

Peritoneal Dialysis - Kt/v Requisition

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

ORDERING PROVIDER INFORMATION		PATIENT INFORMATION	
*Last & Full First Name:	Billing Code:	*Last/First Name: (per Health Card)	
*Ordering Facility:	Inpatient Location:	* Date of Birth (dd/mm/yyyy)	
Address:		*Sex: Female Male	
Critical Results Phone Number:	Fax No:	*PHIN: Specify if other province/ DND)	
Phone No.:		MRN:	
COPY REPORT TO: if info missing, report may not be sent		Encounter Number:	
Last & Full First Name:	Fax No:	Patient Phone No:	
Facility Name/ Address:	Phone No.:	Patient Address:	
Last & Full First Name:	Fax No:	Demographics verified via:	
Facility Name/ Address:	Phone No.:	<input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other	

Peritoneal Dialysis Information

- Has blood work been collected for Glucose, Albumin, Creatinine and Urea?
- Anuria Patient (use "zero" to calculate Kt/v)

Specimens: 24 hr Urine & Dialysate

(each bag must be double knotted and clamped to prevent leakage)

Collection Date: (dd/mm/yyyy)	Height (cm)
	Weight (kg)

Test Code: DCAP Sample Type: UR

Dialysate measurement

Bag#	Bag Type	Full Weight (g)	Dry Weight (g)	Extra Clip?	True Volume (mL)	Aliquot (x 0.001)
TOTAL					mL	L

Urine measurement

Full Weight	Container Weight	True volume (mL)	Volume in Litres (to be reported in Delphic)

Place lab bar code label here