

BODY FLUID REQUISITION

LAB USE ONLY
BARCODE

Fields marked with * are mandatory and must be clearly legible or can result in specimen rejection

Ordering Provider Information			Patient Information <i>(print or use addressograph)</i>		
*Last & Full First Name:		Billing Code:	*Last/First Name: (per Health Card)		
*Facility Name / Address:			* Date of Birth (dd/mm/yyyy)		
Critical Results Ph #:			*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Provider Signature:		Ph #:	*PHIN: Specify if other province/ DND		
Copy Report To <i>(if info missing, report may not be sent):</i>			MRN:		
Last & Full First Name:		Ph #:	Encounter#:		
		Fax #:	Patient Phone #:		
Facility Name/ Address:			Patient Address:		
Last & Full First Name:		Ph #:	Demographics verified via:		
		Fax #:	<input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other		
Facility Name/ Address:					
COLLECTION INFORMATION <i>(Fields marked with ♦ required by person collecting sample)</i>					
♦ Collector:			♦ Collection Date:		
♦ Collection Facility/Lab:			♦ Time:		
Check off FLUID TYPE & the TEST(s) requested <i>(**All requests for cell count & differential require additional sample)</i>					
*Indicates tests that <u>require</u> the same test ordered on a matching blood sample. For Fluid Triglyceride orders, the blood must be drawn within 2 hours of fluid collection. For the other tests it must be drawn within 6 hours – on separate requisition.					
<input type="checkbox"/> PLEURAL FLUID (Thoracentesis)	PR	<input type="checkbox"/> PERITONEAL FLUID (Ascites)	PT	<input type="checkbox"/> Other Fluid <i>(specify site):</i> _____	
<input type="checkbox"/> Total Protein *	TPFL	<input type="checkbox"/> Total Protein *	TPFL	<input type="checkbox"/> **Cell Count & Differential	HFLD
<input type="checkbox"/> LD *	LDLFL	<input type="checkbox"/> Albumin *	ALFL	<input type="checkbox"/> Crystals	CRYS
<input type="checkbox"/> Glucose	GFL	<input type="checkbox"/> Triglyceride *	TGFL	<input type="checkbox"/> Fluid for Eosinophils	FFE
<input type="checkbox"/> Creatinine	CRFL	<input type="checkbox"/> LD *	LDLFL	<input type="checkbox"/> Other tests <i>(specify):</i> _____ <i>Might require blood or urine samples; contact laboratory for consult</i>	
<input type="checkbox"/> Cholesterol	CHFL	<input type="checkbox"/> Glucose*	GFL		
<input type="checkbox"/> Triglyceride	TGFL	<input type="checkbox"/> Creatinine	CRFL		
<input type="checkbox"/> Lipase	LPFL	<input type="checkbox"/> Bilirubin*	BFL		
<input type="checkbox"/> **Cell Count & Differential	HFLD	<input type="checkbox"/> Lipase*	LPFL	<input type="checkbox"/> CEREBROSPINAL FLUID	
<input type="checkbox"/> SYNOVIAL FLUID	SY	<input type="checkbox"/> **Cell Count & Differential	HFLD	<input type="checkbox"/> Protein	PC
<input type="checkbox"/> Total Protein	TPFL	<input type="checkbox"/> DIALYSIS FLUID	DF	<input type="checkbox"/> Glucose <i>*Must be sent on ice*</i>	GLC
<input type="checkbox"/> LD	LDLFL	<input type="checkbox"/> Sodium	NAFL	<input type="checkbox"/> Lactate <i>*Must be sent on ice*</i>	SFLA
<input type="checkbox"/> Glucose	GFL	<input type="checkbox"/> Potassium	KFL	<input type="checkbox"/> Chloride	CLC
<input type="checkbox"/> Uric Acid	UAFL	<input type="checkbox"/> Glucose	GFL	<input type="checkbox"/> **Cell Count & Differential	CSFH
<input type="checkbox"/> Lactic Acid	LAFL	<input type="checkbox"/> Urea	UFL	<input type="checkbox"/> Suspected New or Relapsed Leukemia	CSFP
<input type="checkbox"/> Cholesterol*	CHFL	<input type="checkbox"/> Creatinine	CRFL	<input type="checkbox"/> Protein Electrophoresis*	SFPE
<input type="checkbox"/> Triglyceride*	TGFL	<input type="checkbox"/> Phosphate	PFL	<input type="checkbox"/> Oligoclonal Bands <i>(Blood sample required)</i>	
<input type="checkbox"/> **Cell Count & Differential	HFLD	<input type="checkbox"/> Total Protein	TPFL	<input type="checkbox"/> LIQUID STOOL	
<input type="checkbox"/> Crystals	CRYS	<input type="checkbox"/> **Cell Count & Differential	HFLD	<input type="checkbox"/> Sodium	NAFL
<input type="checkbox"/> PERICARDIAL FLUID	PC	<input type="checkbox"/> BRONCHOALVEOLAR LAVAGE	BAL	<input type="checkbox"/> Potassium	KFL
<input type="checkbox"/> Total Protein *	TPFL	<input type="checkbox"/> Differential	HFLD	<input type="checkbox"/> Osmolality	MSFL
<input type="checkbox"/> Albumin *	ALFL	<input type="checkbox"/> SEMEN ANALYSIS		<input type="checkbox"/> Chloride	MSFL
<input type="checkbox"/> LD *	LDLFL	<input type="checkbox"/> Fertility Testing	SFT	<input type="checkbox"/> STOOL	
<input type="checkbox"/> Triglyceride*	TGFL	<input type="checkbox"/> Post Vasectomy	PVSA	<input type="checkbox"/> Fecal Occult Blood	OB
<input type="checkbox"/> CEA	CEFL			<i>(Colorectal Cancer Screening Only)</i>	
<input type="checkbox"/> **Cell Count & Differential	HFLD			<input type="checkbox"/> Fecal Fat <i>(Natural & Split) - Qualitative</i>	FECA
<input type="checkbox"/> PANCREATIC FLUID	PA				
<input type="checkbox"/> CEA	CEFL				
<input type="checkbox"/> CA19-9	C19F				