For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

Body Fluid Requisition – Biochemistry & Hematology

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

Ordering Provider Information		**Patient Information** *(print or use addressograph)*
*Last & Full First Name:	Billing Code:	*Last/First Name: (per Health Card) * Date of Birth (dd/mm/yyyy)
*Inpatient Location/Facility Name/Address:		
Ph #		*Sex: □ Female □ Male
*Critical Results Ph #:	Fax #:	*PHIN: Specify Province or DND if different
Copy Report To *(if info missing, report may not be sent)*:		MRN:
Last & Full First Name: Ph #:	Fax #:	Encounter #:
Facility Name/ Address:		
Last & Full First Name: Ph #:	Fax #:	
		Demographics verified via: ☐Health Card ☐Armband ☐eChart/CR ☐Other
Facility Name/Address:		
Sample Collection Information		
*Collector: _____ *Collection Date: _____ *Facility/Lab: _____ *Collection Time: _____		

*Collected via: ❑ Direct Collection (including LP, centesis) ❑ Ostomy Bag ❑ Surgical drain. Indicate type: _____ ❑ Other:_____

INSTRUCTIONS

- **Select fluid type AND the test(s) requested.**
- **If sample was collected from a drain, select fluid type based on the drain's location (e.g. chest = pleural; abdomen = peritoneal)**
- Tests that require a matching blood sample are indicated by a black diamond ◆ , and require a separate Biochemistry & Hematology requisition.

***All requests for cell count and differential or Leukemia investigations require an additional sample if Biochemistry tests are also ordered

For sample collection requirements, please consult the Lab Information Manual: https://apps.sbgh.mb.ca/labmanual/test/findTestPrepare

❑	**Cerebrospinal Fluid (CSF)**	**SF**
❑	Total Protein	PC
❑	Glucose – ***MUST BE SENT ON ICE***	GLC
❑	Lactate – ***MUST BE SENT ON ICE***	SFLA
❑	Cell Count & Differential***	CSFH
❑	Suspected New or Relapsed Leukemia ***	CSFP
❑	Oligoclonal Bands ◆ *(**MS investigation**. Requires blood sample; Gold tube)*	OLIG
❑	**Dialysis Fluid**	**DF**
❑	Total Protein	TPFL
❑	Glucose	GFL
❑	Urea	UFL
❑	Creatinine	CRFL
❑	Cell Count & Differential***	HFLD
❑	**Semen Analysis**	
❑	Fertility Testing	SFT
❑	Post-Vasectomy Testing	PVSA
❑	**Liquid Stool**	**LS**
❑	Sodium	MSFL
❑	Potassium	MSFL
❑	Chloride	MSFL
❑	Osmolality	MSFL
❑	**Stool**	
❑	Fecal Fat, Qualitative *(Neutral and Split)*	FECA
❑	**Bronchoalveolar Lavage**	**BL**
❑	Differential***	HFLD
❑	**CRRT Renal Dialysis Effluent**	
❑	RBC	MISS

❑	**Peritoneal Fluid**	**PT**
❑	Albumin ◆	ALFL
❑	Total Protein ◆	TPFL
❑	LD ◆	LDFL
❑	Bilirubin ◆	BFL
❑	Creatinine ◆	CRFL
❑	Glucose ◆	GFL
❑	Lipase ◆	LPFL
❑	Triglycerides ◆	TGFL
❑	Cell Count & Differential***	HFLD
❑	**Pleural Fluid**	**PR**
❑	Total Protein ◆	TPFL
❑	LD ◆	LDFL
❑	Glucose	GFL
❑	Creatinine	CRFL
❑	Cholesterol	CHFL
❑	Triglycerides	TGFL
❑	Lipase	LPFL
❑	Cell Count & Differential***	HFLD
❑	**Synovial Fluid**	**SY**
❑	Total Protein	TPFL
❑	LD	LDFL
❑	Glucose	GFL
❑	Uric Acid	UAFL
❑	Lactic Acid	LAFL
❑	Cholesterol ◆	CHFL
❑	Triglycerides ◆	TGFL
❑	Crystals	CRYS
❑	Cell Count & Differential ***	HFLD

❑	**Pericardial Fluid**	**PC**
❑	Triglycerides ◆	TGFL
❑	CEA	CEFL
❑	Cell Count & Differential***	HFLD
❑	**Pancreatic Fluid**	**PA**
❑	CA 19-9	C19F
❑	CEA	CEFL
❑	**Other Fluid**	**MF**
	Specify fluid type and collection site:	
❑	Cell Count & Differential***	HFLD
❑	Fluid for Eosinophils	FFE
❑	Fluid Hemoglobin	FLHG
❑	Fluid Hematocrit	FLHT
❑	Other test(s) not listed:	

LAB USE ONLY

PLACE BARCODE LABEL HERE