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.

Biochemical Genetics Requisition (Blood)

LAB USE ONLY
BARCODE PLACEMENT

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)
*Inpatient Location/Facility Name/Address:			* Date of Birth (dd/mm/yyyy)
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 #:	
Facility Name/ Address:			Demographics verified via: ☐Health Card ☐Armband ☐eChart/CR ☐Other

Patient Preparation *(to be completed by ordering physician)*

ϕFasting ❑ 8-12h ❑ Alternate time _____h ❑ No *(if not checked, assume non-fasting specimen)*

"Typical adult or childhood fast is 8 hrs." "Draw Infants prior to next feed (~2-3 hrs. after last)."

Collection Information *(fields marked with ♦ required)*

♦Collection: ❑ Venipuncture ❑ Capillary ❑ Indwelling Line	♦ Collector:	♦ Collection Date:
	♦ Collection Facility/Lab:	♦ Collection Time:
# Serum tubes_____# Plasma tubes _____	Referring Lab: # of tubes sent_____	Samples shipped frozen ❑
Fasting information ❑ No ❑ Yes # of hours_____		

For specimen requirements and test information see Shared Health Lab Info Manual (LIM) https://apps.sbgh.mb.ca/labmanual/test/findTestPrepare

All testing is subject to approval by Laboratory Biochemical Geneticist or Clinical Biochemist.

BLOOD

☐	ACYLCARNITINES, QUANTITATIVE – *Fasting*ϕ	ACRN	☐	CREATINE AND GUANIDINOACETATE	GAA
☐	CARNITINE TOTAL & FREE	CARN	☐	FATTY ACIDS PROFILE, ESSENTIAL – *Fasting*ϕ	FAP
☐	AMINO ACIDS – *Fasting*ϕ *Collect on ice and transport to lab promptly.*	AAQP	☐	VERY LONG CHAIN FATTY ACIDS (VLCFA) – *Fasting*ϕ	VLCF
☐	HOMOCYSTEINE TOTAL *Collect on ice and transport to lab promptly.*	HCQ	☐	OXYSTEROLS	OXYP
			☐	STEROLS (including 7-dehydrocholesterol)	STRP
☐	BIOTINIDASE	BIOT	☐	LYSOSOMAL & PEROXISOMAL DISORDERS SCREEN (with reflex) (*Screens for Fabry, Gaucher, MPS I/II, Pompe, XALD)*	PLSD
☐	ALPHA-GLUCOSIDASE *(Pompe disease)*	POMP			
☐	ALPHA-GALACTOSIDASE *(Fabry disease) XY patients only*	AGAB	☐	PHYTANIC ACID – *Fasting*ϕ	PHYT
☐	METHYLMALONIC ACID, SERUM	MMAS	☐	NEURONAL CEROID LIPOFUSCINOSIS - CLN1 & CLN2	MIS8
☐	CARBOHYDRATE DEFICIENT TRANSFERRIN FOR CONGENITAL DISORDERS OF GLYCOSYLATION (CDG) *(Only approved for Genetics)*				TEIF

For Monitoring Patient Only

☐	AMINO ACID Monitoring - *Fasting*ϕ Condition/Supplement being monitored: _____ *Collect on ice and transport to lab promptly.*	AAQP	☐	GALACTOSE-1-PHOSPHATE (GAL-1P) *Collect and send on ice*	GAL1
			☐	CYSTINE, WBC *(By prior arrangement with lab)*	MIS8

Clinical Details*:

Other Biochemical Genetics tests (name must be written as it is in LIM – any test not listed in the LIM requires a F260-11-02 Biochemistry Approval for Test Referral Form):

Copy of requisition form must accompany samples to:
Biochemical Genetics Laboratory, Health Sciences Centre, MS551-820 Sherbrook Street, Winnipeg, MB R3A 1R9

Shared health Soins communs Manitoba