

## Winnipeg/ Brandon Outpatient Biochemistry/ Hematology Requisition

For use in Winnipeg and Brandon Clinics

### Biochemistry / Hematology Requisition Winnipeg/ Brandon Outpatient

Lab Use Only:  
Place Barcode Label  
Here

Standardized Header. Note required information fields.

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.

Write on additional tests not included

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

<b>Ordering Provider Information</b>		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 #:	Encounter #:	
	Fax #:	Patient Ph #:	
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	
<b>Collection Information (fields marked with * required by person collecting sample)</b>			
*Collection: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line	*Collector:	*Collection Date:	
	*Collection Facility/Lab:	*Time:	
# Serum tubes(s):	# Plasma tubes(p):	Referring Lab: # of tubes sent:	Samples shipped frozen: <input type="checkbox"/>
Fasting information for glucose and lipid testing: Fasting 8-12 hours? <input type="checkbox"/> No <input type="checkbox"/> Yes # hours:			
<b>Biochemistry</b>			
<input type="checkbox"/> Sodium NA	<input type="checkbox"/> Total Protein TP	<input type="checkbox"/> Alanine Transaminase ALT	
<input type="checkbox"/> Potassium K	<input type="checkbox"/> Albumin AL	<input type="checkbox"/> Hemoglobin A1c GYHS/ HBA1	
<input type="checkbox"/> Chloride CL	<input type="checkbox"/> Y-Glutamyl Transferase GST	<input type="checkbox"/> Iron IRON	
<input type="checkbox"/> Total CO2 CO2	<input type="checkbox"/> Alkaline Phosphatase ALK	<input type="checkbox"/> Total Iron Binding Capacity TIBC	
<input type="checkbox"/> Glucose G	<input type="checkbox"/> Creatine Kinase CK	<input type="checkbox"/> Ferritin FER	
<input type="checkbox"/> Urea U	<input type="checkbox"/> Lactate Dehydrogenase LD	<input type="checkbox"/> C-Reactive Protein RCRP	
<input type="checkbox"/> Creatinine CR	<input type="checkbox"/> Bilirubin, Total TB	<input type="checkbox"/> HCG Quantitative HCGQ	
<input type="checkbox"/> Calcium CA	<input type="checkbox"/> Bilirubin, Direct DB	<input type="checkbox"/> Vitamin B12 B12	
<input type="checkbox"/> Phosphate P	<input type="checkbox"/> Lipid Profile LIPP	<input type="checkbox"/> TSH (will reflex Free T4/Free T3) TSH	
<input type="checkbox"/> Magnesium MG	<input type="checkbox"/> Cholesterol Only CH		
<input type="checkbox"/> Uric Acid UA	<input type="checkbox"/> Triglycerides Only TG		
<b>Therapeutic Drug Monitoring (complete dose info below)</b>			
<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 FK3	
<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		
Dose info (list for all): Last dose date/time:		Next dose date/time:	
<b>Glucose Tolerance Testing</b>			
<input type="checkbox"/> 75 Gram Challenge - Summary G75	<input type="checkbox"/> 50 Gram Challenge - Summary G50	<input type="checkbox"/> 75 Gram Challenge - Summary G75	
<b>Hematology</b>			
<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 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"/> D Dimer DDIM
<input type="checkbox"/> Basic DIC Screen BASD	Incl. PT/PTT/FIB/DDIMER/CBC		<input type="checkbox"/> Infectious Mononucleosis MS
<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"/> Lupus Inhibitor LUPS
<input type="checkbox"/> Other blood parasites** BPNM	Fever? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Biochemistry/Hematology Tests:			

#### 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.sbgm.mb.ca/labmanual/document/requisitions>