

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.

ORDERING PROVIDER INFORMATION		PATIENT INFORMATION		
*Last & Full First Name:		Billing Code:		
*Ordering Facility:		Inpatient Location:		
Address:		*Date of Birth (dd/mm/yyyy)		
Critical Results Phone Number:		*Sex: Female Male		
Physician Signature:		*PHIN:		
Phone No:		*Specify Province or DND if different		
COPY REPORT TO: (if info missing, report may not be sent)				
Last & Full First Name:		MRN:		
Facility Name/Address:		Encounter Number:		
Last & Full First Name:		Patient Phone #:		
Facility Name/Address:		Patient Address:		
Phone No:		Demographics verified with: <input type="checkbox"/> Prov. Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR		
COLLECTION INFORMATION (fields marked with ♦ required by person collecting sample)				
♦ Collector:		♦ Collection Date:		
♦ Collection Facility/Lab:		♦ Collection Time:		
# Serum vial(s) _____ # Plasma vials (p) _____		♦ Collected Via: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line		
Referring Lab: Number of tubes sent _____		Samples shipped frozen <input type="checkbox"/>		
No biotin >5mg/day 8 hours prior to collection				
Thyroid Testing		Other Endocrine Testing		
<input type="checkbox"/> Thyroid Reflex Testing (includes reflex testing if TSH abnormal) TSH	<input type="checkbox"/> ACTH (see LIM ¹ for collection & transport) ACTH	<input type="checkbox"/> Testosterone (AM recommended. Lab will add albumin for males over 17) TST		
<input type="checkbox"/> Free T4 FT4	<input type="checkbox"/> Cortisol ² <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Other COR	<input type="checkbox"/> Free Androgen Index FAI		
<input type="checkbox"/> Free T3 FT3	<input type="checkbox"/> Aldosterone ALDO	<input type="checkbox"/> DHEA-S DHAS		
<input type="checkbox"/> Thyroperoxidase Antibodies TPO	<input type="checkbox"/> Renin (Renin & aldosterone must be on same requisition for ratio) REN	<input type="checkbox"/> Prolactin PL		
<input type="checkbox"/> TSH Receptor Antibody TRAB	<input type="checkbox"/> Growth Hormone (for concurrent hypoglycemia) GH	<input type="checkbox"/> Follicle Stimulating Hormone FSH		
<input type="checkbox"/> Thyroglobulin (Anti-thyroglobulin automatically performed) THGL	<input type="checkbox"/> Insulin INS	<input type="checkbox"/> Luteinizing Hormone LH		
	<input type="checkbox"/> Creatinine CR	<input type="checkbox"/> Estradiol E2		
	<input type="checkbox"/> Calcium CA	<input type="checkbox"/> Progesterone PGN		
	<input type="checkbox"/> Parathyroid Hormone PTH	<input type="checkbox"/> 17-Hydroxyprogesterone PR17		
	<input type="checkbox"/> Hemoglobin A1C HBA1	<input type="checkbox"/> HCG (Quantitative) HCGQ		
Orderable by Endocrinologist or Authorized users only				
Special Thyroid Testing Referral (serum & plasma)	Thyroid Clinical Information Must Complete for Special Thyroid Testing Referral	Steroid Testing Referral		
<input type="checkbox"/> Investigate Atypical Thyroid Test Results - Alternative TSH & FT4 - Free T4 by Equilibrium Dialysis MIS8	<input type="checkbox"/> Hypothyroid <input type="checkbox"/> Euthyroid <input type="checkbox"/> Hyperthyroid <input type="checkbox"/> Autoimmune disease <input type="checkbox"/> Goiter <input type="checkbox"/> Non-thyroidal illness <input type="checkbox"/> Thyroxine replacement therapy <input type="checkbox"/> Thyroid cancer <input type="checkbox"/> Thyroid cancer suppression <input type="checkbox"/> Thyroid hormone resistance <input type="checkbox"/> Malabsorption <input type="checkbox"/> Suspect analytical interference <input type="checkbox"/> Thyroiditis <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Testosterone Total, Free, Bioavail. MIS8		
<input type="checkbox"/> Alternative TSH method MIS8		<input type="checkbox"/> Testosterone Total & Free - LC-MS/MS, equilibrium dialysis, precipit. MIS8		
<input type="checkbox"/> Alternative FT4 method MIS8		<input type="checkbox"/> Cortisol LC-MS/MS - Immunoassay not consistent with clinical picture MIS8		
<input type="checkbox"/> Free T4 by Equilibrium Dialysis - Used when abnormal binding proteins present MIS8		<input type="checkbox"/> CAH Comprehensive Profile (6) MIS8		
<input type="checkbox"/> Thyroglobulin Mass Spectrometry - Follow Up test when Anti-thyroglobulin present MIS8		<input type="checkbox"/> Androstenedione ANSD		
<input type="checkbox"/> Thyroid Stimulating Immunoglobulin - Bioassay if TSH Receptor Ab inconclusive MIS8		Diabetes & Growth Testing Referral		
		<input type="checkbox"/> Insulin Antibodies INAA		
		<input type="checkbox"/> Glutamic Acid Decarboxylase Ab. GADA		
		<input type="checkbox"/> Islet Antigen 2 (IA-2) Antibody IA2		
		<input type="checkbox"/> C-Peptide CP		
		<input type="checkbox"/> Insulin-Like Growth Factor 1 SOMA		
		Other Tests		
		<input type="checkbox"/> Other Tests (specify):		
Lab Use Only <input type="checkbox"/> Physician Verified		Lab Tech signature: _____		

¹ Complete collection information can be found in the Lab Information Manual (LIM) at <https://apps.sbgh.mb.ca/labmanual/test/findTestPrepare>