DIAGNOSTIC SERVICES OF MANITOBA

SERVICES DE DIAGNOSTIC DU MANITOBA

ADDRESSOGRAPH PREFERRED or PRINT ONLY

Name:

Hosp / Phin:

Location:

DOB (dd/mm/yy):

BIOCHEMISTRY TEST REQUISITION

Sex:

Patient Phone #:

Physician:

Critical Result Phone #:

Collection Date:_____Time:_____
dd/mm/yy

Collected by: _____

Result to be called to: _____

PEDIATRIC HYPERKALEMIA PROTOCOL

Specimen Collection:

Light Green Tube (Lithium Heparin PST Tube)

INFORM BIOCHEMISTRY @ 787-1534 WHEN SAMPLE IS DRAWN

TRANSPORT IMMEDIATELY TO BIOCHEMISTRY LABORATORY

Test Name	Test Code
Potassium	**K**

In Lab use only:

- **Accession sample as per accessioning SOP**
- **Forward sample along with requisition to automated area**
- **Perform analysis on Cobas analyzer**
- **Phone the Potassium result to the ward**