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		
*Last & Full First Name:		Billing Code:
Inpatient Location:	*Critical Results Ph #:	
*Facility Name/ Address		
Ph #:	Fax #:	
Copy Report To *(if info missing, report may not be sent)*:		
Last & Full First Name:	Ph #:	Fax #:
Facility Name/ Address:		
Last & Full First Name:	Ph #:	Fax #:
Facility Name/ Address:		

Patient Information *(print or use addressograph)*
*Last/First Name: (per Health Card)

* Date of Birth (dd/mm/yyyy)
*Sex: □ Female □ Male

*PHIN: Specify Province or DND if different
MRN:
Encounter #:
Patient Ph #:

Patient Address:

Demographics verified via:
❑ Health Card ❑ Armband ❑eChart/CR ❑Other

Patient Preparation Instructions *(to be completed by ordering physician)*

§Fast ❑ 8-12h ❑ Alternate time _____h ❑ No *(if not checked, assume non-fasting specimen)*

Collection Information (fields marked with ♦ required by person collecting sample)

♦Collection: ❑ Venipuncture ❑ Capillary ❑ Indwelling Line	♦ Collector:	♦ Collection Date:
	♦ Collection Facility/Lab:	♦ Collection Time:
# Serum tubes _____ # Plasma tubes _____	Referring Lab: # of tubes sent _____	Samples shipped frozen ❑

Fasting information ❑ **No** ❑ **Yes** **# of hours**_____

Biochemistry/Hematology		**Calcium & Bone**		**Miscellaneous**	
❑ CBC *(incl. differential)*	CBC	❑ Calcium	CA	❑ Special Investigations	MIS8
❑ Sodium	NA	❑ Albumin	AL	❑*Serum, no gel* *No. of tubes* 1❑ 2❑ 3❑	
❑ Potassium	K	❑ Ionized calcium	ICA	❑*SST* 1❑ 2❑ 3❑	
❑ Chloride	CL	❑ PTH	PTHY	❑*LiHep* 1❑ 2❑ 3❑	
❑ Osmolality	OS	❑ 25-hydroxy vitamin D	VD25	❑ *EDTA* 1❑ 2❑ 3❑	
❑ ALT	ALTR	❑ Phosphate	P	*Collect on ice?* Yes❑ No❑	
❑ CK	CK	❑ Magnesium	MG	❑ 1,25-dihydroxy Vitamin D	D125
❑ Creatinine & eGFR *(if >18y outpatient)*	CR	❑ C-telopeptide/CTx *(osteoporosis treatment)*	CTX	❑ Macroprolactin [c]	MPLH
❑ eGFR *(order separately for inpatient only)*	EGFR	❑ Bone Alkaline Phosphatase *(bone turnover marker)* [a]	MIS8	**Other tests:**	
❑ Urea	U				

Thyroid		**Adrenal**	
❑ TSH with reflex	TSH	❑ Cortisol AM *(7-9 am)* [b]	COR
❑ Free T4	FT4	❑ Cortisol PM *(3-5 pm)* [b]	COR
❑ Free T3	FT3	❑ Cortisol Random	COR
❑ Anti-TPO Ab *(Thyroperoxidase Ab)*	TPO	❑ Cortisol for Dexamethasone Suppression Test (*lab to add "post dexamethasone" comment)*	COR
❑ TRAb *(TSH Receptor Ab)*	TRAB		
❑ Thyroglobulin *(+ anti-Tg)*	THGL	❑ Late night salivary cortisol *No. of collection devices:* 2❑ 3❑	SACO
Diabetes & Lipids		❑ ACTH ***(collect/ transport on ice,<60 min)***	ACTH
❑ Glucose (fasting, *see § above*)	G	**Reproductive, Fertility & Growth**	
❑ Glucose (random)	G	❑ FSH	FSH
❑ HbA1C	GYHB	❑ LH	LH
❑ OGTT 75g – Non-Pregnancy, fasting§	GTT2	❑ DHEA-S	DHAS
❑ Lipid panel (*see § above*) *(chol, TG, HDL-c, LDL-c, non-HDL-c)*	LIPP	❑ Estradiol	E2
❑ ApoB	APB	❑ Progesterone	PGN
❑ Insulin	INS	❑ Prolactin *(11 am – 5 pm preferred)*[c]	PL
❑ C-peptide	CP	❑ 17-hydroxyprogesterone *(LC-MS/MS)*	OH17
❑ Anti-GAD 65 antibody	GADA	❑ Testosterone, Total *(7-10 am recommended)*	TST
❑ Anti-IA2 antibody	IA2	❑ Testosterone, Total, Bioavailable & Free *(7-10 am, within 3 h of waking recommended)*	FTST
❑ Anti-Insulin antibody	INAA		
Hypertension		❑ Growth hormone	GH
❑ Aldosterone-Renin Ratio (ARR)	ARR	❑ IGF-1	IGF1
❑ Aldosterone	ALDO	❑ hCG *(quantitative)*	HCGQ
❑ Renin	RENI		

[a] *Bone ALP should only be used as a bone turnover marker (e.g. Paget's); not useful as osteoporosis marker. Assay shows 20% cross-reactivity with hepatic ALP.*
- *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.*

[b] *If collected outside indicated time, do NOT reject specimen, report as random cortisol.*

[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.*