

ORDERING PROVIDER INFORMATION		PATIENT INFORMATION	
* Last & Full First Name:	Billing Code:	*Last/First Name: (per MB. Health Card)	
* Ordering Facility:	Inpatient Location:	* Date of Birth (dd/mm/yyyy)	
Address:		*Sex: Female Male	
Critical Results Phone Number:	Fax No.:	*PHIN:	
Physician Signature:		Specify if other Province or DND	
COPY REPORT TO: (if needed info missing, report may not be sent)		MRN:	
Last & Full First Name:	Fax No:	Encounter Number:	
Facility Name/Address:		Patient Phone No.:	
Last & Full First Name:	Fax No:	Patient Address:	
Facility Name/Address:		Demographics verified with: <input type="checkbox"/> Prov. Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR	
COLLECTION INFORMATION (fields marked with * required by person collecting sample)			
* Collector:	* Collection Date:	* Collected via: <input type="checkbox"/> Venipuncture	
* Collection Facility/Lab:	* Time:	<input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line <input type="checkbox"/> Above shut off IV	
# Serum vial(s) _____	# Plasma vials(p) _____	Referring lab: Number of tubes sent _____	Samples shipped frozen <input type="checkbox"/>

**\* Please note that for fluid tests that require a blood sample, the blood must be drawn within 12 hours of the fluid collection (±6 hrs of fluid collection).**

<b>*Pleural Fluid (Thoracentesis) PR</b> <input type="checkbox"/> Pleural Fluid: On Blood order Total Protein &/or LD (whichever is required) On Fluid order Total Protein &/or LD (whichever is required) <input type="checkbox"/> Total Protein (*blood sample recommended) TPFL <input type="checkbox"/> LD (*blood sample recommended) 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 <input type="checkbox"/> Cell Count & Differential HFLD	<b>*Peritoneal Fluid (Ascites) PT</b> <input type="checkbox"/> Peritoneal Fluid: On Blood order Albumin, Trigs &/or LD (whichever required in fluid) On Fluid order Albumin, Trigs &/or LD (whichever required in fluid) <input type="checkbox"/> Total Protein (*blood sample recommended) TPFL <input type="checkbox"/> Albumin (*blood sample recommended) ALFL <input type="checkbox"/> LD (*blood sample recommended) LDFL <input type="checkbox"/> Glucose GFL <input type="checkbox"/> Creatinine CRFL <input type="checkbox"/> Bilirubin BFL <input type="checkbox"/> Lipase LPFL <input type="checkbox"/> Triglyceride (*blood sample recommended) TGFL <input type="checkbox"/> Cell Count & Differential HFLD	<b>*Pericardial Fluid PC</b> <input type="checkbox"/> Pericardial Fluid: On Blood order Total Protein, Albumin &/or LD (whichever required in fluid) On Fluid order Total Protein, Albumin &/or LD (whichever requested) <input type="checkbox"/> Total Protein (*blood sample recommended) TPFL <input type="checkbox"/> Albumin (*blood sample recommended) ALFL <input type="checkbox"/> LD (*blood sample recommended) LDFL <input type="checkbox"/> Triglyceride TGFL <input type="checkbox"/> CEA CEFL <input type="checkbox"/> Cell Count & Differential HFLD
<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 <input type="checkbox"/> Cell Count & Differential HFLD <input type="checkbox"/> Crystals CRY	<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"/> Potassium KFL <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 <input type="checkbox"/> Cell Count & Differential HFLD
<b>Cerebrospinal 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"/> Cell Count & Differential CSFH	<b>Stool</b> <b>Must be Liquid Stool LS</b> <input type="checkbox"/> Sodium NAFL <input type="checkbox"/> Potassium KFL <input type="checkbox"/> Osmolality MSFL <input type="checkbox"/> Chloride CLC <input type="checkbox"/> 72 Hour Fecal Fat FF Start: _____ Finish: _____ <input type="checkbox"/> Fecal Occult Blood OB (for colorectal Cancer Screening Only) <input type="checkbox"/> Fat (Natural & Split) Qualitative FECA	<b>Fluid Site: _____</b> <input type="checkbox"/> Cell Count & Differential HFLD <input type="checkbox"/> Crystals CRY <input type="checkbox"/> Fluid for Eosinophils FFE <input type="checkbox"/> Fetal Fibronectin FFN
<b>LAB USE ONLY FOR BARCODE PLACEMENT</b>		