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.

Hospital Biochemistry / Hematology Requisition

Outside Winnipeg and Brandon Hospitals

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

*Last & Full First Name: | Billing Code:

Inpatient Location: | *Critical Results Ph #:

*Facility Name/ Address

Ph #: | Fax #:

Copy Report To *(if info missing, report may not be sent)*:

Last & Full First Name: | Ph #: | Fax #:

Facility Name/ Address:

Last & Full First Name: | Ph #: | Fax #:

Facility Name/ Address:

Patient Information *(print or use addressograph)*

*Last/First Name: (per Health Card)

* Date of Birth (dd/mm/yyyy)

*Sex: □ Female □ Male

*PHIN: Specify Province or DND if different

MRN:

Encounter #:

Patient Ph #:

Patient Address:

Demographics verified via:
❑ Health Card ❑ Armband ❑eChart/CR ❑Other

Patient Preparation Instruction *(to be completed by ordering physician)*

§Fast *(nothing to eat, drink or chew) for:* ❑ 8-12h ❑ Alternate time _____h ❑ Fasting not required *(if not checked, assume fasting not required)*

Collection Information (fields marked with ♦ required by person collecting sample)

♦Collection:
❑ Venipuncture ❑ Capillary ❑ Indwelling Line ❑ Arterial Puncture

♦ Collector: | ♦ Collection Date:

♦ Collection Facility/Lab: | ♦ Collection Time:

Serum tubes _____ # Plasma tubes _____

Referring Lab: # of tubes sent _____ Samples shipped frozen ❑

Fasting information ❑ **No** ❑ **Yes** **# of hours**_____

Biochemistry

❑	Sodium	NA/NAR	❑	C-Reactive Protein	RCRP/CRP
❑	Potassium	K/KR	❑	Creatine Kinase	CK
❑	Chloride	CL/CLR	❑	Ferritin	FER
❑	Total CO2/Bicarbonate	CO2	❑	HCG Quantitative	HCGQ
❑	Glucose§	G	❑	HCG Qualitative (if HCGQ unavailable)	HCGS
❑	Creatinine	CR	❑	Hemoglobin A1c	GYHB
❑	eGFR	EGFR	❑	Lactate	LAC
❑	Urea	U	❑	Lactate Dehydrogenase	LD/LDH
❑	Calcium	CA	❑	Lipase	LIP/LIPA
❑	Total Protein	TP	❑	Lipid Panel§	LIPP
❑	Albumin	AL	❑	Triglycerides Only §	TG
❑	Bilirubin, Total	TB	❑	Magnesium	MG
❑	Alanine Transaminase	ALTR	❑	Osmolality	OS
❑	Y-Glutamyl Transferase	GGT	❑	Osmolality *(Calculated)*	OSCA
❑	Alkaline Phosphatase	ALK/ALKP	❑	Phosphate	P
	Blood Gases (pH, HCO_3, PCO_2, PO_2, and lactate)		❑	Troponin *(method based on site)*	HTNT/TIWB
❑	Arterial Blood Gas	AGAS	❑	Uric Acid	UA
❑	Venous Blood Gas	VGAS	❑	%TSAT *(incl. iron, TIBC)* §	IRON/IROR
❑	Capillary Blood Gas	CGAS			
❑	Mixed Blood Gas *(from a line)*	MGAS			
❑	Umbilical Arterial Blood Gas	UAGS			
❑	Umbilical Venous Blood Gas	UVGS			

Therapeutic Drug Monitoring

❑	Carbamazepine	CARB
❑	Cyclosporine	CY
❑	Digoxin	DIG
❑	Gentamicin	GENT
❑	Lithium	LI
❑	Methotrexate	MTX
❑	Mycophenolic acid	MYPA
❑	Phenobarbital	PHEN
❑	Phenytoin	PYN
❑	Sirolimus	SIRO
❑	Tacrolimus	FK5
❑	Tobramycin	TOBR
❑	Valproic acid	VALP
❑	Vancomycin (Trough)	VANC

TDM Dose info *(must be completed)*:
Last dose date/time:
Next dose date/time:

Toxic Exposure

❑	Ethanol	ETO
❑	Acetaminophen	ACTM
❑	Salicylate	SAL
❑	Ethylene Glycol ***(Sent to SBH)***	EGOL
❑	Volatile Screen ***(Sent to SBH)*** *(incl. Ethanol, Methanol, Isopropanol and Acetone)*	ALC

Hematology

❑	CBC *(incl. differential)*	CBC	❑	Basic DIC Screen *(PT/PTT/FIB/DDIMER/CBC)*	BASD
❑	Reticulocyte count	RETA	❑	Sickle Cell Screen	HSS
❑	Reticulocyte hemoglobin	RETA	❑	Erythrocyte Sedimentation Rate *(Cannot be ordered with CRP unless approved)*	ESR
❑	HemoCue WBC	IWBC			
❑	HemoCue HGB	IHGB	❑	Lupus Inhibitor	LUPS
❑	PT/INR	PT/ IINR	❑	Fibrinogen	CFIB
	Is patient on anticoagulant: ❑No ❑ Yes *(specify)*:		❑	Infectious Mononucleosis	MS
❑	D Dimer	DDIM	❑	Malaria*** *(does not detect other blood micro-organisms; if suspected, check below)*	MAL
❑	aPTT *(**__must__ indicate condition)*	APTT	❑	Other blood parasites***	BPNM
	❑ Unfractionated Heparin ❑ Liver Transplant ❑Cord blood ❑Other, *please specify*:				
	Recommend hematology consult for unexplained bleeding				

*** For Malaria and other non-malarial blood parasites, complete the following: **Fever?** ❑Yes ❑ No
Recent travel history required: When: Where:

Urinalysis

❑	Urinalysis (dipstick only)	UR
❑	Urine Pregnancy Test	PREG

Other Biochemistry/Hematology Tests