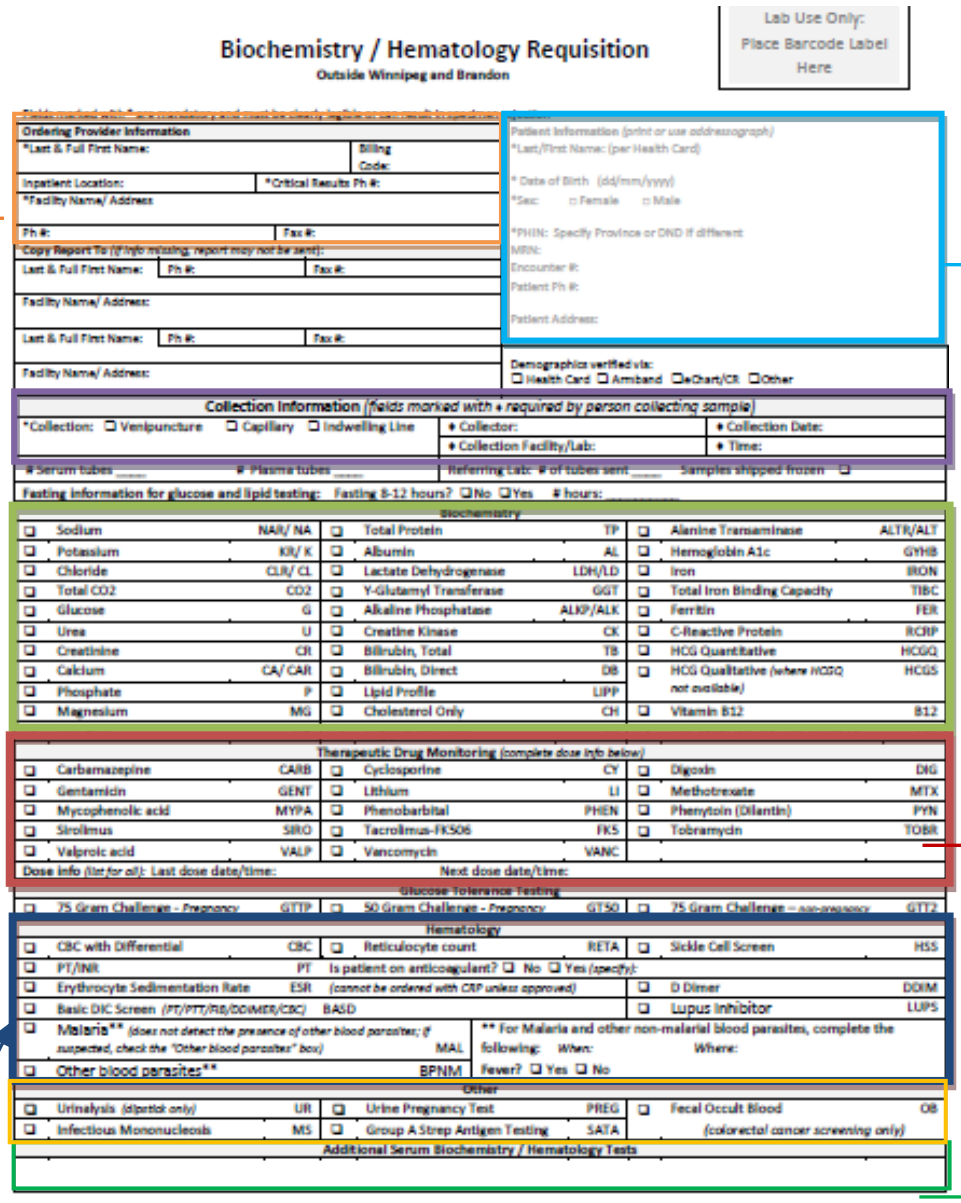
Shared health Soins communs Manitoba

Outpatient Biochemistry/ Hematology Requisition

For use in clinics outside Winnipeg and Brandon

Standardized Header. Note required information fields.



Biochemistry / Hematology Requisition
Outside Winnipeg and Brandon

Lab Use Only: Place Barcode Label Here

Ordering Provider Information
*Last & Full First Name:
Billing Code:
Inpatient Location:
*Critical Results Ph #:
*Facility Name/ Address
Ph #:
Fax #:
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:

Patient Information (print or use addressograph)
*Last/First Name: (per Health Card)
* Date of Birth (dd/mm/yyyy)
*Sex: ☐ Female ☐ Male
*PHIN: Specify Province or DND if different
MRN:
Encounter #:
Patient Ph #:
Patient 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 ____ # Plasma tubes ____
Referring Lab: # of tubes sent ____ Samples shipped frozen ☐
Fasting information for glucose and lipid testing: Fasting 8-12 hours? ☐No ☐Yes # hours: _____

Biochemistry

☐ Sodium	NAN/ NA	☐ Total Protein	TP	☐ Alanine Transaminase	ALTR/ALT
☐ Potassium	KR/ K	☐ Albumin	AL	☐ Hemoglobin A1c	GYHB
☐ Chloride	CLR/ CL	☐ Lactate Dehydrogenase	LDH/LD	☐ Iron	IRON
☐ Total CO2	CO2	☐ Y-Glutamyl Transferase	GGT	☐ Total Iron Binding Capacity	TIBC
☐ Glucose	G	☐ Alkaline Phosphatase	ALKP/ALK	☐ Ferritin	FER
☐ Urea	U	☐ Creatine Kinase	CK	☐ C-Reactive Protein	RCRP
☐ Creatinine	CR	☐ Bilirubin, Total	TB	☐ HCG Quantitative	HCGQ
☐ Calcium	CA/ CAR	☐ Bilirubin, Direct	DB	☐ HCG Qualitative (where HCGQ not available)	HCGS
☐ Phosphate	P	☐ Lipid Profile	LIPP		
☐ Magnesium	MG	☐ Cholesterol Only	CH	☐ Vitamin B12	B12

Therapeutic Drug Monitoring (complete dose info below)

☐ Carbamazepine	CARB	☐ Cyclosporine	CY	☐ Digoxin	DIG
☐ Gentamicin	GENT	☐ Lithium	LI	☐ Methotrexate	MTX
☐ Mycophenolic acid	MYPA	☐ Phenobarbital	PHEN	☐ Phenytoin (Dilantin)	PYN
☐ Sirolimus	SIRO	☐ Tacrolimus-FK506	FK5	☐ Tobramycin	TOBR
☐ Valproic acid	VALP	☐ Vancomycin	VANC		

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 (PT/PTT/FIB/DDIMER/CBC)	BASD			☐ 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			

Other

☐ Urinalysis (dipstick only)	UR	☐ Urine Pregnancy Test	PREG	☐ Fecal Occult Blood (colorectal cancer screening only)	OB
☐ Infectious Mononucleosis	MS	☐ Group A Strep Antigen Testing	SATA		

Additional Serum Biochemistry / Hematology Tests

Standardized patient information section. Addressograph or label are ok.

Required sample collection information

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

For all therapeutic drug monitoring, dose information is required.

Other: Kit tests are here Urine dip only: for additional urinalysis, use Urine Chemistry Requisition

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.sbgh.mb.ca/labmanual/document/requisitions