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

DIAGNOSTIC SERVICES MANITOBA

ORDERING PROVIDER INFORMATION	PATIENT INFORMATION
*Last & Full First Name: .... (LAST) .... (FIRST)	*LAST/FIRST NAME: (As per Manitoba Health Card) (LAST) (FIRST)
*Ordering Facility:	*Date of Birth: (dd/mm/yyyy)
Facility Address:	*Sex: ☐ Female ☐ Male
*Critical Results Phone No:	*PHIN:
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION	MRN:
*Last & Full First Name: .... (LAST) .... (FIRST)	*Patient's phone number:
*Ordering Facility:	Inpatient Location: / Ward / Room No.
Facility Address:	*Collector: / *Collection D/T: dd/mm/yyyy :hhmm
Phone No: .... *Fax No:	Demographics verified with: ☐ Provincial Health Card ☐ Armband ☐ eChart.CR
	Collected Via: ☐ Venipuncture ☐ Capillary

Additional Collection Considerations: ☐ Above Shut Off IV ☐ elow Shut Off IV ☐ y Unit ☐ m PICC/Central Line ☐ F m Art Line ☐ F n Dialysis Fistula

HEMATOLOGY TESTS ANALYZED @ BTHC LAB	
☐ PT/INR	PT
☐ Complete Blood Count (includes 5 cell differential)	CBC
☐ Reticulocyte	RETA
☐ Activated Partial Thromboplastin (for monitoring patients on heparin)	APTT
☐ Sedimentation Rate	ESR
☐ Infectious Mononucleosis	MS

PLEASE INDICATE FLUID TYPE:___________________________

☐ Synovial Fluid	☐ Cell Count + Differential	☐ Crystals	HFLD+CRYS
☐ Serous Fluid	☐ Cell Count + Differential		HFLD
☐ CSF	☐ Cell Count + Differential		CSFH

CHEMISTRY TESTS ANALYZED @ BTHC LAB	
SPINAL FLUID	
☐ CSF Glucose	GLC
☐ CSF Protein	PC
URINE CHEMISTRY	
☐ 24 HOUR URINE ☐ RANDOM URINE	
Timed collections:	
Start Date/Time:___________________________	
Stop Date/Time:___________________________	
☐ Volume: ___________________________	
☐ Urine Sodium	NAUR
☐ Urine Potassium	KUR
☐ Urine Creatinine	CRU
☐ Urine Osmolality (measured)	OSU
☐ Urine Protein	TPU
☐ Creatinine Clearance	CRCL
Patient Height____________cm	
Patient Weight____________kg	
☐ Protein/Creatinine Ratio	
☐ Urine Pregnancy Test	PREG

CHEMISTRY TESTS ANALYZED @ BTHC LAB			
☐ Sodium	NAR	☐ Lactate Dehydrogenase	LDH
☐ Potassium	KR	☐ Gamma Glutamyl Transferase	GGT
☐ Chloride	CLR	☐ Alkaline Phosphatase	ALKP
☐ TCO2-Total Carbon Dioxide	CO2	☐ Troponin T	HTNT
☐ Osmolality(measured)	OS	☐ HCG-Chorionic Gonadotropin	HCGQ
☐ Osmolality(calculated)	OSCA		
☐ Glucose	G	☐ Lithium	LI
☐ Urea	U	☐ Acetaminophen	ACTM
☐ Creatinine	CR	☐ Salicylate	SAL
☐ eGFR	EGFR	☐ Digoxin	DIG
☐ Calcium/Corrected Calcium	CA	☐ Gentamicin Trough	GENT
☐ Magnesium	MG	☐ Gentamicin Peak	GENT
☐ Lipase	LIPA	☐ Vancomycin Trough	VANC
☐ Uric Acid	UA	☐ Vancomycin Peak	VANC
☐ Total Protein	TP	☐ Serum Ethanol	ETO
☐ Albumin	AL	**FOR DRUG LEVELS PLEASE INCLUDE**	
☐ Phosphate	P	**DATE + TIME OF LAST + NEXT DOSE**	
☐ Total Bilirubin	TB	Last Dose:_______________	
☐ Direct Bilirubin	DB	(Date + Time)	
☐ Creatinine Kinase	CK	Next Dose:_______________	
☐ Aspartate Transaminase(AST)	ASTR	(Date + Time)	
☐ Alanine Transaminase (ALT)	ALTR	IV Finish: Time:_______________	

URINALYSIS & STOOL FOR OCCULT BLOOD	
☐ Urinalysis	UR
☐ Stool for Occult Blood	OB

BLOOD GAS ANALYSIS	
☐ Arterial Blood Gas (includes lactate)	AGAS
☐ Venous Blood Gas (includes lactate)	VGAS
☐ Capillary Blood Gas	REQC/AGAS
☐ Cord Blood Gas (label samples arterial or venous)	UAGS/UVGS

PATIENT ON:___________________________

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Phone No: .... *Fax No:	Demographics verified with: ☐ Provincial Health Card ☐ Armband ☐ eChart.CR Collected Via: ☐ Venipuncture ☐ Capillary

Additional Collection Considerations: ☐ Above Shut Off IV ☐ low Shut Off IV B☐Unit Fr☐PICC/Central Line Fro☐Art Line From☐alysis Fistula

