

Emergency/Urgent Care Laboratory Requisition Form

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



INITIATING CLINICIAN INFORMATION	PATIENT INFORMATION
*Requested Time: _____ *Requested Date: _____	MRN: _____
<input type="checkbox"/> Triage Nurse <input type="checkbox"/> Bedside Nurse <input type="checkbox"/> Physician <input type="checkbox"/> NP <input type="checkbox"/> PA	Encounter Number: _____
*Orderer Name(s): _____	*Last/First Name: _____
COLLECTION INFORMATION <input type="checkbox"/> orderer as above <input type="checkbox"/> time as above	*Date of Birth (dd/mm/yyyy) _____
Patient Identifiers verified with <input type="checkbox"/> Armband <input type="checkbox"/> Other _____	*PHIN: _____
	*Sex: Female Male

*Collector: _____ *Collection Date: _____ *Time: _____ Therapeutic Drug Tests: Drug Name: _____
 *Collection: Venipuncture Capillary Indwelling Line Last Dose _____ Next Dose _____

Nurse Initiated Presentation Order Sets	LIS Test Code	Collect Tubes in order	Consideration if appropriate for patient (BOLD = other form)
<input type="checkbox"/> HCG Quantitative	HCGQ	LG	
<input type="checkbox"/> Abdominal Pain - LOWER	CORE, CBC	LG, LV	UA, HCGQ
<input type="checkbox"/> Abdominal Pain - UPPER or FLANK	CORE, CBC, LIVR	LG, LV	UA, Albumin, Troponin
<input type="checkbox"/> Altered Mental State	CORE, CBC, CA, ETO	DG, LG, LV	UA, Ammonia
<input type="checkbox"/> Arrhythmia / Palpitations	CORE, CBC, CA, MG, P, HTNT	LG, LV	
<input type="checkbox"/> Bleeding Disorder	CORE, CBC, INR/PT	LB, LG, LV	
<input type="checkbox"/> Cellulitis likely needing IV treatment	CORE, CBC	LG, LV	
<input type="checkbox"/> Chest Pain - possible Cardiac	CORE, CBC, HTNT	LG, LV	
<input type="checkbox"/> Code Blue	CORE, CBC, HTNT, LVR, INR/PT, CA, MG, P	LB, LG, LV	Albumin, VBG
<input type="checkbox"/> Dizziness: Presyncope / Syncope	CORE, CBC, HTNT, CA, MG, P	LG, LV	UA
<input type="checkbox"/> Hyperglycemia or Hypoglycemia	CORE, CBC	LG, LV	[#] BHB, VBG
<input type="checkbox"/> GI Bleeding	CORE, CBC, LIVR, INR/PT	LB, LG, LV	Albumin, Type & Screen, X-Match
<input type="checkbox"/> Overdose / Ingestion	CORE, CBC, ETO, SAL, ACTM	DG, LG, LV	Drug Levels, HCGQ
<input type="checkbox"/> Renal Failure / Dialysis	CORE, CBC, CA, MG, P	LG, LV	VBG
<input type="checkbox"/> Seizure	CORE, CBC, CA, MG, P	LG, LV	Albumin, Drug Levels
<input type="checkbox"/> Sepsis / Possible Febrile Neutropenia	CORE, CBC, CA, MG, P, LIVR, LAC	LG, LV, GY on ice	UA, Albumin, VBG, Urine/Blood Culture
<input type="checkbox"/> Shortness of Breath – excluding asthma	CORE, CBC, HTNT	LG, LV	
<input type="checkbox"/> Stroke	CORE, CBC, INR/PT	LB, LG, LV	
<input type="checkbox"/> Trauma - major	CORE, CBC, ETO, CK, INR/PT	LB, DG, LG, LV	Myoglobin, VBG, Type & Screen, X-Match
<input type="checkbox"/> Trauma - Orthopaedic	CORE, CBC, INR/PT	LB, LG, LV	Hip - eGFR, Calcium, Type & Screen, X-Match
Urinary Complaint			UA
<input type="checkbox"/> Vaginal Bleeding	CBC, HCGQ	LG, LV	Type & Screen, X-Match
<input type="checkbox"/> Vomiting and/or Diarrhea	CORE, CBC	LG, LV	
<input type="checkbox"/> Weakness	CORE, CBC, CA, MG, P, LIVR, CK	LG, LV	UA, Albumin

No Routine Testing: Dizziness/Vertigo, Headache, Mental Health Presentation, Shortness of Breath – Asthma

