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.

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	
*Last & Full First Name:	Billing Code:
*Ordering Facility:	Inpatient Location:
Address:	
Critical Results Phone Number:	Fax No:
Phone No.:	
COPY REPORT TO: if info missing, report may not be sent	
Last & Full First Name:	Fax No:
Facility Name/ Address:	Phone No.:
Last & Full First Name:	Fax No:
Facility Name/ Address:	Phone No.:

PATIENT INFORMATION

*Last/First Name: (per Health Card)

* Date of Birth (dd/mm/yyyy)

*Sex: Female Male

*PHIN:

Specify if other province/ DND)

MRN:

Encounter Number:

Patient Phone No:

Patient Address:

Demographics verified via:
❑ Health Card ❑ Armband ❑eChart/CR ❑ 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

Shared health Soins communs Manitoba

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