



DIAGNOSTIC SERVICES SERVICES DIAGNOSTIC
MANITOBA MANITOBA



Hôpital St-Boniface Hospital

LOCATION:
WARD

PATIENT NAME:
LAST, FIRST

DATE OF BIRTH:
DD/MM/YYYY

SEX F M

FACILITY MRN:

MB PHIN:
(Specify province if different)

PHYSICIAN: (PRINT)
LAST, FIRST

ORDERING PROFESSIONAL:
(If different from physician)

COLLECTION TIME & DATE:

Hr / Min Day / Month / Year

____/____ ____/____/____

COLLECTED BY:

NAME, INITIALS _____

BIOCHEMISTRY TEST REQUISITION

Test Code to be registered: _____ GGH _____

GLUCOSE GH SUPPRESSION

	0 Min	30 Min	60 Min	90 Min	120 Min
GLUCOSE					
GH					
INSULIN					

HSC Lab Staff: Enter glucose results on worksheet GS3, enter insulin results on INSS1.
Print SGHH worksheet for GH Send-Out.
Report GH results on worksheet GHS3.

SBH Lab Staff: Enter glucose results on worksheet GS3, enter insulin results on INSS1.
Print SGHB worksheet for GH Send-Out.
Report GH results on worksheet GHS3.