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.

PEDIATRIC HYPERKALEMIA PROTOCOL- BIOCHEMISTRY

Acceptance Policy 10-50-03: Requirements for Test Requisitions 2.1 - Fields marked with * are mandatory and must be clearly legible or can result in specimen rejection.			
ORDERING PROVIDER INFORMATION			PATIENT INFORMATION- Label/ Addressograph preferred
***Last & Full First Name:**			*Last/First Name: (per MB Health Card)
Billing Code:	**Inpatient Location:**		* Date of Birth (dd/mm/yyyy)
***Facility Name/Address**			*Sex: Female Male
Phone No:	**Fax No:**		*PHIN:
Critical Results Phone Number:			*Specify Province or DND if different
COPY REPORT TO: (if info missing, report may not be sent)			MRN:
Last & Full First Name:	**Fax No:**		Encounter Number:
Facility Name/Address:	**Phone No:**		Patient Phone Number:
Last & Full First Name:	**Fax No:**		Patient Address:
Facility Name/Address:	**Phone No:**		Demographics verified with: ❑ Prov. Health Card ❑ Armband ❑ eChart/CR
Fields marked with "♦"required by person collecting sample			♦Collected Via: ❑ Venipuncture ❑ Capillary ❑ Indwelling Line ❑ Above shut off IV
♦Collector: ♦Collection Date: ♦Time:			
# Serum vial(s) ____ # Plasma vials(p) ____	Referring Lab: # of tubes sent ____		Samples shipped frozen ❑

***Result to be called to:** _____

PEDIATRIC HYPERKALEMIA PROTOCOL

*** For HSC Children's Hospital Use Only ***

Specimen Collection:

Light Green Tube (Lithium Heparin PST Tube)

INFORM HSC 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**

Shared health Soins communs Manitoba