

# Body Fluid Chemistry Requisition

As per DSM Acceptance Policy 10-50-03 - Requirements for Test Requisitions 2.1 - All information marked with an \* is mandatory and must be clearly legible. Failure to comply may result in specimen rejection.

ORDERING PROVIDER INFORMATION		PATIENT INFORMATION	
*Last & Full First Name:	Billing Code:	*Last/First Name: (As per MB. Health Card)	
*Ordering Facility:	Inpatient Location:	*Date of Birth (dd/mm/yyyy)	
Address:		*Sex: Female Male	
*Critical Results Phone Number:	*Fax Number:	*PHIN:	
COLLECTION INFORMATION		*Alternate ID: (include ID type with number ie RCMP, SK, DND)	
Copy of report to Lab <input type="checkbox"/> YES <input type="checkbox"/> NO		MRN:	
*Collection Facility/Lab:		Encounter Number:	
Collection Date:		Demographics verified with: <input type="checkbox"/> Provincial Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR	
Collection Time:		*Patient Phone No:	
Referring Lab: Number of tubes sent <input type="checkbox"/> Check if samples shipped frozen <input type="checkbox"/>		*Patient Address:	
CSF vial(s) _____			
Fluid (EDTA vial) _____ Fluid aliquot _____			
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION		ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION	
*Last & Full First Name:	Billing Code:	*Last & Full First Name:	Billing Code:
*Ordering Facility:	Inpatient Location:	*Ordering Facility:	Inpatient Location:
Address:		Address:	
*Critical Results Phone Number:	*Fax Number:	*Critical Results Phone Number:	*Fax Number:

**\* Please note that for all Fluid Evaluations where a blood sample is required, the blood must be drawn within 12 hours of the fluid collection.**

<b>Pleural Fluid (Thoracentesis) PR</b> <input type="checkbox"/> Pleural Fluid Evaluation: On Blood order Total Protein & LD On Fluid order Total Protein & LD <input type="checkbox"/> Total Protein TPFL <input type="checkbox"/> LD LDFL <input type="checkbox"/> Glucose GFL <input type="checkbox"/> Creatinine CRFL <input type="checkbox"/> Cholesterol CHFL <input type="checkbox"/> Triglyceride TGFL <input type="checkbox"/> Lipase LPFL	<b>Peritoneal Fluid (Ascites) PT</b> <input type="checkbox"/> Peritoneal Fluid Evaluation: On Blood order Albumin On Fluid order Albumin <input type="checkbox"/> Total Protein TPFL <input type="checkbox"/> Albumin ALFL <input type="checkbox"/> LD LDFL <input type="checkbox"/> Glucose GFL <input type="checkbox"/> Creatinine CRFL <input type="checkbox"/> Bilirubin BFL <input type="checkbox"/> Lipase LPFL	<b>Pericardial Fluid PC</b> <input type="checkbox"/> Pericardial Fluid Evaluation: On Blood order Total Protein, Albumin & LD On Fluid order Total Protein, Albumin & LD <input type="checkbox"/> Total Protein TPFL <input type="checkbox"/> Albumin ALFL <input type="checkbox"/> LD LDFL <input type="checkbox"/> Triglyceride TGFL <input type="checkbox"/> CEA CEFL
<b>Synovial Fluid SY</b> <input type="checkbox"/> Total Protein TPFL <input type="checkbox"/> LD LDFL <input type="checkbox"/> Glucose GFL <input type="checkbox"/> Uric Acid UAFL <input type="checkbox"/> Lactic Acid LAFL <input type="checkbox"/> Cholesterol CHFL <input type="checkbox"/> Triglyceride TGFL	<b>Pancreatic Fluid PA</b> <input type="checkbox"/> CEA CEFL <input type="checkbox"/> CA19-9 C19F	<b>Dialysis Fluid DF</b> <input type="checkbox"/> Sodium NAFL <input type="checkbox"/> Glucose GFL <input type="checkbox"/> Urea UFL <input type="checkbox"/> Creatinine CRFL <input type="checkbox"/> Phosphate PFL <input type="checkbox"/> Total Protein TPFL
<b>Spinal Fluid SF</b> <input type="checkbox"/> Protein PC <input type="checkbox"/> Glucose *Must be sent on ice* GLC <input type="checkbox"/> Lactate *Must be sent on ice* SFLA <input type="checkbox"/> Chloride CLC <input type="checkbox"/> Protein Electrophoresis SFPE Oligoclonal Bands (Blood specimen required)	<b>Stool LS</b> <input type="checkbox"/> Sodium NAFL <input type="checkbox"/> Potassium KFL <input type="checkbox"/> 72 Hour Fecal Fat FF Start: _____ Finish: _____	<div style="text-align: center; color: lightgray; font-weight: bold; padding: 20px;">             LAB USE ONLY FOR              BARCODE PLACEMENT           </div>