DIAGNOSTIC SERVICES MANITOBA | SERVICES DIAGNOSTIC MANITOBA

Chemistry/Hematology/Urinalysis Test Requisition

Name of Ordering Physician/Professional and Critical Results Phone #:	Patient Name Phone
Ward/Location:	MR #
Clinical Information:	Date of Birth
If a copy of the report is required for another physician or site please indicate below including address and fax #:	MB Health #/ PHIN ❑Male ❑Female

❑ROUTINE ❑STAT ❑FASTING

Collection Date: _____ Time:_____

Collected By:_____

CHEMISTRY					
☐	Troponin T	HTNT	☐	Lipid Profile (includes Chol, Trig, HDL & LDL)	LIPP
☐	Glucose	G			
☐	Urea	U	☐	Cholesterol	CH
☐	Sodium	NA	☐	Triglyceride	TG
☐	Potassium	K	☐	Iron	IROR
☐	Chloride	CL	☐	TIBC	IBCR
☐	Total CO_2	CO2	☐	CRP	CRP
☐	Bilirubin, Total	TB	☐	BHCG Qualitative	HCGS
☐	Bilirubin Direct	DB	☐	BHCG Quantitative *(Requires diagnosis)*	HCGQ
☐	Creatinine	CR			
☐	Calcium	CA	☐	Ammonia	AMM
☐	Magnesium	MG	☐	Lactate	LAC
☐	Phosphorus	P			
☐	Uric Acid	UA	**GLUCOSE TOLERANCE TESTING**		
☐	Total Protein	TP	☐	50gm	GT50
☐	Albumin	AL	☐	75gm – Gestational	GTTP
☐	Alk. Phos	ALKP	☐	75gm–Non-Gestational	GTT2
☐	ALT	ALTR	**DRUGS**		
☐	GGT	GGT	☐	Salicylates	SAL
☐	CK	CK	☐	Acetaminophen	ACTM
☐	AST	ASTR	☐	Theophylline	TEO
☐	LDH	LDH	☐	Phenobarbitol	PHEN
☐	Lipase	LIPA	☐	Phenytoin (Dilantin)*	PYN
BLOOD GAS			☐	Gentamicin *	GENT
☐	Arterial	AGAS	☐	Digoxin*	DIG
☐	Venous	VGAS	☐	Ethanol	ETO
☐	Capillary	AGAS	☐	Carbamezapine/Tegretol	CARB
☐	Cord	UGAS	☐	Vancomycin*	VANC
☐	Methemoglobin	MHB	☐	Lithium *	LI
☐	Carboxyhemoglobin	CBHB	**REQUIRED FOR * TESTS:** ❑Peak ❑Trough		
☐			Date/Time of Last Dose:		
☐			Date/Time of Next Dose:		
☐			Time of IV Finish:		

HEMATOLOGY					
☐	CBC	CBC	☐	Malaria	MAL
☐	ESR West.	ESR	☐	D-dimer	DDIM
☐	Retic Count	RETA			
☐	INR		☐	APTT	APTT

FLUIDS		
Fluid Type:_____	❑ Cell Count	HFLD

CSF					
☐	Protein	PC	☐	Glucose	GLC
☐	Cell Count & Diff	CSFH			

URINALYSIS					
☐	Routine	UR	☐	Preg.Test	PREG
☐	Fecal Occult Blood	OB			

24 HOUR URINE

REQUIRED FOR 24 HR URINE COLLECTIONS:

Collection Start Date/Time:_____

Collection Stop Date/Time:_____

Height: _____cm Weight: _____kg

☐	Creatinine Clearance	CRCL			
☐	Urine Creatinine	CRU	☐	Urine NA	NAUR
☐	Urine Protein	TPU	☐	Urine K^+	KUR

SERUM CREATININE COLLECTED MAX 24HRS PRIOR TO COLLECTION START OR DURING COLLECTION PERIOD REQUIRED FOR CREATININE CLEARANCE

MISCELLANEOUS		
☐	Fern Test	FERN
☐	Monotest	MS
☐	HgB A1C	GYHB
☐	Serum Osmolality	OS
☐	Urine Osmolality	OSU
☐	Urine Drug Screen	TTDS

OTHER:

COLLECTION COMMENTS:

- ❑ Above IV Shut-off &ABOV
- ❑ Below IV Shut-off &BELO
- ❑ Specimen Collected by Unit &WCOL
- ❑ Specimen Collected by Micro-puncture &MICRO
- ❑ Specimen from PICC Line &PIC
- ❑ Specimen from Arterial Line &ART
- ❑ Dialysis Collection from Fistula &FIST
- ❑ Capillary Collection &CCOL

Other:

This area for lab use only

Lab – place registration label here

Thompson General Hospital
871 Thompson Drive South
Thompson, MB R8N 0C8
Ext. 1117 Fax: 204 677 5317

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