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.

# Urine Chemistry Testing Requisition

LAB USE ONLY
BARCODE PLACEMENT

**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/Facility Name/Address: | | |
| Ph # | | |
| *Critical Results Ph #: | Fax #: | |
| **Copy Report To** *(if info missing, report may not be sent)*: | | Ph #: |
| 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 #:

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

**Collection Information** *(fields marked with ♦ required)*

| **Random Sample** | | **24 Hour Sample** | |
|---|---|---|---|
| ♦ Collected by: | ♦ Collection Date: | 24 Hour Volume: | Collection Facility/Lab: |
| ♦ Collection Facility/Lab: | ♦ Time: | Start Collection Date: | End Collection Date: |
| | | Start Collection Time: | End Collection Time: |

Number of tubes/containers sent: Tubes _____ Containers _____ Other _____ Check if samples shipped frozen ❑

Urine specimen code for registration of urinalysis specimens (To be completed by Lab staff): ❑ UA ❑ UF ❑ UP

## Urinalysis

| | | |
|---|---|---|
| ❑ | Urine Dipstick only | UR |
| ❑ | Renal Workup | UR + URR |

*Microscopic examination done only if the dipstick is positive for protein, blood or leukocyte esterase.*

***NOTE:** Urine should be delivered to lab within 1 hour from collection unless it is (i) transferred to urine preservative tube or (ii) refrigerated and delivered on ice. Microscopy can not be done on urine that is refrigerated and delivered on ice.*

## Creatinine Clearance

❑ Creatinine Clearance CRCL

*Required to perform test:*

Height _____cm Weight _____kg

*Blood sample must be collected within 24 hours of urine collection. Creatinine must be ordered on serum/plasma requisition*

## Renal Calculi

*Analysis of air dried stones or fragments*
*(stones in formalin or surgical gel unsuitable for testing)*

❑ Calculi CALI

Record source (*i.e. bladder, kidney, passed):*

## Patient History:

## RANDOM Urine Chemistry

**No additive required**

| | | |
|---|---|---|
| ❑ | Albumin[1] | UALB |
| ❑ | Protein, Total[1] | TPU |
| ❑ | Sodium | NAU |
| ❑ | Potassium | KU |
| ❑ | Chloride | CLU |
| ❑ | Urea | UU |
| ❑ | Creatinine | CRU |
| ❑ | Osmolality | OSU |
| ❑ | Citrate [1] | CITU |
| ❑ | Metanephrines[1,5,6] | MNPH |
| ❑ | Homovanillic Acid[1,5,6] | HVA |
| ❑ | Vanillylmandelic Acid[1,5,6] | VMA |
| ❑ | 5-Hydroxyindoleacetic Acid[1,5,6] | HIAA |
| ❑ | Aminolevulinic Acid [1,3] | ALAU |
| ❑ | Porphobilinogen[1,3] | PBG |
| ❑ | HCG (qualitative) [4] | PREG |

**Addition of acid (6M HCL) required by lab**

| | | |
|---|---|---|
| ❑ | Calcium[1] | CAU |
| ❑ | Phosphate | POU |
| ❑ | Oxalate[1] | OXU |

**Addition of Base (1M NaOH) required by lab**

| | | |
|---|---|---|
| ❑ | Uric Acid[1] | UAU |

*Available ONLY to Physicians from Pediatric Endocrinology, Genetics, Nephrology and Urology (as per LIM)*

*[1] Reported as ratio to Creatinine*
*[2] Acid pH adjustment acceptable, but not required*
*[3] No additive required; wrap in aluminum foil*
*[4] Not performed on site at SBH*
*[5] Available on random or 24h urine collection*
*[6] Specimen with pH≤2 to be rejected*

## 24 HOUR Urine Chemistry

*(**No additive** required in collection container)*

**These tests can often be performed on a single 24-hour collection. See notes**

| | | |
|---|---|---|
| ❑ | Albumin | UALB |
| ❑ | Protein, Total | TPU |
| ❑ | Sodium | NAU |
| ❑ | Potassium | KU |
| ❑ | Chloride | CLU |
| ❑ | Urea | UU |
| ❑ | Creatinine | CRU |
| ❑ | Osmolality | OSU |
| ❑ | Cortisol | CORU |
| ❑ | Metanephrines[1,5,6] | MNPH |
| ❑ | Homovanillic Acid[1,5,6] | HVA |
| ❑ | Vanillylmandelic Acid[1,5,6] | VMA |
| ❑ | 5-Hydroxyindoleacetic Acid[1,5,6] | HIAA |
| ❑ | Citrate | CITU |
| ❑ | Calcium [5] | CAU |
| ❑ | Phosphate [5] | POU |
| ❑ | Oxalate [5] | OXU |
| ❑ | Uric Acid [5] | UAU |

[6] If **uric acid** is ordered with any of: calcium, phosphate or oxalate, the uric acid requires a separate 24-hour collection

**24-hour collection (container contains 5g sodium carbonate, available from lab, protect from light)**

| | | |
|---|---|---|
| ❑ | Porphyrins, Total | POR |

## Other Urine Chemistry tests: