



ROUTINE HEMATOLOGY REQUEST FORM

(for use when computer down)

Patient Information

Name: _____ Patient Phone #: _____
 Date of Birth: _____
 MHSC/PHIN: _____
 Physician: _____ Critical Result Contact #: _____
 Date: _____
 Clinic
 OPD
 Ward/Room # _____
 M F

Priority:

STAT
 Routine
 Pre-op

Phlebotomist initials: _____

Date & time of collection: _____

Patient ID by wristband & verbal
 Patient ID by MHSC card & verbal

TESTS:

CBC
 Differential (Manual diff will be done only when automated diff flags or is incomplete, or when a manual diff is specifically requested.)

<u>Manual Differential</u>	<u>% count</u>	<u>Absolute count</u>
Neutrophil Polys.	_____ %	_____ x 10 ⁹ / L
Lymphocytes	_____ %	_____ x 10 ⁹ / L
Monocytes	_____ %	_____ x 10 ⁹ / L
Eosinophil Polys.	_____ %	_____ x 10 ⁹ / L
Basophil Polys.	_____ %	_____ x 10 ⁹ / L
Other	_____ %	_____ x 10 ⁹ / L

Comments: _____

Blood smear
 RBCs appear essentially normocytic/normochromic, platelets appear adequate in number
 Other _____

E.S.R. _____ mm/hr
 I.N.R. _____
 P.T.T. Partial Thromboplastin Time _____ sec
 Monotest _____

ESR Normal Ranges:	0-17 yrs	0-10 mm/hr
	(F) >17 yrs	0-20 mm/hr
	(M) >17 yrs	0-15 mm/hr

Technologist / Date reported: _____