



Lab - place registration label  
here

### ON SITE TESTING REQUISITION

Grace General Hospital 300 Booth Drive Winnipeg, MB. R3J 3M7		MRN: _____	Encounter Number: _____
<b>ORDERING PROVIDER INFORMATION</b>		*Last/First Name: _____ <small>(As per Manitoba Health Card)</small>	
Last & First Name: _____	Billing # _____	*Date of Birth _____ <small>(dd / mmm / yyyy):</small>	
<b>Additional Report Recipient Information (Copy To)</b>		*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Patient Phone #: _____	
Last & First Name: _____		*PHIN: _____	
Ordering Facility/Clinic Address: _____		*Alternate ID: _____ <small>(include ID type with number ie: RCMP, SK, DND etc)</small>	
Billing # _____ Fax # _____		*Demographics verified with: <input type="checkbox"/> Provincial Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR	

<b>Requisition Completion:</b>	
Date: _____	Time: _____

<b>Critical Result Reporting Communication</b>		<b>Testing Category</b>	
After Hours/On-Call Physician Contact Number: _____		<input type="checkbox"/> STAT <input type="checkbox"/> Routine <input type="checkbox"/> Pre-Op	
Patient Name and Contact Number: _____			

<b>THERAPEUTIC DRUG MONITORING INFORMATION</b>		<b>COLLECTION INFORMATION</b>	
Collection Type: <input type="checkbox"/> TIMED Time Required: _____		Collector: _____	
Check one (as applicable): <input type="checkbox"/> PRE <input type="checkbox"/> POST		Collection Date/Time: <u>dd / mmm / yyyy</u> <u>hh:mm</u>	
<b>Last Dose:</b> Date: _____ Time: _____		Collected: <input type="checkbox"/> Via Venipuncture <input type="checkbox"/> Via Capillary	
<b>Next Dose:</b> Date: _____ Time: _____		Additional Collection Considerations: <input type="checkbox"/> Above Shut off IV (ABOV) <input type="checkbox"/> Below Shut off IV (BELO) <input type="checkbox"/> By Unit (WCOL) <input type="checkbox"/> From PICC/Central Line (LCOL) <input type="checkbox"/> From Arterial Line (ART) <input type="checkbox"/> From Dialysis Fistula (FIST)	
* Tests require dose time information to be completed			
** Special collection (Collect on Ice & Deliver Immediately)			

√	Chemistry Tests	√	Chemistry Tests	√	Chemistry Tests
	Sodium NA		Ethanol (Alcohol) ETO		Ferritin FER
	Potassium K		Acetaminophen ACTM		Iron IRON
	Chloride CL		Salicylate SAL		TIBC TIBC
	Total CO2 (Venous) CO2		Beta Hydroxybutyric Acid BHB		TSH TSH
	Glucose <input type="checkbox"/> Fasting G		Myoglobin MYO		Free T3 FT3
	Urea U		Ammonia** AMM		Free T4 FT4
	Creatinine CR		Lactate** LAC		Vitamin B12 B12
	Total Protein TP		Carbamazepine CARB	√	<b>Hematology Tests</b>
	Albumin AL		Phenytoin* PYN		Complete Blood Count _____
	Calcium CA		Digoxin* DIG		Reticulocyte Count RETA
	Magnesium MG		Lithium* LI		Sedimentation Rate ESR
	Phosphate P		Valproic Acid* VALP		Monospot IM
	Total Bilirubin TB		Gentamycin GENT		
	Direct Bilirubin DB		Theophylline TEO	√	<b>Coagulation</b>
	Uric Acid UA		Phenobarbital PHEN		PT (INR) _____
	Lipase LIP		CA15-3 CA15		APTT APTT
	AST AST		CA 125 CA12		Fibrinogen CFIB
	ALT ALT		Ca19-9 CA19		
	LD LD		Prostate Spec Antigen CEA PRSA		
	CK CK		CEA CEA		
	Troponin HTNT		HCG Quantitative HCGQ	Other Comments: _____	
	Alkaline Phosphatase ALK				
	Gamma GT GGT		Cholesterol CH		
	Osmolality, Measured OS		Triglycerides TG		
	Osmolality, Calculated OSCA		Lipid Panel <input type="checkbox"/> Fasting LIPP		