

BIOCHEMISTRY DEPARTMENT

As per DSM Specimen Acceptance Policy 10-50-03 - Requirements for Test Requisitions 2.1 -

All information marked with an asterisk* is mandatory and must be clearly legible. Failure to comply may result in specimen rejection.

ORDERING PROVIDER INFORMATION		PATIENT INFORMATION	
*Last & Full First Name:		Billing Code:	*Last/First Name: (As per Manitoba Health Card)
*Ordering Facility and address:		Inpatient Location:	*Date of Birth: (dd/mm/yyyy):
*Critical Results Phone No:	*Fax No:	*SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION - #1			
*Last & Full First Name:		Billing Code:	*MB PHIN:
*Ordering Facility and address:		*Alternate ID: (include ID type with number ie: RCMP, SK, DND, etc)	
*Phone No:	*Fax No:	MRN:	Encounter Number:
		*Patient Phone No: Demographics verified with: <input type="checkbox"/> Provincial Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR	

ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION - #2		COLLECTION INFORMATION	
*Last & Full First Name:		Billing Code:	*Collector:
*Ordering Facility and address:		*Collector D/T: (dd/mm/yyyy)	*Collector Facility:
*Phone No:	*Fax No:	*Circle for copy of report YES	
		Collected Via: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line <input type="checkbox"/> Above Shut Off IV	
		Referring Lab: Number of tubes sent: _____ Circle if samples shipped frozen	
		EDTA <input type="checkbox"/> SST(gel) <input type="checkbox"/> Serum (no gel) <input type="checkbox"/> Citrate <input type="checkbox"/> Urine <input type="checkbox"/>	

AVAILABLE STAT	AVAILABLE STAT ONLY AFTER PHYSICIAN HAS CONSULTED THE BIOCHEMIST ON CALL	
URINALYSIS	AMNIOTIC FLUID	URINE
COMPLETE SCREEN UR <small>INCLUDES: MICROSCOPIC SCREEN IF POSITIVE FOR PROTEIN, BLOOD OR LEUKOCYTE ESTERASE</small>	LUNG PROFILE (FETAL LUNG MATURITY) LP INSULIN AMN FLD INAF	COPPER (Random or 24h) COPU (SPECIAL COLLECTION)
MICROSCOPIC SCREEN UR2	DRUG SCREEN	CORTISOL (FREE) (24h) CORU
DYSMORPHIC RBC DRBC <small>AVAILABLE (0800-1500) MUST BE ANALYZED WITHIN 1 HR OF COLLECTION</small>	SEE DRUG SCREEN REQUISITION	HEMOSIDERIN (Random) HSID
SPINAL FLUID	SPINAL FLUID	17-KETOSTEROIDS (24h) KS
PROTEIN PC	PROTEIN ELECTROPHORESIS SFPE	METABOLIC SCREEN (Random) METU
GLUCOSE GLC	OLIGOCLONAL BANDS (Blood Specimen also required)	REDUCING SUBSTANCES (Random) URS
	FLUID	UROBILINOGEN (24h) UBGQ
URINE	INDICATE FLUID SOURCE: <input type="checkbox"/> ASCITES <input type="checkbox"/> DIALYSIS <input type="checkbox"/> PERICARDIAL <input type="checkbox"/> SPINAL <input type="checkbox"/> PERITONEAL <input type="checkbox"/> PLEURAL <input type="checkbox"/> SYNOVIAL <input type="checkbox"/> OTHER _____	*** THESE TESTS REQUIRE PRESERVATIVE WHICH IS OBTAINED FROM BIOCHEMISTRY.
SODIUM (Random or 24h) NAU	COLLECTION DETAILS: _____	VMA, CATECHOLAMINE PERFORMED IF METANEPHRINES ELEVATED
POTASSIUM (Random or 24h) KU	TRANSUDATE / EXUDATE EVALUATION:	METANEPHRINES*** (24h) MNPH
CHLORIDE (Random or 24h) CLU	BLOOD MUST BE COLLECTED WITHIN 12 H OF FLUID COLLECTION	VMA*** (24h or Timed) VMA
CREATININE (Random or 24h) CRU	<input type="checkbox"/> PLEURAL FLUID EVALUATION: On Blood Order LD & Total Protein	HOMOVANILLIC ACID*** (24h or Timed) HVA
OSMOLALITY (Random or 24h) OSU	<input type="checkbox"/> PERITONEAL FLUID EVALUATION: On Blood Order Albumin & Total Protein	5HIAA*** (24h) HIAA
AVAILABLE STAT ONLY AFTER PHYSICIAN HAS CONSULTED THE BIOCHEMIST ON CALL	PLEURAL FLUID EVALUATION TPFL	CITRATE*** (24h) CITU
<input type="checkbox"/> CREATININE CLEARANCE CRCL	PERITONEAL FLUID EVALUATION TPFL	OXALATE*** (24h) OXU
THIS TEST WILL ONLY BE DONE IF HEIGHT AND WEIGHT INFORMATION IS COMPLETED	SODIUM / POTASSIUM / CHLORIDE NAFL/KFL/CLFL	PORPHYRINS*** (Random or 24h) POR
HEIGHT CM WEIGHT KG	ALBUMIN ALFL	PORPHOBILINOGEN*** (Random or 24h) PBG
BLOOD MUST BE COLLECTED WITHIN 24 HRS OF URINE COLLECTION	BICARBONATE COFL	
PROTEIN (Random or 24h) TPU	BILIRUBIN BFL	FECAL
ALBUMIN (Random or 24h) UALB	CREATININE CRFL	REDUCING SUBSTANCES RSF
CALCIUM (24h) CAU	GLUCOSE GFL	OCCULT BLOOD OB
PHOSPHATE (24h) POU	LD LDFL	72 HOUR FECAL FAT FF
UREA (24h) UU	LIPASE LPFL	START: _____
URIC ACID (24h) UAU	SPECIFIC GRAVITY SGFL	FINISH: _____
	TOTAL PROTEIN TPFL	
	UREA UFL	CALCULI
MISCELLANEOUS	URIC ACID UAFL	CALCULI CALI
FETAL FIBRONECTIN (ATTACH STICKER TO REQUISITION) FFN	OTHER: _____ MSFL	SOURCE: IE. BLADDER, RENAL

