

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.

# Emergency/Urgent Care Laboratory Requisition Form

Fields marked with \* are mandatory and must be clearly legible or can result in specimen rejection

<b>INITIATING CLINICIAN INFORMATION</b>				<b>PATIENT INFORMATION</b>			
*Requested Time: _____				MRN: _____			
*Requested Date: _____				Encounter Number: _____			
<input type="checkbox"/> Triage Nurse <input type="checkbox"/> Bedside Nurse <input type="checkbox"/> Physician <input type="checkbox"/> NP <input type="checkbox"/> PA				*Last/First Name: _____			
*Orderer Name(s): _____				*Date of Birth (dd/mm/yyyy) _____			
<b>COLLECTION INFORMATION</b> <input type="checkbox"/> orderer as above <input type="checkbox"/> time as above				*PHIN: _____			
Patient Identifiers verified with <input type="checkbox"/> Armband <input type="checkbox"/> Other _____				*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male			
*Collector: _____		*Collection Date: _____		*Time: _____		<b>Therapeutic Drug Tests:</b> Drug Name: _____ Last Dose _____ Next Dose _____	
*Collected Via: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line							
<b>Nurse Initiated Presentation Order Sets</b>		<b>LIS Test Code</b>		<b>Collect Tubes in order</b>		<b>Consideration if appropriate for patient (BOLD = other form)</b>	
<input type="checkbox"/> HCG Quantitative	HCGQ	LG	For diagnosis/imaging/medication decisions				
<input type="checkbox"/> Abdominal Pain - LOWER	CORE, CBC	LG, LV	<b>Urinalysis, HCGQ</b>				
<input type="checkbox"/> Abdominal Pain - UPPER or FLANK	CORE, CBC, HEP	LG, LV	<b>Urinalysis, Albumin, Troponin, HCGQ</b>				
<input type="checkbox"/> Altered Mental State	CORE, CBC, CA, ETO	DG, LG, LV	<b>Urinalysis, Ammonia</b>				
<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, HEP, INR/PT, CA, MG, P	LB, LG, LV	Albumin, <b>VBG</b>				
<input type="checkbox"/> Dizziness: Presyncope / Syncope	CORE, CBC, HTNT, CA, MG, P	LG, LV	<b>Urinalysis</b>				
<input type="checkbox"/> Hyperglycemia or Hypoglycemia	CORE, CBC	LG, LV	<b>*BHB, VBG</b>				
<input type="checkbox"/> GI Bleeding	CORE, CBC, HEP, LVR	LB, LG, LV	<b>Type &amp; Screen, X-Match</b>				
<input type="checkbox"/> Overdose / Ingestion	CORE, CBC, ETO, SAL, ACTM, OS, OSCA	DG, LG, LV	Drug Levels, HCGQ				
<input type="checkbox"/> Renal Failure / Dialysis	CORE, CBC, CA, MG, P	LG, LV	<b>VBG</b>				
<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, HEP, LAC	LG, LV, GY	Albumin, <b>VBG, Urine/Blood Culture, urinalysis</b>				
<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, <b>VBG, Type &amp; Screen, X-Match</b>				
<input type="checkbox"/> Trauma - Orthopaedic	CORE, CBC, INR/PT	LB, LG, LV	Hip - eGFR, Calcium, <b>Type &amp; Screen, X-Match</b>				
Urinary Complaint			<b>Urinalysis</b>				
<input type="checkbox"/> Vaginal Bleeding	CORE, CBC, HCGQ	LG, LV	<b>Type &amp; Screen, X-Match</b>				
<input type="checkbox"/> Vomiting and/or Diarrhea	CORE, CBC	LG, LV					
<input type="checkbox"/> Weakness	CORE, CBC, CA, MG, P, HEP, CK	LG, LV	<b>Urinalysis, Albumin</b>				
<b>No Routine Testing</b> Dizziness/Vertigo, Headache, Mental Health Presentation, Shortness of Breath – Asthma							
<b>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</b>							
<input type="checkbox"/> Complete Blood Count	CBC	LV	<input type="checkbox"/> LVR (ALB, INR/PT)	LVR	LG, LB		
<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	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"/> Urea	U	LG	<input type="checkbox"/> *Thyroid Stimulating Hormone	TSH	LG		
<input type="checkbox"/> eGFR (CKD-EPI equation)	EGFR	LG	<input type="checkbox"/> Creatine Kinase	CK	LG		
<input type="checkbox"/> Calcium	CA	LG	<input type="checkbox"/> Myoglobin	SMYO	LG		
<input type="checkbox"/> Magnesium	MG	LG	<input type="checkbox"/> Acetaminophen	ACTM	DG		
<input type="checkbox"/> Phosphate	P	LG	<input type="checkbox"/> *Carbamazepine	CARB	DG		
<input type="checkbox"/> Lactate	LAC	GY	<input type="checkbox"/> Phenytoin / Dilantin	PYN	DG		
<input type="checkbox"/> Protein, Total	TP	LG	<input type="checkbox"/> Salicylate	SAL	DG		
<input type="checkbox"/> Albumin	AL	LG	<input type="checkbox"/> Valproic Acid	VALP	DG		
<input type="checkbox"/> Lipase	LIP	LG	<input type="checkbox"/> Ethanol	ETO	DG		
<input type="checkbox"/> HEP (ALT, ALK, GGT, TB, LIP)	HEP	LG	<input type="checkbox"/> *Toxic Alcohol Screen - to SBH	ALC	<b>Extra DG</b>		
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:

