For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

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ORDERING PROVIDER INFORMATION			
*Last & Full First Name:		Billing Code:	
*Ordering Facility:		Inpatient Location:	
Address:			
*Critical Results Phone No:		* Fax No.	

ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION - #1			
*Last & Full First Name:		Billing Code:	
*Facility Name:			
Address:			
Phone No:		* Fax No.	

ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION - #2			
*Last & Full First Name:		Billing Code:	
*Facility Name:			
Address:			
Phone No:		* Fax No.	

PATIENT INFORMATION
*Last/First Name: (As per Manitoba Health Card)
*Date of Birth (dd/mm/yyyy):
*Sex: ☐ Female ☐ Male
*PHIN:
*Alternate ID: (include ID type with number ie: RCMP, SK, DND etc) MRN:
Encounter Number:
*Patient Phone No:
Demographics verified with: ☐ Provincial Health Card ☐ Armband ☐ eChart/CR

COLLECTION INFORMATION		
History:	*Collection D/T: (dd/mm/yyyy)	
	*Collection Facility/Lab:	

I-STAT ANALYZER REPORT (CHEMISTRY)

			REFERENCE RANGES		
	ANALYTE	UNITS	ARTERIAL	VENOUS	RESULT
☐	**CHEM 8**				
	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	µmol/L	53 - 115	53 - 115	
	TCO2	mmol/L	23 - 27	24 - 29	
	ANION GAP*	mmol/L	10 - 20	10 - 20	
☐	**BLOOD GAS**				
	pH	–	7.35 - 7.45	7.31 - 7.41	
	PCO_2	mmHg	35 - 45	41 - 51	
	pO_2	mmHg	80 - 105		
	BE*	mmol/L	(-2) - (+3)	(-2) - (+3)	
	HCO_3*	mmol/L	22 - 26	23 - 28	
	TCO_2*	mmol/L	23 - 27	24 - 29	
	sO_2*	%	95 - 98		
	LACTATE	mmol/L	0.36 - 1.25	0.90 - 1.70	
☐	**TROPONIN I**	ug/L	0.00 – 0.08	0.00 – 0.08	
☐	**INR**	--	0.9 – 1.1	0.9 – 1.1	

AFFIX I-STAT ANALYZER REPORT

* 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

REPORTED BY: _____ DATE: _____