

Hospital Biochemistry / Hematology Requisition

for hospital patients outside Winnipeg and Brandon

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		Patient Information (print or use addressograph)	
*Last & Full First Name:		Billing Code:	*Last/First Name: (per Health Card)
Inpatient Location:	*Critical Results Ph #:	* Date of Birth (dd/mm/yyyy)	
*Facility Name/ Address		*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Ph #:	Fax #:	*PHIN: Specify Province or DND if different	
Copy Report To (if info missing, report may not be sent):			
Last & Full First Name:	Ph #:	Fax #:	MRN:
Facility Name/ Address:		Encounter #:	
Last & Full First Name:		Patient Ph #:	
Facility Name/ Address:		Patient Address:	
Last & Full First Name:		Demographics verified via:	
Facility Name/ Address:		<input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other	
Collection Information (fields marked with ♦ required by person collecting sample)			
♦Collection: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line		♦ Collector:	♦ Collection Date:
<input type="checkbox"/> Arterial Puncture		♦ Collection Facility/Lab:	♦ Collection Time:
# Serum tubes _____	# Plasma tubes _____	Referring Lab: # of tubes sent _____	Samples shipped frozen <input type="checkbox"/>
Biochemistry			
<input type="checkbox"/> Sodium NAR/ NA	<input type="checkbox"/> Creatine Kinase CK	<input type="checkbox"/> Osmolality OS	
<input type="checkbox"/> Potassium KR/ K	<input type="checkbox"/> Total Protein TP	<input type="checkbox"/> Osmolality (Calculated) OSCA	
<input type="checkbox"/> Chloride CLR/ CL	<input type="checkbox"/> Albumin AL	<input type="checkbox"/> Ethanol ETO	
<input type="checkbox"/> Total CO2 CO2	<input type="checkbox"/> Prealbumin PALB	<input type="checkbox"/> Lipase LIPA/ LIP	
<input type="checkbox"/> Glucose G	<input type="checkbox"/> Troponin (method based on site) HTNT/TWIB	<input type="checkbox"/> Uric Acid UA	
<input type="checkbox"/> Urea U	<input type="checkbox"/> Bilirubin, Total TB	<input type="checkbox"/> Myoglobin SMYO	
<input type="checkbox"/> Creatinine CR	<input type="checkbox"/> Bilirubin, Direct DB	<input type="checkbox"/> Hemoglobin A1c GYHB	
<input type="checkbox"/> eGFR eGFR	<input type="checkbox"/> Y-Glutamyl Transferase GGT	<input type="checkbox"/> Haptoglobin HPT	
<input type="checkbox"/> Calcium CA	<input type="checkbox"/> Lactate Dehydrogenase LDH/ LD	<input type="checkbox"/> C-Reactive Protein CRP/ RCRP	
<input type="checkbox"/> Phosphate P	<input type="checkbox"/> Alanine Transaminase ALTR/ ALT	<input type="checkbox"/> Ionized Calcium ICA	
<input type="checkbox"/> Magnesium MG	<input type="checkbox"/> Alkaline Phosphatase ALKP/ ALK	<input type="checkbox"/> Ammonia (send on ice) AMM	
<input type="checkbox"/> Lipid Panel LIPP	<input type="checkbox"/> Iron IROR/ IRON	<input type="checkbox"/> Beta-Hydroxybutyrate BHB	
<input type="checkbox"/> Cholesterol only CH	<input type="checkbox"/> TIBC IBCR/ TIBC	<input type="checkbox"/> HCG Quantitative HCGQ	
<input type="checkbox"/> Triglycerides only TG	<input type="checkbox"/> Ferritin FER	<input type="checkbox"/> HCG Qualitative HCGS	
Drug Levels - Toxic Exposure/ Overdose			
<input type="checkbox"/> Acetaminophen ACTM	<input type="checkbox"/> Carboxyhemoglobin (sent to SBGH/ TGH) CBHB	<input type="checkbox"/> Salicylate SAL	
Thompson only: <input type="checkbox"/> Methemoglobin MHB			
Therapeutic Drug Monitoring (complete dose/time info below)			
<input type="checkbox"/> Carbamazepine CARB	<input type="checkbox"/> Cyclosporine CY	<input type="checkbox"/> Digoxin DIG	
<input type="checkbox"/> Gentamicin GENT	<input type="checkbox"/> Lithium LI	<input type="checkbox"/> Methotrexate MTX	
<input type="checkbox"/> Mycophenolic acid MYPA	<input type="checkbox"/> Phenobarbital PHEN	<input type="checkbox"/> Tacrolimus – FK506 FK5	
<input type="checkbox"/> Phenytoin (Dilantin) PYN	<input type="checkbox"/> Sirolimus SIRO	<input type="checkbox"/> Vancomycin VANC	
<input type="checkbox"/> Tobramycin TOBR	<input type="checkbox"/> Valproic acid VALP		
Dose info: Last dose date/time: _____ Next dose date/time: _____			
Blood Gases includes pH, PCO₂, PO₂, and lactate (Thompson only: includes pH, PCO₂, PO₂, TCO₂, HCO₃, BE, SO₂)			
<input type="checkbox"/> Arterial Blood Gas AGAS	<input type="checkbox"/> Venous Blood Gas VGAS	<input type="checkbox"/> Capillary Blood Gas CGAS	
<input type="checkbox"/> Mixed Blood Gas (from a line) MGAS	<input type="checkbox"/> Umbilical Arterial Blood Gas UAGS	<input type="checkbox"/> Umbilical Venous Blood Gas UVGS	
Hematology			
<input type="checkbox"/> CBC (incl. differential) CBC	<input type="checkbox"/> Reticulocyte count RETA	<input type="checkbox"/> Reticulocyte hemoglobin RETA	
<input type="checkbox"/> PT/INR IINR or PT	Is patient on anticoagulant: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify):		
<input type="checkbox"/> D Dimer DDIM	<input type="checkbox"/> Erythrocyte Sedimentation Rate ESR	(Cannot be ordered with CRP unless approved)	
<input type="checkbox"/> Sickie Cell Screen HSS	<input type="checkbox"/> Lupus Inhibitor LUPS	<input type="checkbox"/> Basic DIC Screen (PT/PTT/FIB/DDIMER/CBC) BASD	
<input type="checkbox"/> Fibrinogen CFIB	<input type="checkbox"/> aPTT (* <u>must</u> indicate condition) APTT	Recommend clinical hematology consult for unexplained bleeding	
<input type="checkbox"/> Infectious Mononucleosis MS	<input type="checkbox"/> Unfractionated Heparin <input type="checkbox"/> Liver Transplant		
<input type="checkbox"/> Malaria** (does not detect the presence of other blood parasites; if suspected, check the "Other blood parasites" box) MAL	** For Malaria and other non-malarial blood parasites, complete the following: When: _____ Where: _____		
<input type="checkbox"/> Other blood parasites** BPNM	Fever? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Biochemistry/Hematology Tests:			

Consult local on-site test menu, some tests may be referred to another site