

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 <i>(print or use addressograph)</i> | |
| *Last & Full First Name: | | *Last/First Name: (per Health Card) | |
| Billing Code: | | * Date of Birth (dd/mm/yyyy) | |
| *Inpatient Location/Facility Name/Address: | | *Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Ph # | | *PHIN: Specify Province or DND if different | |
| *Critical Results Ph #: Fax #: | | MRN: | |
| Copy Report To <i>(if info missing, report may not be sent):</i> | | | |
| Last & Full First Name: | | Encounter #: | |
| Ph #: Fax #: | | | |
| Facility Name/ Address: | | | |
| Last & Full First Name: | | Demographics verified via: | |
| Ph #: Fax #: | | <input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other | |
| Facility Name/Address: | | | |
| Sample Collection Information | | | |
| *Collector: _____ | | *Collection Date: _____ | |
| *Facility/Lab: _____ | | *Collection Time: _____ | |
| *Collected via: <input type="checkbox"/> Direct Collection (including LP, centesis) <input type="checkbox"/> Ostomy Bag <input type="checkbox"/> Surgical drain. Indicate type: _____ <input type="checkbox"/> Other: _____ | | | |
| INSTRUCTIONS | | | |
| <ul style="list-style-type: none"> • 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. <p>***All requests for cell count and differential or Leukemia investigations require an additional sample if Biochemistry tests are also ordered</p> <p>For sample collection requirements, please consult the Lab Information Manual: https://apps.sbgf.mb.ca/labmanual/test/findTestPrepare</p> | | | |

| | |
|---|-----------|
| <input type="checkbox"/> Cerebrospinal Fluid (CSF) | SF |
| <input type="checkbox"/> Total 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"/> Cell Count & Differential*** | CSFH |
| <input type="checkbox"/> Suspected New or Relapsed Leukemia *** | CSFP |
| <input type="checkbox"/> Oligoclonal Bands ◆ | OLIG |
| <i>(MS investigation. Requires blood sample; Gold tube)</i> | |
| <input type="checkbox"/> Dialysis Fluid | DF |
| <input type="checkbox"/> Total Protein | TPFL |
| <input type="checkbox"/> Glucose | GFL |
| <input type="checkbox"/> Urea | UFL |
| <input type="checkbox"/> Creatinine | CRFL |
| <input type="checkbox"/> Cell Count & Differential*** | HFLD |
| <input type="checkbox"/> Semen Analysis | |
| <input type="checkbox"/> Fertility Testing | SFT |
| <input type="checkbox"/> Post-Vasectomy Testing | PVSA |
| <input type="checkbox"/> Liquid Stool | LS |
| <input type="checkbox"/> Sodium | MSFL |
| <input type="checkbox"/> Potassium | MSFL |
| <input type="checkbox"/> Chloride | MSFL |
| <input type="checkbox"/> Osmolality | MSFL |
| <input type="checkbox"/> Stool | |
| <input type="checkbox"/> Fecal Fat, Qualitative | FECA |
| <i>(Neutral and Split)</i> | |
| <input type="checkbox"/> Bronchoalveolar Lavage | BL |
| <input type="checkbox"/> Differential*** | HFLD |
| <input type="checkbox"/> CRRT Renal Dialysis Effluent | |
| <input type="checkbox"/> RBC | MISS |

| | |
|--|-----------|
| <input type="checkbox"/> Peritoneal Fluid | PT |
| <input type="checkbox"/> Albumin ◆ | ALFL |
| <input type="checkbox"/> Total Protein ◆ | TPFL |
| <input type="checkbox"/> LD ◆ | LDLFL |
| <input type="checkbox"/> Bilirubin ◆ | BFL |
| <input type="checkbox"/> Creatinine ◆ | CRFL |
| <input type="checkbox"/> Glucose ◆ | GFL |
| <input type="checkbox"/> Lipase ◆ | LPFL |
| <input type="checkbox"/> Triglycerides ◆ | TGFL |
| <input type="checkbox"/> Cell Count & Differential*** | HFLD |
| <input type="checkbox"/> Pleural Fluid | PR |
| <input type="checkbox"/> Total Protein ◆ | TPFL |
| <input type="checkbox"/> LD ◆ | LDLFL |
| <input type="checkbox"/> Glucose | GFL |
| <input type="checkbox"/> Creatinine | CRFL |
| <input type="checkbox"/> Cholesterol | CHFL |
| <input type="checkbox"/> Triglycerides | TGFL |
| <input type="checkbox"/> Lipase | LPFL |
| <input type="checkbox"/> Cell Count & Differential*** | HFLD |
| <input type="checkbox"/> Synovial Fluid | SY |
| <input type="checkbox"/> Total Protein | TPFL |
| <input type="checkbox"/> LD | LDLFL |
| <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"/> Triglycerides ◆ | TGFL |
| <input type="checkbox"/> Crystals | CRYS |
| <input type="checkbox"/> Cell Count & Differential *** | HFLD |

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

LAB USE ONLY

PLACE BARCODE LABEL HERE