

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 pre-approved physicians

THIS SPACE FOR LAB USE ONLY
PLACE LIS LABEL HERE

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

Ordering Provider Information		Patient Information (print or use addressograph)	
*Last & Full First Name:		*Last/First Name: (per Health Card)	
Billing Code:			
Inpatient Location:	*Critical Results Ph #:	* Date of Birth (dd/mm/yyyy)	
*Facility Name/ Address		*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Ph #:	Fax #:	*PHIN: Specify Province or DND if different	
Copy Report To (if info missing, report may not be sent):		MRN:	
Last & Full First Name:	Ph #:	Encounter #:	
		Patient Ph #:	
Facility Name/ Address:		Patient Address:	
Last & Full First Name:	Ph #:	Fax #:	
Facility Name/ Address:		Demographics verified via:	
		<input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other	
Patient Preparation Instructions (to be completed by ordering physician)			
*Fast <input type="checkbox"/> 8-12h <input type="checkbox"/> Alternate time _____h <input type="checkbox"/> No (if not checked, assume non-fasting specimen)			
Collection Information (fields marked with ♦ required by person collecting sample)			
♦Collection:		♦ Collector:	
<input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line		♦ Collection Date:	
♦ Collection Facility/Lab:		♦ Collection Time:	
# Serum tubes	# Plasma tubes	Referring Lab: # of tubes sent	Samples shipped frozen <input type="checkbox"/>
Fasting information <input type="checkbox"/> No <input type="checkbox"/> Yes # of hours _____			
Biochemistry/Hematology		Calcium & Bone	
<input type="checkbox"/> CBC (incl. differential)	CBC	<input type="checkbox"/> Calcium	CA
<input type="checkbox"/> Sodium	NA	<input type="checkbox"/> Albumin	AL
<input type="checkbox"/> Potassium	K	<input type="checkbox"/> Ionized calcium	ICA
<input type="checkbox"/> Chloride	CL	<input type="checkbox"/> PTH	PTHY
<input type="checkbox"/> Osmolality	OS	<input type="checkbox"/> 25-hydroxy vitamin D	VD25
<input type="checkbox"/> ALT	ALTR	<input type="checkbox"/> Phosphate	P
<input type="checkbox"/> CK	CK	<input type="checkbox"/> Magnesium	MG
<input type="checkbox"/> Creatinine & eGFR (if >18y outpatient)	CR	<input type="checkbox"/> C-telopeptide/CTx (osteoporosis treatment)	CTX
<input type="checkbox"/> eGFR (order separately for inpatient only)	EGFR	<input type="checkbox"/> Bone Alkaline Phosphatase (bone turnover marker) ^a	MIS8
<input type="checkbox"/> Urea	U		
Thyroid		Adrenal	
<input type="checkbox"/> TSH with reflex	TSH	<input type="checkbox"/> Cortisol AM (7-9 am) ^b	COR
<input type="checkbox"/> Free T4	FT4	<input type="checkbox"/> Cortisol PM (3-5 pm) ^b	COR
<input type="checkbox"/> Free T3	FT3	<input type="checkbox"/> Cortisol Random	COR
<input type="checkbox"/> Anti-TPO Ab (Thyroperoxidase Ab)	TPO	<input type="checkbox"/> Cortisol for Dexamethasone Suppression Test (lab to add "post dexamethasone" comment)	COR
<input type="checkbox"/> TRAb (TSH Receptor Ab)	TRAB	<input type="checkbox"/> Late night salivary cortisol	SACO
<input type="checkbox"/> Thyroglobulin (+ anti-Tg)	THGL	No. of collection devices: 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Diabetes & Lipids		Reproductive, Fertility & Growth	
<input type="checkbox"/> Glucose (fasting, see [§] above)	G	<input type="checkbox"/> ACTH (collect/ transport on ice, <60 min)	ACTH
<input type="checkbox"/> Glucose (random)	G	<input type="checkbox"/> FSH	FSH
<input type="checkbox"/> HbA1C	GYHB	<input type="checkbox"/> LH	LH
<input type="checkbox"/> OGTT 75g – Non-Pregnancy, fasting [§]	GTT2	<input type="checkbox"/> DHEA-S	DHAS
<input type="checkbox"/> Lipid panel (see [§] above) (chol, TG, HDL-c, LDL-c, non-HDL-c)	LIPP	<input type="checkbox"/> Estradiol	E2
<input type="checkbox"/> ApoB	APB	<input type="checkbox"/> Progesterone	PGN
<input type="checkbox"/> Insulin	INS	<input type="checkbox"/> Prolactin (11 am – 5 pm preferred) ^c	PL
<input type="checkbox"/> C-peptide	CP	<input type="checkbox"/> 17-hydroxyprogesterone (LC-MS/MS)	OH17
<input type="checkbox"/> Anti-GAD 65 antibody	GADA	<input type="checkbox"/> Testosterone, Total (7-10 am recommended)	TST
<input type="checkbox"/> Anti-IA2 antibody	IA2	<input type="checkbox"/> Testosterone, Total, Bioavailable & Free (7-10 am, within 3 h of waking recommended)	FTST
<input type="checkbox"/> Anti-Insulin antibody	INAA	<input type="checkbox"/> Growth hormone	GH
Hypertension		<input type="checkbox"/> IGF-1	IGF1
<input type="checkbox"/> Aldosterone-Renin Ratio (ARR)	ARR	<input type="checkbox"/> hCG (quantitative)	HCGQ
<input type="checkbox"/> Aldosterone	ALDO		
<input type="checkbox"/> Renin	RENI		
		^a Bone ALP should <u>only</u> be used as a bone turnover marker (e.g. Paget's); not useful as osteoporosis marker. Assay shows 20% cross-reactivity with hepatic ALP. ^b When assessing isolated elevation of ALP, order ALP isoenzymes (ALP must be greater than 250 U/L in vitamin D replete patient with no recent bone fractures) Biochemistry Test Approval Form required. ^c Prolactin follows diurnal variation and levels are higher for the first four hours after waking. Most patients reach nadir levels by 11 am. Stress, exercise, medication (antihypertensive, antidepressant, antipsychotic, gastrointestinal), oral contraceptives, opioids, marijuana cause elevated prolactin.	