<b>ACTM</b>	Acetaminophen
<b>ALC</b>	<b>Toxic Alcohol Screen:</b> Ethanol, methanol and isopropanol are measured simultaneously. Ethylene glycol is a separate test; on initial screen, lab will add Ethylene Glycol to the order. <b>Performed at St. Boniface Hospital.</b>
<b>aPTT</b>	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 <b>contact the hematopathologist on call.</b>
<b>BHB</b>	Beta Hydroxybutyric Acid, Beta Hydroxybutyrate – for hyperglycemia. Testing performed at HSC, St. Boniface, Grace General and Seven Oaks.
<b>CBC</b>	Complete Blood Count, includes differential.
<b>CORE</b>	<b>NA-</b> Sodium, <b>K-</b> Potassium, <b>CL-</b> Chloride, <b>CO2-</b> Total Carbon Dioxide, <b>G-</b> Glucose, <b>U-</b> Urea, <b>CR-</b> Creatinine. This will also provide Anion Gap calculation. $ANION\ GAP = Na - (Cl + TCO_2)$
<b>eGFR</b>	Estimated Glomerular Filtration Rate (CKD - EPI equation)
<b>Electrolytes/“Lytes”</b>	Order Line Called: <b>Sodium, Potassium, Chloride, TCO2</b> , will also provide Anion Gap calc
<b>ETO</b>	Ethyl Alcohol, Ethanol
<b>HCGQ</b>	Chorionic Gonadotropin (Quantitative), HCG, previously called “Betas” or “BHCG”.
<b>HEP</b>	Tests to determine if liver or pancreas is likely source of pain (cell damage): <b>ALT-</b> Alanine Transaminase, <b>ALK-</b> Alkaline Phosphatase, <b>GGT-</b> Gamma Glutamyl Transferase, <b>TB-</b> Bilirubin Total, <b>LIP-</b> Lipase. <b>Individual tests can be ordered if entire panel not needed.</b>
<b>HTNT</b>	Troponin T - High Sensitivity
<b>INR/PT</b>	International Normalized Ratio/ Prothrombin Time
<b>LVR</b>	Tests to determine if liver's ability to synthesize protein is impaired: ALB, INR/PT
<b>OS, OSCA</b>	OS = Osmolality Plasma. OSCA = Osmolality calculated = $2(Na) + Glucose + Urea$ . If both ordered Osmol Gap will be calculated and reported. $Osmol\ Gap = OS - OSCA$
<b>SAL</b>	Salicylate
<b>TSH</b>	Thyroid Stimulating Hormone - Check eChart for any previous results.
<b>Urinalysis</b>	Order on Urine Chemistry Testing Requisition. For urinalysis Renal workup, lab does urine dipstick, and if positive for protein, blood or leukocyte esterase, microscopy will be done. Sample <b>MUST</b> be received in lab within 1 hour from collection for accurate results.
<b>VBG</b>	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.
<b>General Form Instructions</b>	
<b>Time of Order</b> - Enter the time the order was requested by the ordering provider in <b>24-hour clock format</b> .	
<b>Orderer Name</b> - Name of person initiating / requesting the tests: <b>Last Name, First Name Initial</b>	
<b>Patient Information</b> - Patient label (preferred) or addressograph.	
<b>Collection Information</b> - Collector initials, date and time in 2400 hours format.	
<b>LIS Test Code</b> - Lab staff enter this code to create the electronic test request for the analyzer.	
<b>Consideration if appropriate for patient (column on right):</b> Tests in this column should be ordered as required for patient care, physician approval is not required. <ul style="list-style-type: none"> <li>Tests not in bold can be ordered in the “<b>MD/NP/PA Ordered Tests</b>” section on the lower part of the form.</li> <li>Tests in <b>bold</b> must be requested on the appropriate form.</li> </ul>	
<b>Collector Information</b> - This information is required to be <b>completed and legible</b> 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.	
<b>Additional Testing:</b> <ul style="list-style-type: none"> <li>A clinician may order tests outside of what is included in an order set.</li> <li>See the Laboratory Information Manual for forms, collection information, testing locations, etc. <a href="https://apps.sbgf.mb.ca/labmanual/test/findTestPrepare">https://apps.sbgf.mb.ca/labmanual/test/findTestPrepare</a></li> </ul>	