

As per DSM Specimen Acceptance Policy 10-50-03 – Requirements for Test Requisitions 2.1 - All information marked with an asterisk \* is mandatory and must be clearly legible. Failure to comply may result in specimen rejection.

ORDERING PROVIDER INFORMATION				PATIENT INFORMATION			
*Last & Full First Name:		Billing Code:		*Last/First Name: (As per Manitoba Health Card)			
*Ordering Facility:		Inpatient Location:		*Date of Birth (dd/mm/yyyy):			
Address:				*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male			
*Critical Results Phone No:		* Fax No.		*PHIN:			
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION - #1							
*Last & Full First Name:		Billing Code:		*Alternate ID: (include ID type with number ie: RCMP, SK, DND etc) MRN:			
*Facility Name:		Address:		Encounter Number:			
Phone No:		* Fax No.		*Patient Phone No: Demographics verified with: <input type="checkbox"/> Provincial Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR			
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION - #2				COLLECTION INFORMATION			
*Last & Full First Name:		Billing Code:		History:		*Collection D/T: (dd/mm/yyyy)	
*Facility Name:		Address:				*Collection Facility/Lab:	
Phone No:		* Fax No.					

### I-STAT ANALYZER REPORT (CHEMISTRY)

ANALYTE	UNITS	REFERENCE RANGES		RESULT
		ARTERIAL	VENOUS	
<b>CHEM 8</b>				
SODIUM	mmol/L	138 - 146	138 - 146	
POTASSIUM	mmol/L	3.5 - 4.9	3.5 - 4.9	
CHLORIDE	mmol/L	98 - 109	98 - 109	
GLUCOSE	mmol/L	3.9 - 5.8	3.9 - 5.8	
UREA	mmol/L	2.9 - 9.4	2.9 - 9.4	
CREATININE	umol/L	53 - 115	53 - 115	
<b>BLOOD GAS</b>				
PH		7.35 - 7.45	7.31 - 7.41	
PCO <sub>2</sub>	mmHg	35 - 45	41 - 51	
pO <sub>2</sub>	mmHg	80 - 105		
BE*	mmol/L	(-2) - (+3)	(-2) - (+3)	
HCO <sub>3</sub> *	mmol/L	22 - 26	23 - 28	
TCO <sub>2</sub> *	mmol/L	23 - 27	24 - 29	
sO <sub>2</sub> *	%	95 - 98		
LACTATE	mmol/L	0.36 - 1.25	0.90 - 1.70	
ANION GAP*	mmol/L	10 - 20	10 - 20	
<b>TROPONIN I</b>	ug/L	0.00 - 0.08		
<b>INR</b>	--	0.9 - 1.1		

\* CALCULATED VALUES

#### TROPONIN I INTERPRETATION

- < 0.08 ug/L – NO MYOCARDIAL NECROSIS, IF > 6 - 9 HRS AFTER ONSET OF SYMPTOMS
- 0.08 to 0.10 ug/L – POSSIBLE MYOCARDIAL INJURY, IN THE CONTEXT OF SUSPECTED ACS, REPEAT AFTER TWO (2) HOURS
- (MUST BE > 6 HOURS AFTER ONSET OF SYMPTOMS)
- > 0.10 ug/L – NSTEMI WHEN SEEN IN CONTEXT OF SUSPECTED ACS

#### AFFIX I-STAT ANALYZER REPORT

REPORTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_