General Laboratory Requisition

DIAGNOSTIC SERVICES MANITOBA | SERVICES DIAGNOSTIC MANITOBA

Name of physician ordering tests
Physician Critical Results Phone Number
Clinic name and address

Phone Fax

If an additional report is required, please complete the following
Name of physician

Clinic name and address

Physician Critical Results Phone Number
Phone Fax

Patient Name

PHIN
Patient Phone Number

Date of Birth

Female ☐ Male ☐

Reference #

Patient demographics checked by MHSC ☐ armband ☐ echart ☐

Date & Time Required: _____ Fasting Random

Revised: Jan 28, 2016

Date_____Time_____

Collected by_____ Collected at _____

Hematology

☐ CBC & Differential	CBC
☐ Reticulocyte	RETA
☐ ESR	ESR
☐ Malaria	MAL

Coagulation

☐ INR	PT
☐ APTT(Consult Required)	APTT
☐ D-dimer	DDIM
☐ Fibrinogen	CFIB

CSF

☐ Cell Count & Diff	CSFH
☐ Protein	PC
☐ Glucose	GLC
☐ Lactate	SLAC
☐ Chloride	CLC

Fluids

Fluid type _____

☐ Cell Count	HFLD
☐ Protein	TPFL
☐ Glucose	GFL
☐ Lipase	LPFL
☐ LD	LDFL

Stool

☐ Fecal Occult Blood (3 samples)	OB

Microbiology

☐ Trichomonas (swab)	TVA
☐ Strep Antigen (swab)	SATA
☐ Mono Test	MS

Blood Gas (test within 10 min.)

☐ Venous	VGAS
☐ Arterial	AGAS
☐ Venous Lactate	VGAS
☐ Arterial Lactate	AGAS

Oral Glucose Tolerance Testing

☐ 50 g – 1 hour	GT50
☐ 75 g – Non-gestational	GTT2
☐ 75 g- Gest. Diabetes	GTTP

Urinalysis

Date _____Time_____

☐ Routine Urinalysis	UR
☐ Urine Pregnancy test	PREG

Routine Chemistry

☐ Glucose	G
☐ Urea	U
☐ Creatinine	CR
☐ Sodium	NA
☐ Potassium	K
☐ Chloride	CL
☐ Calcium	CA
☐ Magnesium	MG
☐ Phosphorus	P
☐ Uric Acid	UA
☐ **Lipase**	**LIP/ LIPA**
☐ Total Protein	TP
☐ Albumin	AL
☐ **AST**	**AST/ASTR**
☐ **ALT**	**ALT/ALTR**
☐ **LDH**	**LD/LDH**
☐ CK	CK
☐ **ALK Phos**	**ALK/ALKP**
☐ GGT	GGT
☐ Bilirubin, Total	TB
☐ Bilirubin, Direct	DB
☐ **Troponin T/ I**	**HTNT/TIWB**
☐ TCO2	CO2
☐ bHCG – Qualitative	HCGS
☐ bHCG – Quantitative	HCGQ
☐ Ethanol	ETO
☐ Iron	IRON
☐ TIBC	TIBC
☐ Vitamin B12	B12
☐ Ferritin	FER
☐ Lipoprotein profile	LIPP
☐ Cholesterol	CH
☐ Triglyceride	TG
☐ Osmolality	OS
☐ Myoglobin	SMYO
☐ Carboxyhemoglobin	CBHB
☐ Angiotension Co Enz	ACE
☐ Haptoglobin	HPT
☐ Homocysteine	HCQ
☐ IgE	IGE
☐ Lead	PB
☐ HAIC	GYHB
☐ Ammonia	AMM
☐ Prealbumin	PALB
☐ PTH	PTH
☐ Zinc	ZN

Other:

Endocrine Tests

☐ ACTH	ACTH
☐ Cortisol	COR
☐ DHAS	DHAS
☐ Estradiol	E2
☐ FSH	FSH
☐ Growth Hormone	GH
☐ 17 hydroprogesterone	PR17
☐ Insulin	INS
☐ LH	LH
☐ Progesterone	PGN
☐ Prolactin	PL
☐ Testosterone	TST
☐ FAI	FAI
☐ FreeT3	FT3
☐ FreeT4	FT4
☐ TSH	TSH
☐ Thyroperoxidase Ab	TPO

Tumor Markers

☐ CEA	CEA
☐ CA125	CA12
☐ CA19-9	CA19
☐ CA15-3	CA15
☐ PSA	PRSA

Drug and other Levels

☐ Acetaminophen	ACTM
☐ Amiodarone	AMIO
☐ Carbamezepine	CARB
☐ Cyclosporine	CY
☐ Digoxin	DIG
☐ FK506	FK5
☐ Gentamycin	GENT
☐ Lithium (serum only)	LI
☐ Methotrexate	MTX
☐ Mycophenolic Acid	MPA
☐ Phenobarbital	PHEN
☐ Phenytoin/Dilantin	PYN
☐ Salicylate	SAL
☐ Sirolmus	SIRO
☐ Theophyline	TEO
☐ Vancomycin	VANC
☐ Valproic Acid	VALP

Date/time of last dose
_____
Date/time of next dose
_____
Time of IV finish
_____
☐ Peak ☐ Trough

Urine (Chemistry)

☐ Random ☐ 24 Hour

☐ Protein	TPU
☐ Creatinine	CRU
☐ **Prot / Creat Ratio**	**WML /RUTP**
☐ **Alb / Creat Ratio**	**WML/ UALB**
☐ Sodium	NAUR
☐ K	KUR
☐ CL	CLU
☐ Urea	UU
☐ Metanephirine	MNPH
☐ Osmolality	OSU
☐ Cortisol	CORU
☐ Calcium	CAU
☐ Phosphorus	PU
☐ Creatinine Clearance	CRCL

Required for 24 hour Collections

Time Collection Start _____

Time Collection Stop _____

Urine Volume _____

Height:_____

Weight:_____

Referring Laboratory

Number of tubes sent to referral lab

EDTA _____

SST(gel) _____

Serum (no gel) _____

Citrate _____

Urine _____

Other _____

For non-routine tests, please use appropriate requisition. Please see on-line Manual at dsmanitoba.mb.ca

Selkirk & District General Hospital
100 Easton Drive
Selkirk Manitoba R1A 2M2

St. Boniface General Hospital
409 Tache Ave.
Winnipeg Manitoba R2H 2A6

Westman Laboratory
150 McTavish Ave. E
Brandon, Manitoba R7A 7H8

Health Sciences
820 Sherbrook St.
Winnipeg, Manitoba R3A 1R9