MD/NP/PA Ordered Tests (Don't draw extra tubes if already collected)				Tests with [#] not available at all sites/have longer turn-around time	
<input type="checkbox"/> Complete Blood Count	CBC	LV	<input type="checkbox"/> LIVR (ALT, ALK, GGT, TB, LD, LIP)	LIVR	LG
<input type="checkbox"/> CORE (NA, K, CL, CO2, G, U, CR)	CORE	LG	<input type="checkbox"/> Troponin T (high sensitivity)	HTNT	LG
<input type="checkbox"/> Sodium, Potassium, Chloride, Total CO2	NA, K, CL, CO2	LG	<input type="checkbox"/> INR/PT	INR/PT	LB
<input type="checkbox"/> Glucose	G	LG	<input type="checkbox"/> [#] D-Dimer	DDIM	LB
<input type="checkbox"/> [#] Beta Hydroxybutyrate (for hyperglycemia)	BHB	LG	<input type="checkbox"/> [#] aPTT <input type="checkbox"/> unfractionated heparin <input type="checkbox"/> liver xplant	APTT	LB
			<input type="checkbox"/> high suspicion of coagulopathy / bleeding disorder		
<input type="checkbox"/> Creatinine	CR	LG	<input type="checkbox"/> [#] Thyroid Stimulating Hormone	TSH	LG
<input type="checkbox"/> Urea	U	LG	<input type="checkbox"/> Creatine Kinase	CK	LG
<input type="checkbox"/> eGFR (CKD-EPI equation)	EGFR	LG	<input type="checkbox"/> Myoglobin	SMYO	LG
<input type="checkbox"/> Calcium	CA	LG	<input type="checkbox"/> Acetaminophen	ACTM	DG
<input type="checkbox"/> Magnesium	MG	LG	<input type="checkbox"/> Carbamazepine	CARB	DG
<input type="checkbox"/> Phosphate	P	LG	<input type="checkbox"/> Phenytoin / Dilantin	PYN	DG
<input type="checkbox"/> Lactate (on ice)	LAC	GY	<input type="checkbox"/> Salicylate	SAL	DG
<input type="checkbox"/> Protein, Total	TP	LG	<input type="checkbox"/> Valproic Acid	VALP	DG
<input type="checkbox"/> Albumin	AL	LG	<input type="checkbox"/> Ethanol	ETO	DG
<input type="checkbox"/> Lipase	LIP	LG	<input type="checkbox"/> [#] Toxic Alcohol Screen - to SBH	ALC	Extra DG

Other Chemistry / Hematology (specify): _____

Order of Draw for Tubes: Blood Cultures, Light Blue (LB), Dark Green (DG), Light Green (LG), Lavender (LV), Grey (GY)



DEFINITIONS:

ACTM	Acetaminophen
AL	Albumin
ALC	Toxic Alcohol Screen: Ethanol, methanol and isopropanol are measured simultaneously. Ethylene glycol is a separate test; on initial screen, lab will add Ethylene Glycol to the order. Performed at St. Boniface Hospital.
aPTT	aPTT is available to patients who are about to be treated with unfractionated heparin, have a high suspicion of coagulopathy/bleeding disorder or who have had a liver transplant. This should be indicated on the requisition form or contact the hematopathologist on call.
BHB	Beta Hydroxybutyric Acid, Beta Hydroxybutyrate –for hypoglycemia. Testing performed at HSC, St. Boniface, Grace General and Seven Oaks.
CBC	Complete Blood Count, includes differential.
CIVP	Community Intravenous Program
CORE	NA- Sodium, K- Potassium, CL- Chloride, CO2- Total Carbon Dioxide, G- Glucose, U- Urea, CR- Creatinine This will also provide ANION GAP calculation.
eGFR	Estimated Glomerular Filtration Rate (CKD - EPI equation)
Electrolytes/“Lytes”	Order Line Called: Sodium, Potassium, Chloride, TCO2 This will also provide ANION GAP calculation.
ETO	Ethyl Alcohol, Ethanol
HCGQ	Chorionic Gonadotropin (Quantitative), HCG, previously called “Betas” or “BHCG”.
HTNT	Troponin T - High Sensitivity
INR/PT	International Normalized Ratio/ Prothrombin Time
LIVR	Liver Tests: ALT- Alanine Transaminase, ALP- Alkaline Phosphatase, GGT- Gamma Glutamyl Transferase, TB- Bilirubin Total, LD- lactate dehydrogenase, LIP- Lipase. Individual tests can be ordered if entire panel not needed.
SAL	Salicylate
TSH	Thyroid Stimulating Hormone - Check eChart for any previous results.
UA	Urinalysis: Nursing to consider need for adding this test on the Urine and Body Fluids. Requisition form when indicated in right column.
VBG	Venous Blood Gas - Draw tube first or last, but must not have tourniquet on arm. Laboratory staff do not draw these samples. This testing is performed by Respiratory Therapy in WRHA. Please request on Respiratory Request form.
General Form Instructions	
Time of Order - Enter the time the order was requested by the ordering provider in 24 hour clock format.	
Orderer Name - Name of person initiating / requesting the tests: Last Name, First Name Initial	
Patient Information - Patient label (preferred) or addressograph.	
Collection Information - Collector initials, date and time in 2400 hours format.	
LIS Test Code - Lab staff enter this code to create the electronic test request for the analyzer.	
Consideration if appropriate for patient (column on right): Tests in this column should be ordered as required for patient care, physician approval is not required. <ul style="list-style-type: none"> • Tests not in bold can be ordered in the “MD/NP/PA Ordered Tests” section on the lower part of the form. • Tests in bold must be requested on the appropriate form. 	
Collector Information- This information is required to be completed and legible by whomever collects the blood. If orderer and collector is the same, use check box to identify this if you do not want to write it twice. Note: The sample should be rejected if there is missing information.	
Additional Testing: <ul style="list-style-type: none"> • A clinician may order tests outside of what is included in an order set. • See the Laboratory Information Manual for forms, collection information, testing locations, etc. https://apps.sbgm.mb.ca/labmanual/test/findTestPrepare 	