Urine and Body Fluid Requisiton

DIAGNOSTIC SERVICES MANITOBA | SERVICES DIAGNOSTIC MANITOBA

*As per DSM Acceptance Policy 10-5--03 - Requirements for Test Requisitions 2.1 - All information marked with an * is mandatory and must be clearly legible. Failure to comply may result in specimen rejection.*

COLLECTION INFORMATION

Copy of report to Lab ❑ YES ❑ NO

*Collection Facility/Lab:

Start Date/Time:

End Date/Time:

Type of Ur. Collection: ❑ Random ❑ 24 hr ❑12 hr

Urine Volume (mL): Height(cm): Weight (kg):

Referring Lab: Number of tubes sent Check if samples shipped frozen ❑

Ur aliquot (no pres) _____ Ur aliquot (pres) _____ CSF vial(s) ____
Fluid (EDTA vial) _____ Fluid aliqout _____

ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION

*Providers Full last and first name:

*Facility name:

*Fax#:

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*Providers Full last and first name:

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*Fax#:

PATIENT INFORMATION

*Last/First Name:
(As per MB. Health Card)

* Date of Birth
(dd/mm/yyyy)
*Sex: Female Male
*PHIN:

*Alternate ID: (include ID type with number ie RCMP, SK, DND)
MRN:
Encounter Number:

Demographics verified with: ❑ Provincial Health Card ❑ Armband ❑ eChart/CR
❑ Third Party verbal - Name and Contact Info:

*Patient Phone No:
*Patient Address:

ORDERING PROVIDER INFORMATION

*Last & Full First Name:
Billing Code:
*Ordering Facility:
Inpatient Location:
Address:
*Critical Results Phone Number:
*Fax Number:

Routine Urinalysis (10 mL Urine)

☐ Routine Urinalysis Includes Multstix for Leukocytes, Blood Protien, pH, Specific gravity, Ketone and Glucose	UR
☐ Pregnancy Test	PREG

Urine Drug Screen Analysis - 3ml aliquot
Must order DAUW + each individual drug

☐ Amphetamine	AMP
☐ Benzodiazepine	BEN
☐ Cocaine metabolite	COCM
☐ Methadone	MDO
☐ Canabinoids	CAN
☐ Opiates	OPI
☐ Oxycodone	OXYC
☐ Urine Tricyclic	TCAS

Ur. Chemistry Random collection
No preservative - 3 mL aliquot

☐ Microablumin	UALB
☐ Protein/Creatinine ratio	TPU
☐ Urine Sodium/Potassium/Chloride	NAU
☐ Urine Urea	UU
☐ Urine Creatinine	CRU
☐ Urine Uric Acid	UAU

Adjust pH to <2 prior to aliquoting - 3 mL aliquot

☐ Urine Calcium/Creatinine ratio	CAU
☐ Urine Phosphate	POU

Ur. Chemistry 24 hour collection
No preservative - 3 mL aliquot

☐ 24 hr Microalbumin	UALB
☐ Creatinine	CRU
☐ Creatinine Clearance (include height and weight)(Plasma sample required)	CRCL
☐ Urine Urea	UU
☐ Urine Protein	TPU
☐ Urine Uric Acid	UAU
☐ Urine Sodium/Potassium/Chloride	UNA
☐ Urine Osmolality	OSU

Adjust pH to <2 prior to aliquoting - 3 mL aliquot

☐ Urine Calcium	CAU
☐ Urine Phosphate	POU

Gastric Analysis

☐ Gastric Occult Blood	GOB

Ur. Chemistry 24 hour collection
Send 100 mL aliquot - verify collection and shipping instructions on DSM LIM

☐ Citrate	CITU
☐ Urine Cortisol	CORU
☐ Homovanillic Acid	HVA
☐ 5 - Hydroxyindole Acetic Acid	HIAA
☐ Metanephrine	MNPH
☐ Oxalate	OXU
☐ Phorphobilinogen	PBG
☐ Porphyrins	POR
☐ Vanillymandelic Acid	VMA

Stool-Fecal Analysis

☐ Feces Occult Blood #1 #2 #3	OB
☐ Stool for Leukocytes	SFL
☐ Osmolality	MSFL
☐ Reducing Substances and pH	RSF
☐ Fat (Quantitive)	FF
☐ Natural & Split Fats	FECA

Cervical Swab

☐ Fetal Fibronectin	FFN

Semen Analysis

☐ Fertility Testing	SFT
☐ Post vasectomy	PVSA

Smear and Fluids for Eosinophil

☐ Nasal Smear for Eosinophil	FFE
☐ Sputum for Eosinophil	FFE
☐ Urine for Eosinophil Collect in 1 sterile specimen container	FFE
☐ Fluid for Eosiniphil Collect in 1 red top (no gel) vacutainer tube)	FFE

Calculi

☐ Calculi Source: _____ (ie. Bladder, renal, passed)	CALI

CSF Collections

☐ CSF Cell Count + Differential	CSFH
☐ CSF Protein	PC
☐ CSF Glucose	GLC
☐ CSF Lactate	SFLA
☐ CSF Chloride	CLC

Fluid Collections

Hematology - Collect into EDTA Tube

☐ Fluid Cell Count + Differential Type of Fluid: _____	HFLD

Chemistry - Collect into Red Top Serum
Serum sample required for same test when fluid test requested*
Fluid appearance

Pericardial Fluid

☐ Fluid Albumin**	ALFL
☐ Fluid Total Protein **	TPFL
☐ Fluid Lactate Dehydrogenase **	LDFL
☐ Fluid Carcinoembryonic Antigen	CEFL
☐ Fluid Triglyceride	TGFL

Synovial Fluid

☐ Fluid Glucose	GFL
☐ Fluid Lactic Acid	LAFL
☐ Fluid Uric Acid	UAFL
☐ Fluid Cholesterol	CHFL
☐ Fluid Triglyceride	TGFL
☐ Fluid Total Protein	TPFL
☐ Fluid Lactate Dehydrogenase	LDFL

Pleural Fluid

☐ Fluid Lipase	LPFL
☐ Fluid Total Protein **	TPFL
☐ Fluid Lactate Dehydrogenase**	LDFL
☐ Fluid Cholesterol	CHFL
☐ Fluid Triglyceride	TGFL
☐ Fluid Glucose	GFL
☐ Fluid Creatinine	CRFL

Peritoneal Ascites Fluid

☐ Fluid Total Protein	TPFL
☐ Fluid Albumin**	ALFL
☐ Fluid Bilirubin	BFL
☐ Fluid Lipase	LPFL
☐ Fluid Creatinine	CRFL
☐ Fluid Glucose	GFL

Pancreatic Fluid/Cyst

☐ Fluid Carcinoembryonic Antigen	CEFL
☐ Fluid CA19-9	C19F

LAB USE ONLY FOR BARCODE PLACEMENT

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