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: SLP

GROWTH HORMONE SLEEP STUDY

	0 h	0.5h	1.0h	1.5h	2.0h	2.5h	3.0h	3.5h	4.0h	4.5h	5.0h	5.5h	6.0h
GH													

HSC Lab Staff: Print SGHH worksheet for GH Send-Out.
Report GH results on worksheet GHS6.

SBH Lab Staff: Print SGHB worksheet for GH Send-Out.
Report GH results on worksheet GHS6.