

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				*Alternate ID: (include ID type with number ie: RCMP, SK, DND etc)	MRN:		
*Last & Full First Name:		Billing Code:		Encounter Number:			
*Facility Name:				*Patient Phone No:	Demographics verified with: <input type="checkbox"/> Provincial Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR		
Address:							
Phone No:		* Fax No.		COLLECTION INFORMATION			
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION - #2				History:	*Collection D/T:		
*Last & Full First Name:		Billing Code:			(dd/mm/yyyy)		
*Facility Name:					*Collection Facility/Lab:		
Address:							
Phone No:		* Fax No.					

I-STAT ANALYZER REPORT (CHEMISTRY)

AFFIX I-STAT ANALYZER REPORT

ANALYTE	UNITS	REFERENCE RANGES		RESULT
		ARTERIAL	VENOUS	
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	umol/L	53 - 115	53 - 115	
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	
ANION GAP*	mmol/L	10 - 20	10 - 20	
TROPONIN I	ug/L	0.00 - 0.08		
INR	--	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

REPORTED BY: _____ DATE: _____