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.

SPECIALIZED ENDOCRINOLOGY REQUISITION

Use of this requisition is restricted to approved physicians

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. Failure to comply may result in specimen rejection.
Complete collection information can be found in the Lab Information Manual (LIM) at https://apps.sbgh.mb.ca/labmanual/test/findTestPrepare

Ordering Provider Information		**Patient Information** *(print or use addressograph)*
*Last & Full First Name:	Billing Code:	*Last/First Name: (per Health Card)
*Facility Name / Address:		* Date of Birth (dd/mm/yyyy) *Sex: □ Female □ Male
Critical Results Ph #:	Fax #:	*PHIN/MHSC: Specify if other province/ DND
Provider Signature:	Ph #:	MRN:
Copy Report To *(if info missing, report may not be sent):*		Encounter#:
Last & Full First Name: Ph #:	Fax #:	Patient Phone #:
Facility Name/ Address:		Patient Address:
Last & Full First Name: Ph #:	Fax #:	Demographics verified via: ❑ Health Card ❑ Armband ❑eChart/CR ❑ Other
Facility Name/ Address:		

COLLECTION INFORMATION (fields marked with ♦ required by person collecting sample)

♦ **Collector:**	♦ **Collection Date:**	♦ Collected Via: ❑ Venipuncture ❑ Capillary ❑ Indwelling Line
♦ **Collection Facility/Lab:**	♦ **Collection Time:**	Has patient stopped taking any supplements for 48 hrs? □ Yes □ No

Serum vial(s) _____ # Plasma vials (p) _____ | Referring Lab: # of tubes sent ____ | Samples shipped frozen ❑

No vitamins or dietary supplements for at least 48 hours prior to specimen collection

□ Thyroid Reflex Testing *(includes reflex testing if TSH abnormal)* TSH	□ Hemoglobin A1c GYHB	□ Cortisol □ AM □ PM □ Other COR
	□ Glucose G	□ ACTH *(see LIM[1] for collection & transport)* ACTH
□ Free T4 FT4	□ Lipid Profile (Cholesterol, Trig, HDLC, LDLC, Non-HDL) LIPP	□ Aldosterone ALDO
□ Free T3 FT3	□ Creatinine *(eGFR automatically calculated in out-patients > 18 years)* CR	□ Renin *(Renin & aldosterone must be on same requisition for ratio)* REN
□ Thyroperoxidase Antibodies TPO	□ Sodium NA	□ DHEA-S DHAS
□ TSH Receptor Antibody TRAB	□ Potassium K	□ Follicle Stimulating Hormone FSH
□ Thyroglobulin *(Anti-thyroglobulin automatically performed)* THGL	□ Chloride CL	□ Luteinizing Hormone LH
□ Calcium CA	□ Osmolality OS	□ Estradiol E2
□ Albumin AL	□ ALT ALT/ALTR	□ Progesterone PGN
□ Phosphate P	□ Creatine Kinase CK	□ Testosterone *(AM recommended. Lab will add albumin for males over 17)* TST
□ Magnesium MG	□ Glutamic Acid Decarboxylase Ab GADA	□ Free Androgen Index FAI
□ Parathyroid hormone PTH	□ Islet Antigen 2 (IA-2) Antibody IA2	□ Prolactin PL
□ Ionized calcium ICA	□ C-Peptide CP	□ Growth Hormone *(for concurrent hypoglycemia)* GH
□ Vitamin D-1,25 D125	□ Insulin INS	□ Insulin-Like Growth Factor 1 IGF1
□ CBC CBC	□ Insulin antibodies INAA	□ 17-Hydroxyprogesterone PR17
		□ HCG *(Quantitative)* HCGQ

Other Tests