

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.

General Endocrinology Requisition

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):		MRN:		
Last & Full First Name:	Ph #:	Encounter #:		
Facility Name/ Address:		Patient Ph #:		
Last & Full First Name:	Ph #:	Patient Address:		
Facility Name/ Address:		Demographics verified via: <input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other		
Patient Preparation Instruction (to be completed by ordering physician)				
\$Fast (nothing to eat, drink or chew) <input type="checkbox"/> 8-12h <input type="checkbox"/> Alternate time _____ h <input type="checkbox"/> No (if not checked, assume non-fasting specimen)				
Collection Information (fields marked with ♦ required by person collecting sample)				
♦Collection:		♦ Collector:		
<input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line		♦ Collection Date:		
		♦ Collection Time:		
# Serum tubes _____	# Plasma tubes _____	Referring Lab: # of tubes sent _____	Samples shipped frozen <input type="checkbox"/>	
Fasting information <input type="checkbox"/> No <input type="checkbox"/> Yes # of hours _____				
Biochemistry/Hematology		Calcium & Bone		
<input type="checkbox"/> CBC (incl. differential) CBC	<input type="checkbox"/> Calcium CA	¹Indications for Free T4 (must be completed or testing will not be performed)		
<input type="checkbox"/> Sodium NA	<input type="checkbox"/> Ionized calcium ICA	<input type="checkbox"/> Thyroxine replacement therapy <input type="checkbox"/> Goiter		
<input type="checkbox"/> Potassium K	<input type="checkbox"/> PTH (Hx of abnormal calcium/ creatinine) PTHY	<input type="checkbox"/> Hyperthyroid <input type="checkbox"/> Hypopituitarism <input type="checkbox"/> Thyroiditis		
<input type="checkbox"/> Chloride CL	<input type="checkbox"/> Phosphate P	<input type="checkbox"/> Hypothyroid <input type="checkbox"/> Autoimmune disease		
<input type="checkbox"/> Osmolality OS	<input type="checkbox"/> Magnesium MG	<input type="checkbox"/> Thyroid cancer suppression <input type="checkbox"/> Malabsorption		
<input type="checkbox"/> ALT ALTR	<input type="checkbox"/> 25-hydroxy vitamin D ³ VD25	<input type="checkbox"/> Other (specify):		
<input type="checkbox"/> CK CK	Adrenal		²Indications for Androgen Testing (consult list below for appropriate ordering)	
<input type="checkbox"/> Creatinine (+ eGFR if >18y outpatient) CR	<input type="checkbox"/> Cortisol AM (7-9 am) ⁴ COR	Infertility, hirsutism, virilization, amenorrhea,		
<input type="checkbox"/> eGFR (inpatient only) EGFR	<input type="checkbox"/> Cortisol PM (3-5 pm) ⁴ COR	oligomenorrhea, hypogonadism, erectile dysfunction,		
	<input type="checkbox"/> Cortisol Random COR	precocious puberty, testicular or adrenal tumor,		
Thyroid		<input type="checkbox"/> ACTH (collect & transport on ice,<60min) ⁵ ACTH	testosterone replacement therapy, anti-androgen therapy, hormone replacement therapy.	
<input type="checkbox"/> TSH with reflex TSH	Reproductive, Fertility & Growth		³Indications for 25-hydroxy vitamin D Testing (must be completed or testing will not be performed)	
<input type="checkbox"/> Free T4 ¹ FT4	<input type="checkbox"/> FSH FSH	<input type="checkbox"/> Metabolic bone disease (recurrent fractures, rickets, osteomalacia, osteopenia, osteoporosis)		
<input type="checkbox"/> Anti-TPO (Thyroperoxidase Ab) TPO	<input type="checkbox"/> LH LH	<input type="checkbox"/> Abnormal blood calcium, magnesium or phosphate		
<input type="checkbox"/> TRAB (TSH Receptor Ab) TRAB	<input type="checkbox"/> DHEA-S ² DHAS	<input type="checkbox"/> Parathyroid disease		
<input type="checkbox"/> Thyroglobulin (+ anti-Tg) THGL	<input type="checkbox"/> Estradiol E2	<input type="checkbox"/> Malabsorption syndrome (celiac disease, small intestine surgery, cystic fibrosis or medication interfering with vitamin D absorption)		
Diabetes & Lipids		<input type="checkbox"/> Progesterone PGN	<input type="checkbox"/> Anticonvulsant agents	
<input type="checkbox"/> Glucose (fasting, see \$ above) G	<input type="checkbox"/> Prolactin (11am-5pm preferred) ⁶ PL	<input type="checkbox"/> Testosterone, Total (7-10 am recommended) ² TST	<input type="checkbox"/> Chronic kidney disease (CKD)	
<input type="checkbox"/> Glucose (random) G	<input type="checkbox"/> Testosterone, Total, Bioavailable FTST	<input type="checkbox"/> Testosterone, Total, Bioavailable & Free (7-10 am recommended) ²	<input type="checkbox"/> Chronic liver disease	
<input type="checkbox"/> HbA1C GYHB	<input type="checkbox"/> 17-hydroxyprogesterone (LC-MS/MS) OH17	<input type="checkbox"/> hCG (quantitative) HCGQ	<input type="checkbox"/> Intake of high dose vit D + symptoms of hypervitaminosis D	
<input type="checkbox"/> Lipid panel \$ (chol, TG, HDL-c, LDL-c, non-HDL-c) LIPP	Other tests:		Signature of Ordering Provider for 25-(OH)-vitamin D:	
<input type="checkbox"/> Insulin INS				
<input type="checkbox"/> OGTT 75g – Non-Pregnancy, fasting \$ GTT2				
<input type="checkbox"/> OGTT 50g – Pregnancy, non-fasting GT50				
<input type="checkbox"/> OGTT 75g – Pregnancy (tier 2 testing), fasting \$ GTTP				
Hypertension				
<input type="checkbox"/> Aldosterone-Renin Ratio ARR				
<input type="checkbox"/> Aldosterone ALDO				
<input type="checkbox"/> Renin RENI				

^{1,2,3} Identify and include indications for ordering. Order of 25-(OH)-vitamin D must include signature of ordering provider certifying to the indication for order.

⁴ If collected outside indicated timeframe, do NOT reject specimen, report as random cortisol.

⁵ Complete collection information can be found in the Lab Information Manual (LIM) at <https://apps.sbggh.mb.ca/labmanual/test/findTestPrepare>

⁶ Prolactin follows diurnal variation and levels are higher for the first four hours after waking. Most patients reach nadir levels by 11 am. Stress, exercise, medication (antihypertensive, antidepressant, antipsychotic, gastrointestinal), oral contraceptives, opioids, marijuana cause elevated prolactin.