IERHA Downtime Laboratory Request and Report

DIAGNOSTIC SERVICES MANITOBA SERVICES DIAGNOSTIC MANITOBA

Name of physician ordering tests Clinic name and address Phone Fax	Patient Name Patient Phone Number PHIN Date of Birth
If an additional report is required, please complete the following Name of physician Clinic name and address Phone Fax	Female ☐ Male ☐ Reference # P atient demographics checked by MHSC ☐ armband ☐ echart ☐
Physician Critical Results Phone Number	Date_____Time_____ Collected by_____ Collected at _____ ___

Hematology

TEST

☐ CBC (CBC) (Automated WBC Differential Included) ☐ (See separate report)

TEST	RESULT	REFERENCE RANGE	UNITS	Age/ Gender Dependant
☐ ESR (ESR)	_____	0 - 20	mm/hr	Female
		0 - 15	mm/hr	Male
		0 - 10	mm/hr	Child

Coagulation

TEST	RESULT	REFERENCE RANGE	UNITS	Therapeutic
☐ INR (PT)	_____	0.9 -1.1		

Microbiology

TEST	RESULT
Group A antigen Detection (SATA)	_____
Monospot (Infectious Mono)(MS)	_____
Trichomonas Antigen (TVA)	_____ (where applicable)

Miscellaneous

TEST	RESULT
Pregnancy Test (PREG) (HCGS) ☐ Urine ☐ Serum	_____
PV Semen (PVSA)	_____

Bio-Chemistry

TEST

☐ Glucose (G) ☐ Chloride (CL)

☐ Urea (BUN) (U)

☐ Sodium (NA)

☐ Potassium (K)

☐ Creatinine (CR)

☐ Lipase (LIPA)

☐ Total Bilirubin (TBIL)

☐ CK (where applicable)(CK)

☐ LDH (where applicable)(LDH)

For bio-chemistry tests selected in this section, please see the separate report (analyser printout)

Oral Glucose Tolerance Testing

☐ **50 Gram 1 hour screen (GT50)**
☐ **75 Gram Non-gestational (GTT2)**
☐ **75 Gram Gestational (GTTP)**

	RESULT
Fasting glucose	_____
I hour glucose	_____
2 hour glucose	_____

Note:
For Oral Glucose Reference Ranges, please use Canadian Diabetes Association Clinical Practice Guidelines

Cardiac Marker (i-STAT)

TEST	RESULT	REFERENCE RANGE	Units
☐ Troponin I (TROP)	_____	0.00 - 0.08	ug/L

Blood Gases (i-STAT)

	Arterial (AGAS)	Venous (VGAS)	
TEST	RESULT	REFERENCE RANGE	Units
pH	_____	A: 7.35- 7.45 V: 7.31- 7.41	
pC02	_____	A: 35 -45 V: 41 -51	mmHg mmHg
P02	_____	A: 80 -105 V: not done	mmHg
HC03(calc)	_____	A: 22 -26 V: 23 -28	mmol/L mmol/L
C02 Total	_____	A: 23 -27 V:24 - 29	mmol/L mmol/L
Base Excess	_____	A: minus 2 - plus 3 V: minus 2 - plus 3	
O2	_____	A: 95-98 V: not done	% %

Stools

TEST	RESULT	REFERENCE RANGE	Sample date
☐ Feces Occult Blood (OB)			
Sample #1	_____	Negative	_____
Sample #2	_____	Negative	_____
Sample #3	_____	Negative	_____

Technologist Initials: _____ **Date:** _____ **Time** _____