

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 Laboratory Requisition

Acceptance Policy 10-50-03: Requirements for Test Requisitions 2.1 - Fields marked with * are mandatory and must be clearly legible or may result in specimen rejection.

ORDERING PROVIDER INFORMATION				PATIENT INFORMATION			
*Last & Full First Name:		Billing Code:		*Last/First Name: (per MB. Health Card)			
*Ordering Facility:				* Date of Birth (dd/mm/yyyy)			
Address:				*Sex: Female Male			
Critical Results Phone Number:		Fax No:		*PHIN:			
Physician Signature:		Phone No.:		*Specify Province or DND if different			
COPY REPORT TO: (if info missing, report may not be sent)							
Last & Full First Name:		Facility Name & Address:					
Fax No:		Phone No:		Demographics verified with: <input type="checkbox"/> Prov. Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR MRN: Encounter Number: Patient Phone No: Patient Address:			
Last & Full First Name:		Facility Name & Address:					
Fax No:		Phone No:					
Fields marked with * required by person collecting sample ♦Collector: ♦Collection Date: ♦Time:				♦Collected Via: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line <input type="checkbox"/> Above shut off IV			
# Serum vial(s) _____		# Plasma vials(p) _____		Referring Lab: # of tubes sent _____ Samples shipped frozen <input type="checkbox"/>			
BLOOD							
<input type="checkbox"/>	ACYLCARNITINE Fractionation, P [Na Hep]	MISC	<input type="checkbox"/>	CHOLINESTERASE PHENOTYPING, S [SST]	CEPT		
<input type="checkbox"/>	AMINO ACID SCREEN, P [Li Hep no gel] send on ice	AAQP	<input type="checkbox"/>	COPPER, P [Royal Blue - metals]	COP		
<input type="checkbox"/>	PKU MONITORING, P [Li Hep no gel] send on ice	AAQP	<input type="checkbox"/>	CERULOPLASMIN, S [SST]	CERU		
<input type="checkbox"/>	AMINO ACID Quantitative, P [Li Hep no gel] send on ice specify AA: _____	AAQP	<input type="checkbox"/>	CREATINE AND GUANIDINOACETATE, P [Li PST]	MISC		
<input type="checkbox"/>	CARNITINE (Total and Free), S [SST]	CARN	<input type="checkbox"/>	7-DEHYDROCHOLESTEROL, P [Li PST]	DHC7		
<input type="checkbox"/>	HOMOCYSTEINE, P [Li PST] send on ice	HCQ	<input type="checkbox"/>	FREE FATTY ACIDS, S [no gel]	FRFA		
<input type="checkbox"/>	TRANSFERRIN ISOELECTRIC FOCUSING (CDG), S [SST]	TIEF	<input type="checkbox"/>	GALACTOSE-1-PHOSPHATE (GAL-1P), Whole Blood [Na Hep] send on ice	GALP		
<input type="checkbox"/>	BIOTINIDASE, S [no gel]	MISC	<input type="checkbox"/>	GALT ACTIVITY & ELECTROPHORESIS, Whole Blood [EDTA]	MISC		
<input type="checkbox"/>			<input type="checkbox"/>	SUCCINYLACETONE, Whole blood DBS [Li Hep no gel]	MISC		
URINE (RANDOM ONLY)							
<input type="checkbox"/>	AMINO ACIDS, U	AAQU	<input type="checkbox"/>	CREATINE AND GUANIDINOACETATE, U	MISC		
<input type="checkbox"/>	ORGANIC ACID SCREEN, U	OA	<input type="checkbox"/>	OROTIC ACID, U	OROT		
<input type="checkbox"/>	CYSTINE, U	AAQU	<input type="checkbox"/>	GLUTARIC ACID, U	GLUT		
