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DIAGNOSTIC SERVICES SERVICES DE DIAGNOSTIC  
 OF MANITOBA DU MANITOBA

Date: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Doctor: \_\_\_\_\_

Critical Results Phone #: \_\_\_\_\_

Relevant Clinical History: \_\_\_\_\_

XRAY (\*\*LMP Must be filled in \*\*)

EKG \_\_\_\_\_

\*\*\*LMP: \_\_\_\_\_

Hematology		Coagulation				Chemistry						
CBC	CBC	INR	PT	Fecal Occult	OB	Fasting Glucose	G	<b>HEPATIC PANEL</b>	Troponin I	TROP		
		PTT	APTT	Rapid Group A Strep	SATA	Random Glucose	G	AST	ASTR	Lactate Dehydrogenase	LDH	
ESR (only available between 8-1530hrs)	ESR					<b>RENAL PANEL</b>		GGT	GGT			
Mono Spot	MS					Urea	U	ALT	ALTR	Creatinine Kinase	CK	
						Sodium	Na	ALK	ALKP			
						Potassium	K	Total Bilirubin	TB			
						Chloride	CL	Direct Bilirubin	DB			
Glucose Tolerance 50g	GT50					Creatinine	CR	Total Protein	TP			
Gestational GTT 75g	GTPP							Albumin	AL			
Non Gestation GTT 75g	GTT2					TC02	TCOV					
Lactose Tolerance	LTT							Lipase	LIPA			
Capillary Glucose:								Calcium	CA			
								Magnesium	MG			
Referred Tests:								Phosphorus	P			
								Uric Acid	UA			
							Urinalysis	UR				
							Pregnancy Test	PREG				