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EDTA _____ SST(gel) _____ Serum (no gel) _____ Citrate _____ Urine _____					

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				OTHER DRUGS		HORMONES	
SODIUM	NA	IONIZED CALCIUM**	ICA			SHBG	SHBG
POTASSIUM	K	AMMONIA**	AMM		N-DESMETHYLMETHSUXIMIDE*	DHEA-S	DHAS
CHLORIDE	CL	L-LACTATE**	LAC		DMSX	FAI	TST+SHBG
TOTAL CO2	CO2				ETHOSUXIMIDE* ESUX		
		β-HYDROXYBUTYRATE	BHB		PRIMIDONE* PRIM	FREE T3	FT3
GLUCOSE	G				CLONAZEPAM* CLON	FREE T4	FT4
UREA	U	GENTAMICIN*	GENT		CLOBAZAM* CLOB	TSH	TSH
CREATININE	CR	CARBAMAZEPINE*	CARB		CYCLOSPORIN* CY	THYROGLOBULIN	THGL
		PHENOBARBITAL*	PHEN		TACROLIMUS* FK5	TSH RECEPTOR ANTIBODY	TSI
TOTAL PROTEIN	TP	PHENYTOIN*	PYN		AMIODARONE* & NEA AMIO		
ALBUMIN	AL	VALPROIC ACID*	VALP		DISOPYRAMIDE* DISO	THYPEROXIDASE ANTIBODIES (ANTI-TPO)	TPO
TOTAL CALCIUM	CA				LIDOCAINE* LIDO		
PHOSPHATE	P	THEOPHYLLINE*	TEO		MEXILETINE* MXLT	ANTI - TG	ATHG
MAGNESIUM	MG	DIGOXIN*	DIG		PROCAINAMIDE* PROC	PTH**	PTH
					QUINIDINE* QUIN	GROWTH HORMONE	GH
				MISCELLANEOUS			
TOTAL BILIRUBIN	TB	LITHIUM*	LI		TOBRAMYCIN* TOBR	ALDOSTERONE	ALDO
DIRECT BILIRUBIN	DB				VANCOMYCIN* VANC	RENIN**	REN
NEONATAL BILRUBIN INDEX	TBI	CARBOXYHEMOGLOBIN	CBHB			CHOLESTEROL	CH
URIC ACID	UA					TRIGLYCERIDES	TG
LIPASE	LIP				AMITRIPTYLINE* AMTP	LIPID PANEL [CH, TG, HDL, LDL]	LIPP
AST	AST	AVAILABLE STAT TO EMERGENCY / CRITICAL CARE UNITS			CLOMIPRAMINE* CLOM	PREALBUMIN	PALB
ALT	ALT				DESIPRAMINE* DSIP	HOMOCYSTEINE	HCQ
LD	LD				DOXEPIN* DOX	FERRITIN	FER
CK	CK				IMIPRAMINE* IMIP	IRON	IRON
TROPONIN	TNT	ALCOHOL SCREEN ALC (INCLUDES: METHANOL, ACETONE, ETHANOL & ISOPROPANOL)			MAPROTILINE* MAP	TIBC	TIBC
ONSET OF SYMPTOMS	ONST				NORTRIPTYLINE* NRTP	METABOLIC SCREEN	METS
TIME: _____ DATE: _____ D / M / Y					TRIMIPRAMINE* TRIM	Time of Last Feed: _____	
		ETHYLENE GLYCOL EGOL			CLOZAPINE CLOZ	α-1-ANTITRYPSIN	AIAT
						α-FETOPROTEIN	AFP
				TRACE METALS			
ALK	ALK	COPPER**	COP	HORMONES		CA125	CA1
γGT	GGT	ZINC**	ZN			CA15-3	CA15
					ACTH** ACTH	CA19-9	CA19
					CORTISOL COR	β-2-MICROGLOBULIN	BZM
					ESTRADIOL E2	CARCINOEMBRYONIC ANTIGEN	CEA
					FSH FSH	CAROTENE** CARO	
OSMOLALITY	OS				LH LH	CERULOPLASMIN** CERU	
ETHANOL	ETO				PROGESTERONE PGN	HEMOGLOBIN A1C	HBA1
SALICYLATE	SAL				PROLACTIN PL	VITAMIN B12	B12
ACETAMINOPHEN	ACTM				PROSTATE SPEC. ANTIGEN PRSA	XYLOSE ABSORPTION	XTT
					TESTOSTERONE TST	GESTATIONAL DIABETES SCR	GT50
BHCG QUANTITATIVE	HCGQ					GLUCOSE TOLERANCE TEST	
						<input type="checkbox"/> PREGNANT <input type="checkbox"/> 2 HR	