DIAGNOSTIC SERVICES MANITOBA | SERVICES DIAGNOSTIC MANITOBA

Health Sciences Centre Winnipeg

Hôpital St-Boniface Hospital

LOCATION:
WARD

PATIENT NAME:
LAST, FIRST

DATE OF BIRTH:
DD/MMM/YYYY

SEX F☐ M☐

FACILITY MRN:

MB PHIN:
(Specify province if different)

PHYSICIAN: (PRINT)
LAST, FIRST

ORDERING PROFESSIONAL:
(If different from physician)

COLLECTION TIME & DATE:
Hr / Min Day / Month / Year

____/____ _____/_____/_____

COLLECTED BY:

NAME, INITIALS _____ _____

BIOCHEMISTRY TEST REQUISITION

Test Code to be registered: GRHM

GnRH STIMULATION MALE

	0 Min	15 Min	30 Min	60 Min
TESTOSTERONE		----------	----------	----------
FSH				
LH				

Lab Staff: Enter results on worksheet GRHM