MICROBIOLOGY TESTS ANALYZED @ BTHC

☐ Mid Stream Urine ☐ Catheterized Urine ☐ UTI Symptoms:__________ URSW/CU	☐ Bacterial Vaginosis/Vaginitis GVAG	☐ Throat-Strep Antigen SATA
☐ Blood Culture ☐ Peripheral Draw ☐ Line Draw BLD1,BLD2,BLD3	☐ Vaginal/Rectal-Grp B Strep RBHS	☐ Throat-bacterial culture TS
Site #1:______________________ Site #2:______________________________	☐ Vaginal/External genital <12years MSTD	☐ Mouth Culture(yeast only) YEAS
☐ CSF Culture SFCS	☐ External genital >12 years YEAS	**CLINICAL INFORMATION**
☐ Fluid Culture Site:___________________________________ FLU	☐ Cervix ☐ Urethra (G.C.) GC	☐ Pregnant ☐ Penicillin allergy
☐ Gram Stain Only: Site Location:________________________ SMGR	☐ Trichomonas Antigen Test TVA	☐ Other:__________________________

TESTS REFERRED OUT FOR ANALYSIS

☐ Malarial and Blood Parasites MAL	☐ CHOL PROFILE LIPP	☐ ACTH Level (EDTA) (F) ACTH	☐ Carbamazepine CARB
☐ Sickle Cell Screen HSS	(includes CHOL, TRIG, HDL, LDL)	☐ Follicle Stimulating Hormone FSH	☐ Phenobarbital PHEN
☐ Glucose-6-Phosphate Dehydrogen GPD	☐ Myoglobin SMYO	☐ Growth Hormone GH	☐ Phenytoin/Dilantin PYN
☐ Fibrinogen CFIB	☐ Iron IRON	☐ 17-Hydroxyprogesterone PR17	☐ Valproic Acid VALP
☐ D-Dimer DDIM	☐ TIBC TIBC	☐ Insulin (F) INS	☐ Amiodarone AMIO
☐ Lupus Inhibitor LUPS	☐ Vitamin B12 B12	☐ Luteinizing Hormone LH	☐ Cyclosporin CY
☐ Factor V Leiden MOL	☐ Ferritin FER	☐ Progesterone PGN	☐ FK506 FK5
☐ Prothrombin Variant(G20210A) MOL	☐ CA125 CA12	☐ Prolactin PL	☐ Methotrexate MTX
☐ Hgb A1C GYHB	☐ CA 15-3 CA15	☐ Testosterone TST	☐ Mycophenolic Acid MYPA
☐ Carboxyhemoglobin CBHB	☐ CA19-9 CA19	☐ Free Androgen Index FAI	☐ Sirolimus SIRO
☐ Fetal Fibronectin FFN	☐ Carcinoembryonic Antigen CEA	☐ Lead PB	☐ Tobramycin Trough ☐ Peak ☐ TOBR
☐ Calcium Ionized ICA	☐ Prostate Specific Antigen PRSA	☐ Zinc ZN	**Synovial Fluid**
☐ Pre-Albumin PALB	☐ Thyroid Stimulating Hormone TSH	☐ Copper COP	☐ Total Protein TPFL
☐ C Reactive Protein RCRP	☐ Free T3 FT3	☐ Parathyroid Hormone PTH	☐ LDH LDFL
☐ Rheumatoid Factor RF	☐ Free T4 FT4	☐ ASOT ASOT	☐ Triglyceride TGFL
☐ Beta-Hydroxybuterate BHB	☐ Thyroperoxidase Antibodies TPO	☐ Alpha-Fetoprotein AFP	☐ Glucose GFL
☐ Monoclonal Protein Electro PE	☐ Estradiol E2	☐ Beta-2 Microglobulin (F) BZMG	☐ Lactic Acid LAFL
☐ Ammonia (EDTA) AMM	☐ Cortisol AM ☐ PM ☐ Random ☐ COR	☐ Gluten Sensitivity(Celiac) GLUG	☐ Uric Acid UAFL
☐ Vitamin A VITA	☐ Dehydroepiandrosterone Sulfate DHAS	☐ Apolipoprotein A APA	☐ Cholesterol CHFL
☐ Vitamin C VITC	☐ Angiotensin Conv Enzyme (F) ACE	☐ Apolipoprotein B APB	**Pleural Fluid**
☐ Vitamin E VITE	☐ Ceruloplasmin (F) CERU		☐ Total Protein TPFL
Urine Testing	☐ Haptoglobin HPT		☐ LDH LDFL
Please indicate:	☐ Homocysteine (collect on ice) HCQ		☐ Triglyceride TGFL
24 hr sample ☐ **or Random sample** ☐	☐ IgE-Immunoglobulin E IGE	**Urine Drug Analysis DAUW**	☐ Glucose GFL
☐ Urine Albumin UALB	☐ IgA-Immunoglobulin A IGA	☐ Amphetamine AMP	☐ Cholesterol CHFL
☐ Urine Chloride CLU	☐ IgG-Immunoglobulin G IGG	☐ Benzodiazepine BEN	☐ Lipase LPFL
☐ Urine Urea UU	☐ IgM-Immunoglobulin M IGM	☐ Cocaine metabolite COCM	☐ Creatinine CRFL
☐ Urine Uric Acid UAU	☐ Anti-nuclear Antibodies Screen ANA	☐ Methadone MDO	**Peritoneal Fluid Ascites**
☐ Urine Phosphate POU	☐ Extractable Nuclear Antigens ENA	☐ Canabinoids CAN	☐ Total Protein TPFL
☐ Urine Calcium CAU	☐ Neutrophil Cytoplasmic Antibody IFNC	☐ Opiates OPI	☐ Glucose GFL
☐ Hydroxyindole Acetic Acid HIAA	☐ DNA Antibody DNA	☐ Oxycodone OXYC	☐ Albumin ALFL
☐ Vanillymandelic Acid VMA	☐ Smooth Muscle Ab SMA	☐ Urine Tricyclic TCAS	☐ Lipase LPFL
			☐ Creatinine CRFL
			☐ Bilirubin BFL

For Drug Levels please indicate: Last Dose________________________ and Next Dose:________________________
date and time date and time

☐ Other Test not Listed Above:____