## 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.



Health

## **MANITOBA**

WARD PATIENT NAME:

LOCATION:

DATE OF BIRTH: DD/MMM/YYYY

SEX F□ M□

Centre	FACILITY MRN:			
Winnipeg	MB PHIN: (Specify province if different)			
	PHYSICIAN: (PRINT) LAST, FIRST			
Hôpital St-Boniface Hospital	ORDERING PROFESSIONA (If different from physician)	L:		
	COLLECTION TIME &	DATE:  Day / Month / Year		
	/			
	COLLECTED BY:			
	NAME, INITIALS			
BIOCHEMISTRY TEST REQU	JISITION			
Test Code to be registered:	INST			
			=	

## **INSULIN STIMULATION**

	0 Min	15 Min	30 Min	45 Min	60 Min	90 Min	120 Min
GLUCOSE							
CORTISOL							
GH							

HSC Lab Staff: Enter results on worksheet INST.

> Print SGHH worksheet for GH Send-Out. Report GH results on worksheet GHS1.

SBH Lab Staff: Enter results on worksheets GS1, INST.

> Print SGHB worksheet for GH Send-Out. Report GH results on worksheet GHS1.