

Endocrinology Requisition

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 #:		
Facility Name/ Address:				
Last & Full First Name:	Ph #:	Fax #:		
Facility Name/ Address:				
Demographics verified via: <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) No biotin >5mg/day 8 hours prior to collection				
♦ Collector:		♦ Collection Date:		
♦ Collection Facility/Lab:		♦ Collection Time:		
		♦ Collected Via: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line		
# Serum vial(s) _____ # Plasma vials (p) _____		Referring Lab: Number of tubes sent _____		
		Samples shipped frozen <input type="checkbox"/>		
Relevant Medications (check all that apply) <input type="checkbox"/> Thyroxine <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Methimazole <input type="checkbox"/> Amiodarone <input type="checkbox"/> Other: Specify:				
Thyroid Hormone Testing		Other Endocrine Testing		
Androgen Testing ³ Must be completed or testing will not be performed				
<input type="checkbox"/> Thyroid Reflex Testing (Screening for thyroid disease, will reflex FT4 and/ or FT3 if TSH abnormal) TSH	<input type="checkbox"/> ACTH (see LIM ² for collection & transport) ACTH	<input type="checkbox"/> Testosterone ³ TST (AM recommended. Lab adds albumin on males over 17)		
<input type="checkbox"/> Thyroperoxidase Antibodies TPO	<input type="checkbox"/> Cortisol ² <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Other COR	<input type="checkbox"/> DHEA-S ³ DHAS		
<input type="checkbox"/> TSH Receptor Antibody TRAB	<input type="checkbox"/> Aldosterone ALDO	<input type="checkbox"/> Sex Hormone-Binding Globulin ³ SHBG		
<input type="checkbox"/> Thyroglobulin (Anti-thyroglobulin automatically performed) THGL	<input type="checkbox"/> Renin (Order ALDO + REN to get ratio) REN	<input type="checkbox"/> Free Androgen Index ³ FAI		
<input type="checkbox"/> Free T4 ¹ FT4	<input type="checkbox"/> Growth Hormone (for concurrent hypoglycemia) GH	Indications for Androgen Testing³ Must be completed or testing will not be performed Necessary for Clinical Correlation of results		
	<input type="checkbox"/> Insulin INS			
Indications for Free T4¹ Must be completed or testing will not be performed <ul style="list-style-type: none"> • Hyperthyroid • Hypothyroid • Hypopituitarism • Goiter • Thyroiditis • Autoimmune Disease • Thyroxine Replacement Therapy • Thyroid Cancer Suppression • Malabsorption • Other (must be specified) Specify:	<input type="checkbox"/> Creatinine CR	<ul style="list-style-type: none"> • Infertility • Hirsutism • Virilization • Amenorrhea • Oligomenorrhea • Hypogonadism • Erectile Dysfunction • Precocious Puberty • Delayed Puberty • Testicular or adrenal tumor • Testosterone Replacement Therapy • Antiandrogen therapy • Hormone replacement therapy Specify		
	<input type="checkbox"/> Parathyroid Hormone (must have previous abnormal Creatinine or Calcium) PTH			<input type="checkbox"/> Calcium CA
	<input type="checkbox"/> Folicle Stimulating Hormone FSH			<input type="checkbox"/> Estradiol E2
	<input type="checkbox"/> Luteinizing Hormone LH			<input type="checkbox"/> 17-Hydroxyprogesterone PR17
	<input type="checkbox"/> Prolactin PL			<input type="checkbox"/> Progesterone PGN
	<input type="checkbox"/> Estradiol E2			<input type="checkbox"/> HCG (Quantitative) HCGQ
	<input type="checkbox"/> 17-Hydroxyprogesterone PR17			
	<input type="checkbox"/> Progesterone PGN			
	<input type="checkbox"/> HCG (Quantitative) HCGQ			
				Other Information
*Signature of Ordering Provider:		LAB USE ONLY FOR BARCODE PLACEMENT		

² Complete collection information can be found in the Lab Information Manual (LIM) at <https://apps.sbgf.mb.ca/labmanual/test/findTestPrepare>