

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

Place Barcode Label Here

Fields marked with \* are mandatory and must be clearly legible or can result in specimen rejection

<b>Ordering Provider Information</b>			<b>Patient Information</b> (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		
<b>Copy Report To</b> (if info missing, report may not be sent):			MRN:		
Last & Full First Name:	Ph #:	Fax #:	Encounter #:		
Facility Name/ Address:			Patient Ph #:		
Last & Full First Name:			Patient Address:		
Ph #:			Demographics verified via:		
Fax #:			<input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other		
Facility Name/ Address:					
<b>Collection Information</b> (fields marked with ♦ required)					
<b>Random Sample</b>			<b>24 Hour Sample</b>		
♦ 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 <input type="checkbox"/>					

<b>Urinalysis</b>	
<input type="checkbox"/> Urine Dipstick only	UR
<input type="checkbox"/> Renal Workup	UR + URR
<i>Microscopic examination done only if the dipstick is positive for protein, blood or leukocyte esterase</i>	

<b>Creatinine Clearance</b>	
<input type="checkbox"/> Creatinine Clearance	CRCL
<i>Required to perform test:</i>	
Height _____ cm	Weight _____ kg
<i>Blood sample must be collected within 24 hours of urine collection. Creatinine must be ordered on serum/plasma requisition</i>	

<b>Renal Calculi</b>	
<i>Analysis of air dried stones or fragments</i>	
<input type="checkbox"/> Calculi	CALI
Record source (i.e. bladder, kidney, passed):	

<b>Patient History:</b>

<b>RANDOM Urine Chemistry</b>	
<b>No additive required</b>	
<input type="checkbox"/> Albumin <sup>1</sup>	UALB
<input type="checkbox"/> Protein, Total <sup>1</sup>	TPU
<input type="checkbox"/> Sodium	NAU
<input type="checkbox"/> Potassium	KU
<input type="checkbox"/> Chloride	CLU
<input type="checkbox"/> Urea	UU
<input type="checkbox"/> Creatinine	CRU
<input type="checkbox"/> Osmolality	OSU
<input type="checkbox"/> Citrate <sup>1,2</sup>	CITU
<input type="checkbox"/> Metanephrines <sup>1,2</sup>	MNPH
<input type="checkbox"/> Aminolevulinic Acid <sup>1,3</sup>	ALAU
<input type="checkbox"/> Porphobilinogen <sup>1,3</sup>	PBG
<input type="checkbox"/> HCG (qualitative) <sup>4</sup>	PREG
<b>Addition of acid (6M HCL) required by lab</b>	
<input type="checkbox"/> Calcium <sup>1</sup>	CAU
<input type="checkbox"/> Phosphate	POU
<input type="checkbox"/> Oxalate <sup>1</sup>	OXU
<input type="checkbox"/> 5-Hydroxyindoleacetic Acid <sup>1</sup>	HIAA
<input type="checkbox"/> Homovanillic Acid <sup>1</sup>	HVA
<input type="checkbox"/> Vanillylmandelic Acid <sup>1</sup>	VMA
<b>Addition of Base (1M NaOH) required by lab</b>	
<input type="checkbox"/> Uric Acid <sup>1</sup>	UAU
<i>Available ONLY to Physicians from Pediatric Endocrinology, Genetics, Nephrology and Urology (as per LIM)</i>	
<sup>1</sup> Reported as ratio to Creatinine	
<sup>2</sup> Acid pH adjustment acceptable, but not required	
<sup>3</sup> No additive required; wrap in aluminum foil	
<sup>4</sup> Not performed on site at SBH	

<b>24 HOUR Urine Chemistry</b>	
<i>(No additive required in collection container)</i>	
<b>These tests can often be performed on a single 24-hour collection. See notes</b>	
<input type="checkbox"/> Albumin	UALB
<input type="checkbox"/> Protein, Total	TPU
<input type="checkbox"/> Sodium	NAU
<input type="checkbox"/> Potassium	KU
<input type="checkbox"/> Chloride	CLU
<input type="checkbox"/> Urea	UU
<input type="checkbox"/> Creatinine	CRU
<input type="checkbox"/> Osmolality	OSU
<input type="checkbox"/> Cortisol	CORU
<input type="checkbox"/> Citrate	CITU
<input type="checkbox"/> Calcium <sup>5</sup>	CAU
<input type="checkbox"/> Phosphate <sup>5</sup>	POU
<input type="checkbox"/> Oxalate <sup>5</sup>	OXU
<input type="checkbox"/> Uric Acid <sup>5</sup>	UAU
<sup>5</sup> If uric acid is ordered with any of: calcium, phosphate or oxalate, the uric acid requires a separate 24-hour collection	
<b>24-hour collection (container contains 5g sodium carbonate, available from lab)</b>	
<input type="checkbox"/> Porphyrins, Total	POR

<b>Other Urine Chemistry tests:</b>