

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.



DIAGNOSTIC SERVICES
MANITOBA

SERVICES DIAGNOSTIC
MANITOBA

Name of physician ordering tests	Patient Name
Clinic name and address	Patient Phone Number
	PHIN
Phone _____ Fax _____	Date of Birth _____
If an additional report is required, please complete the following	
Name of physician _____	Female <input type="checkbox"/> Male <input type="checkbox"/>
Clinic name and address _____	Reference # _____
Phone _____ Fax _____	Patient demographics checked by MHSC <input type="checkbox"/> armband <input type="checkbox"/> echart <input type="checkbox"/>
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
<input type="checkbox"/> ESR (ESR)	_____	0 - 20	mm/hr	Female
		0 - 15	mm/hr	Male
		0 - 10	mm/hr	Child

Coagulation

TEST	RESULT	REFERENCE RANGE	UNITS	Therapeutic
<input type="checkbox"/> INR (PT)		0.9 -1.1		

Microbiology

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

Miscellaneous

Pregnancy Test _____
 (PREG) (HCGS)
☐ Urine ☐ Serum

PV Semen (PVSA) _____

Bio-Chemistry

TEST	
<input type="checkbox"/> Glucose (G)	<input type="checkbox"/> Chloride (CL)
<input type="checkbox"/> Urea (BUN) (U)	
<input type="checkbox"/> Sodium (NA)	For bio-chemistry tests selected in this section, please see the separate report (analysier printout)
<input type="checkbox"/> Potassium (K)	
<input type="checkbox"/> Creatinine (CR)	
<input type="checkbox"/> Lipase (LIPA)	
<input type="checkbox"/> Total Bilirubin (TBIL)	
<input type="checkbox"/> CK (where applicable)(CK)	
<input type="checkbox"/> LDH (where applicable)(LDH)	

Oral Glucose Tolerance Testing

<input type="checkbox"/> 50 Gram 1 hour screen (GT50)	
<input type="checkbox"/> 75 Gram Non-gestational (GTT2)	
<input type="checkbox"/> 75 Gram Gestational (GTPP)	
	RESULT
Fasting glucose	_____
1 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
L 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
P02	_____	A: 80 -105 V: not done	mmHg
HC03(calc)	_____	A: 22 -26 V: 23 -28	mmol/L
C02 Total	_____	A: 23 -27 V:24 - 29	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
<div> <div></div> <div>Feces Occult Blood (OB)</div> </div>			
Sample #1	<div></div>	Negative	<div></div>
Sample #2	<div></div>	Negative	<div></div>
Sample #3	<div></div>	Negative	<div></div>

Technologist Initials: _____ Date: _____ Time: _____