Name:	Ph #:	Fax #:
Facility Name/ Address:		
Last & Full First Name:	Ph #:	Fax #:
Facility Name/ Address:		

Demographics verified via:
 Health Card Armband eChart/CR Other

Required sample collection information

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:
<input type="checkbox"/> Arterial Puncture	*Collection Facility/Lab:	*Collection Time:
# Serum tubes	Referring Lab: # of tubes sent	Samples shipped frozen <input type="checkbox"/>
# Plasma tubes		

Serum Chemistry tests Most serum chemistry tests not here can be written at the bottom.

<input type="checkbox"/> Sodium NAR/ NA	<input type="checkbox"/> Creatine Kinase CK	<input type="checkbox"/> Osmolality OS
<input type="checkbox"/> Potassium KR/ K	<input type="checkbox"/> Total Protein TP	<input type="checkbox"/> Osmolality (Calculated) OSCA
<input type="checkbox"/> Chloride CLR/ CL	<input type="checkbox"/> Albumin AL	<input type="checkbox"/> Ethanol ETO
<input type="checkbox"/> Total CO2 CO2	<input type="checkbox"/> Prealbumin PALB	<input type="checkbox"/> Lipase LIPA/ LIP
<input type="checkbox"/> Glucose G	<input type="checkbox"/> Troponin (method based on site) TIWB/HTNT	<input type="checkbox"/> Uric Acid UA
<input type="checkbox"/> Urea U	<input type="checkbox"/> Bilirubin, Total TB	<input type="checkbox"/> Myoglobin SMO
<input type="checkbox"/> Creatinine CR	<input type="checkbox"/> Bilirubin, Direct DB	<input type="checkbox"/> Hemoglobin A1c GYHB
<input type="checkbox"/> eGFR eGFR	<input type="checkbox"/> Y-Glutamyl Transferase GGT	<input type="checkbox"/> Haptoglobin HPT
<input type="checkbox"/> Calcium CA	<input type="checkbox"/> Lactate Dehydrogenase LDH/ LD	<input type="checkbox"/> C-Reactive Protein RCRP/ CRP
<input type="checkbox"/> Phosphate P	<input type="checkbox"/> Alanine Transaminase ALTR/ ALT	<input type="checkbox"/> Ionized Calcium ICA
<input type="checkbox"/> Magnesium MG	<input type="checkbox"/> Alkaline Phosphatase ALKP/ ALK	<input type="checkbox"/> Ammonia (send on ice) AMM
<input type="checkbox"/> Lipid Panel LIPP	<input type="checkbox"/> Iron IRON	<input type="checkbox"/> Beta-Hydroxybutyrate BHB
<input type="checkbox"/> Cholesterol only CH	<input type="checkbox"/> TIBC TIBC	<input type="checkbox"/> HCG Quantitative HCGQ
<input type="checkbox"/> Triglycerides only TG	<input type="checkbox"/> Ferritin FFR	<input type="checkbox"/> HCG Qualitative HCGS

Drug testing split into Toxic drug exposure and therapeutic monitoring. Dose information is needed for therapeutic monitoring.

<input type="checkbox"/> Acetaminophen ACTM	<input type="checkbox"/> Carboxyhemoglobin (sent to SBGH) CBHB	<input type="checkbox"/> Salicylate SAL
Therapeutic Drug Monitoring (complete dose/time 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"/> Tacrolimus - FK506 FKS
<input type="checkbox"/> Phenytoin (Dilantin) PYN	<input type="checkbox"/> Sirolimus SIRO	<input type="checkbox"/> Vancomycin VANC
<input type="checkbox"/> Tobramycin TOBR	<input type="checkbox"/> Valproic acid VALP	

iStat Blood Gases (includes pH, PCO ₂ , PO ₂ , and lactate)		
<input type="checkbox"/> Arterial Blood Gas AGAS	<input type="checkbox"/> Venous Blood Gas VGAS	<input type="checkbox"/> Capillary Blood Gas CGAS
<input type="checkbox"/> Mixed Blood Gas (from a line) MGAS	<input type="checkbox"/> Umbilical Arterial Blood Gas UAGS	<input type="checkbox"/> Umbilical Venous Blood Gas UVGS

Hematology		
<input type="checkbox"/> CBC (incl. differential) CBC	<input type="checkbox"/> Reticulocyte count RETA	<input type="checkbox"/> Reticulocyte hemoglobin RETA
<input type="checkbox"/> PT/INR IINR/ PT	Is patient on anticoagulant: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify):	
<input type="checkbox"/> D Dimer DDIM	<input type="checkbox"/> Erythrocyte Sedimentation Rate ESR	(Cannot be ordered with CRP unless approved)
<input type="checkbox"/> Sickle Cell Screen HSS	<input type="checkbox"/> Lupus Inhibitor LUPS	<input type="checkbox"/> Basic DIC Screen (P/PT/INR/ODMR/CAC) BASD
<input type="checkbox"/> Fibrinogen CFIB	<input type="checkbox"/> aPTT (*must indicate condition) APTT	Recommend clinical hematology consult for unexplained bleeding
<input type="checkbox"/> Infectious Mononucleosis MS	<input type="checkbox"/> Unfractionated Heparin <input type="checkbox"/> Liver Transplant	
<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	

Write on additional tests not included

General Hematology Tests

- PT/ INR requires appropriate indication (patients on an anticoagulant/ actively bleeding).
- APTT requests: must be an appropriate indication checked.
- Non-Malaria Blood Parasite testing added. For this and/ or Malaria testing additional information is required.
- Other Specialty Tests need to be submitted on appropriate form.

Contact your EMR Vendor/ print shop to obtain, or visit <https://apps.sbg.h.mb.ca/labmanual/document/requisitions>