<input type="checkbox"/>	HOMOCYSTINE, U	AAQU	<input type="checkbox"/>	METHYLMALONIC ACID (MMA), U	MMA		
<input type="checkbox"/>	MUCOPOLYSACCHARIDE FRACTIONATION, U	MPS	<input type="checkbox"/>	ALPHA-AMINOADIPIC SEMIALDEHYDE, U	MISC		
<input type="checkbox"/>	ACYLGLYCINES, U	MISC	<input type="checkbox"/>	SIALIC ACID, FREE, U	MISC		
<input type="checkbox"/>	PURINES AND PYRIMIDINES PANEL, U	MISC	<input type="checkbox"/>	GLOBOTRIAOSYL CERAMIDE (GB3), U	MISC		
LYSOSOMAL - PEROXISOMAL - MITOCHONDRIAL							
<input type="checkbox"/>	LYSOSOMAL ENZYME PANEL, P+S [3 x Li Hep no gel + SST] (By prior arrangement with lab)	LYSO	<input type="checkbox"/>	MITOCHONDRIAL RCE, MUSCLE Pre-approval required by Biochemist	MISM		
<input type="checkbox"/>	HEXOSAMINIDASE, S (Total, %Hex A) [SST]	SHEX	<input type="checkbox"/>	mtDNA content, MUSCLE , Pre-approval required by Biochemist	MISC		
<input type="checkbox"/>	CHITOTRIOSIDASE, S [SST]	CHIT	<input type="checkbox"/>	PLASMALOGENS, Whole blood [EDTA] Pre-approval required by Biochemist	MISC		
<input type="checkbox"/>	ALPHA-GLUCOSIDASE (POMPE DISEASE), Whole blood DBS [EDTA]	POMP	<input type="checkbox"/>	LYSOSOMAL ACID LIPASE, Whole blood [EDTA]	MISC		
<input type="checkbox"/>	CYSTINE, WBC, P [Na Hep no gel]	MISC	<input type="checkbox"/>	mtDNA point mutations and deletions, MUSCLE , Pre-approval required by Biochemist	MISC		
<input type="checkbox"/>	KRABBS ENZYME (Galactosylceramide β-Galactosidase)[Na Hep no gel] (By prior arrangement with lab)	KRAB	<input type="checkbox"/>	OXYSTEROLS, P [EDTA]	MISC		
<input type="checkbox"/>	ALPHA-GALACTOSIDASE (FABRY DISEASE), S [SST]	AGAL	<input type="checkbox"/>	STEROLS, P [EDTA]	MISC		
<input type="checkbox"/>	NEURONAL CEROID LIPOFUSCINOSIS - CLN1 and CLN2, Whole blood DBS [Na Hep no gel]	MISC	<input type="checkbox"/>	VERY LONG CHAIN FATTY ACIDS (VLCF), P [EDTA]	MISC		
<input type="checkbox"/>	THYMIDINE PHOSPHORYLASE, Whole blood [ACD A] send on ice (By prior arrangement with lab)	MISC	<input type="checkbox"/>	PIPECOLIC, P [EDTA] Pre-approval required by Biochemist	MISC		
<input type="checkbox"/>	VITAMIN B6, PYRIDOXAL PHOSPHATE, P [2 x EDTA] protect from light	VB6	<input type="checkbox"/>	PHYTANIC ACID, P [Li PST]	MISC		
CEREBROSPINAL FLUID							
<input type="checkbox"/>	AMINO ACIDS, CSF	AAQC	<input type="checkbox"/>	4-HYDROXYBUTYRATE, CSF	MISC		
<input type="checkbox"/>	LACTATE, CSF	SFLA	<input type="checkbox"/>	PYRIDOXYL-5-PHOSPHATE, CSF	MISC		
<input type="checkbox"/>	NEUROTRANSMITTER METABOLITES, CSF [special collection tubes req'd] (NEOPTERIN, TETRAHYDROBIPTERIN 3-O-methyl dopa, 5-HIAA, 5-MTF, HVA, Sialic Acid)	MISC	<input type="checkbox"/>	SUCCINYLADENOSINE, CSF	MISC		
<input type="checkbox"/>			<input type="checkbox"/>	SIALIC ACID, CSF	MISC		
<input type="checkbox"/> Other Tests:		Clinical Details					

Copy of Requisition Form must accompany samples to Lab. M5551 Thorlakson Building, 820 Sherbrook St. Winnipeg, MB, R3A 1R9