# IERHA Downtime Laboratory Request and Report

DIAGNOSTIC SERVICES MANITOBA SERVICES DIAGNOSTIC MANITOBA

| | |
|---|---|
| Name of physician ordering tests<br>Clinic name and address<br><br>Phone Fax | Patient Name<br>Patient Phone Number<br>PHIN<br><br>Date of Birth |
| If an additional report is required, please complete the following<br>Name of physician<br>Clinic name and address<br><br>Phone Fax | Female ☐ Male ☐<br>Reference #<br>P atient demographics checked by MHSC ☐ armband ☐ echart ☐ |
| Physician Critical Results Phone Number | Date_____Time_____<br>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<br>V: 7.31- 7.41 | |
| pC02 | _____ | A: 35 -45<br>V: 41 -51 | mmHg<br>mmHg |
| P02 | _____ | A: 80 -105<br>V: not done | mmHg |
| HC03(calc) | _____ | A: 22 -26<br>V: 23 -28 | mmol/L<br>mmol/L |
| C02 Total | _____ | A: 23 -27<br>V:24 - 29 | mmol/L<br>mmol/L |
| Base Excess | _____ | A: minus 2 - plus 3<br>V: minus 2 - plus 3 | |
| O2 | _____ | A: 95-98<br>V: not done | %<br>% |

## Stools

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

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