

Body Fluid Requisition Completion Guide

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)	
Critical Results Ph #:	Fax #:	*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Provider Signature:	Ph #:	*PHIN: Specify if other province/ DND	
Copy Report To (if info missing, report may not be sent):		MRN:	
Last & Full First Name:	Ph #:	Encounter#:	
		Patient Phone #:	
Facility Name/ Address:		Patient Address:	
Last & Full First Name:	Ph #:	Fax #:	
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)			
* 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 require 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"/> PLEURAL FLUID (Thoracentesis) PR	<input type="checkbox"/> PERITONEAL FLUID (Ascites) PT	<input type="checkbox"/> Other Fluid (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 * LDFL	<input type="checkbox"/> Albumin * ALFL	<input type="checkbox"/> Crystals CRY	
<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 * LDFL	<input type="checkbox"/> Other tests (specify):	
<input type="checkbox"/> Cholesterol CHFL	<input type="checkbox"/> Glucose* GFL	Might require blood or urine samples;	
<input type="checkbox"/> Triglyceride TGFL	<input type="checkbox"/> Creatinine CRFL	contact laboratory for consult	
<input type="checkbox"/> Lipase LPFL	<input type="checkbox"/> Bilirubin* BFL	<input type="checkbox"/> CEREBROSPINAL FLUID	
<input type="checkbox"/> **Cell Count & Differential HFLD	<input type="checkbox"/> Lipase* LPFL	<input type="checkbox"/> Protein PC	
<input type="checkbox"/> SYNOVIAL FLUID SY	<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"/> DIALYSIS FLUID DF	<input type="checkbox"/> Lactate *Must be sent on ice* SFLA	
<input type="checkbox"/> LD LDFL	<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"/> LIQUID STOOL LS	
<input type="checkbox"/> **Cell Count & Differential HFLD	<input type="checkbox"/> Total Protein TPFL	<input type="checkbox"/> Sodium NAFL	
<input type="checkbox"/> Crystals CRY	<input type="checkbox"/> **Cell Count & Differential HFLD	<input type="checkbox"/> Potassium KFL	
<input type="checkbox"/> PERICARDIAL FLUID PC	<input type="checkbox"/> BRONCHOALVEOLAR LAVAGE BAL	<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"/> SEMEN ANALYSIS	<input type="checkbox"/> STOOL	
<input type="checkbox"/> LD * LDFL	<input type="checkbox"/> Fertility Testing SFT	<input type="checkbox"/> Fecal Occult Blood OB	
<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 FECA	
<input type="checkbox"/> **Cell Count & Differential HFLD			
<input type="checkbox"/> PANCREATIC FLUID PA			
<input type="checkbox"/> CEA CEFL			
<input type="checkbox"/> CA19-9 C19F			

Ordering clinician info

Fields with asterisk must be included

Patient info

Addressograph/ label is ok.
Fields with asterisk must be included.

Indicated tests require a matching blood sample and blood/serum test ordered. Fluid Triglyceride must have blood sample drawn within 2 hours of fluid collection. Other samples within 6 hours.

All requests for a Cell count and differential require an additional sample. Fields with asterisk must be included.

FOBT for cancer screening **only** (every 2 years recommended). 3 separate samples each collected >/= a day apart

- Note that indicated tests require serum chemistry test ordered on Chemistry Requisition at same time of order