

Hospital Biochemistry/ Hematology Requisition

For use in Winnipeg and Brandon Hospitals

Hospital Biochemistry / Hematology Requisition

For use in Winnipeg and Brandon Hospitals

Fields marked with * are mandatory and must be clearly legible or can result in specimen rejection

THIS SPACE FOR LAB USE ONLY
PLACE LIS LABEL HERE

Standardized Header. Note required information fields.

Ordering Provider Information		Patient Information (print or use addressograph) *Last/First Name: (per Health Card)	
*Last & Full First Name:	Billing Code:	*Date of Birth (dd/mm/yyyy)	*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Inpatient Location:	*Critical Results Ph #:	*PHIN: Specify Province or DND if different	
*Facility Name/ Address:	Ph #:	MRN:	Encounter #:
Ph #:	Fax #:	Patient Ph #:	Patient Address:
*Copy Report To (if informing, 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:		<input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other	

Standardized patient information section. Addressograph or label are ok.

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:	*Collection Time:
		Referrine Lab: # of tubes sent	Samoles shipped frozen <input type="checkbox"/>

Required sample collection information

Biochemistry			
<input type="checkbox"/> Sodium NA	<input type="checkbox"/> Creatine Kinase CK	<input type="checkbox"/> Osmolality OS	
<input type="checkbox"/> Potassium K	<input type="checkbox"/> Total Protein TP	<input type="checkbox"/> Osmolality Calculated OSCA	
<input type="checkbox"/> Chloride 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 LIP	
<input type="checkbox"/> Glucose G	<input type="checkbox"/> Troponin T HTNT	<input type="checkbox"/> Uric Acid UA	
<input type="checkbox"/> Urea U	<input type="checkbox"/> Bilirubin, Total TB	<input type="checkbox"/> Myoglobin SMYO	
<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 LD	<input type="checkbox"/> C-Reactive Protein RCRP	
<input type="checkbox"/> Phosphate P	<input type="checkbox"/> Alanine Transaminase ALT	<input type="checkbox"/> Ionized Calcium ICA	
<input type="checkbox"/> Magnesium MG	<input type="checkbox"/> Alkaline Phosphatase ALK	<input type="checkbox"/> Ammonia (send on ice) AMM	
<input type="checkbox"/> Lipid Panel LIPP	<input type="checkbox"/> Iron IRON	<input type="checkbox"/> Lactic Acid (send on ice) LAC	
<input type="checkbox"/> Cholesterol only CH	<input type="checkbox"/> TIBC TIBC	<input type="checkbox"/> Beta-Hydroxybutyrate BHB	

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

Drug Levels - Toxic Exposure / Overdose			
<input type="checkbox"/> Acetaminophen ACTM	<input type="checkbox"/> Alcohol Screen (incl methanol) ALC	<input type="checkbox"/> Ethylene glycol EGOL	
<input type="checkbox"/> Carboxyhemoglobin 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"/> Toxamycin TOXN	<input type="checkbox"/> Valproic acid VALP		

Drug testing has been split into Toxic drug exposures and therapeutic monitoring. For all therapeutic monitoring, dose information is required.

Dose info: Last dose date/time: _____ Next dose date/time: _____			
Glucose Tolerance Testing			
<input type="checkbox"/> 75 Gram Challenge (approved) GTTP	<input type="checkbox"/> 30 Gram Challenge (approved) GTS0	<input type="checkbox"/> 75 Gram Challenge (non-approved) GTT2	
Hematology			
<input type="checkbox"/> CBC (incl. differential) CBC	<input type="checkbox"/> Reticulocyte count RETA	<input type="checkbox"/> Reticulocyte hemoglobin RETA	<input type="checkbox"/> D Dimer DDIM
<input type="checkbox"/> PT/INR (indicate anticoagulant) INR	Is patient on anticoagulant: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify):		
<input type="checkbox"/> Infectious Mononucleosis MS	<input type="checkbox"/> Erythrocyte Sedimentation Rate ESR (Cannot be ordered with CRP unless approved)		
<input type="checkbox"/> Fibrinogen CFIB	<input type="checkbox"/> Lupus Inhibitor LUPS	<input type="checkbox"/> Sickle Cell Screen HSS	
<input type="checkbox"/> Basic DIC Screen BASD	<input type="checkbox"/> aPTT (*must indicate condition below) APTT Recommend clinical hematology consult for unexplained bleeding (PT/PTT/FIB/DOIMER/CBC)		
<input type="checkbox"/> Malaria** (does not detect other blood micro-organisms: if suspected, check below)	<input type="checkbox"/> Unfractionated Heparin MAL	<input type="checkbox"/> Liver Transplant	<input type="checkbox"/> Cord blood <input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Other blood parasites**	<input type="checkbox"/> BPNM	** For Malaria and other non-malarial blood parasites, complete the following: Fever? <input type="checkbox"/> Yes <input type="checkbox"/> No **Recent travel history required** When: _____ Where: _____	
Other Biochemistry/Hematology Tests (please list): _____			

Write on additional tests not listed

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.
- 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>