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		
*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)* ❑ 8-12h ❑ Alternate time _____h ❑ No *(if not checked, assume non-fasting specimen)*

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

♦Collection: ❑ Venipuncture ❑ Capillary ❑ Indwelling Line	♦ 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/Hematology

❑ CBC *(incl. differential)*	CBC
❑ Sodium	NA
❑ Potassium	K
❑ Chloride	CL
❑ Osmolality	OS
❑ ALT	ALTR
❑ CK	CK
❑ Creatinine *(+ eGFR if >18y outpatient)*	CR
❑ eGFR *(inpatient only)*	EGFR

Thyroid

❑ TSH with reflex	TSH
❑ Free T4[1]	FT4
❑ Anti-TPO *(Thyroperoxidase Ab)*	TPO
❑ TRAb *(TSH Receptor Ab)*	TRAB
❑ Thyroglobulin *(+ anti-Tg)*	THGL

Diabetes & Lipids

❑ Glucose (fasting, *see § above*)	G
❑ Glucose (random)	G
❑ HbA1C	GYHB
❑ Lipid panel § *(chol, TG, HDL-c, LDL-c, non-HDL-c)*	LIPP
❑ Insulin	INS
❑ OGTT 75g – Non-Pregnancy, *fasting* §	GTT2
❑ OGTT 50g – Pregnancy, *non-fasting*	GT50
❑ OGTT 75g – Pregnancy *(tier 2 testing), fasting* §	GTTP

Hypertension

❑ Aldosterone-Renin Ratio	ARR
❑ Aldosterone	ALDO
❑ Renin	RENI

Calcium & Bone

❑ Calcium	CA
❑ Ionized calcium	ICA
❑ PTH *(Hx of abnormal calcium/ creatinine)*	PTHY
❑ Phosphate	P
❑ Magnesium	MG
❑ 25-hydroxy vitamin D[3]	VD25

Adrenal

❑ Cortisol AM (7-9 am)[4]	COR
❑ Cortisol PM (3-5 pm)[4]	COR
❑ Cortisol Random	COR
❑ ACTH ***(collect & transport on ice,<60min)***[5]	ACTH

Reproductive, Fertility & Growth

❑ FSH	FSH
❑ LH	LH
❑ DHEA-S[2]	DHAS
❑ Estradiol	E2
❑ Progesterone	PGN
❑ Prolactin *(11am-5pm preferred)*[6]	PL
❑ Testosterone, Total *(7-10 am recommended)*[2]	TST
❑ Testosterone, Total, Bioavailable & Free *(7-10 am recommended)*[2]	FTST
❑ 17-hydroxyprogesterone *(LC-MS/MS)*	OH17
❑ hCG *(quantitative)*	HCGQ

Other tests:

[1]Indications for Free T4
(must be completed or testing will not be performed)

❑Thyroxine replacement therapy ❑Goiter
❑Hyperthyroid ❑Hypopituitarism ❑Thyroiditis
❑Hypothyroid ❑Autoimmune disease
❑Thyroid cancer suppression ❑Malabsorption
❑Other *(specify):*

[2]Indications for Androgen Testing
(consult list below for appropriate ordering)

Infertility, hirsutism, virilization, amenorrhea, oligomenorrhea, hypogonadism, erectile dysfunction, precocious puberty, testicular or adrenal tumor, testosterone replacement therapy, anti-androgen therapy, hormone replacement therapy.

[3]Indications for 25-hydroxy vitamin D Testing
(must be completed or testing will not be performed)

❑ Metabolic bone disease (recurrent fractures, rickets, osteomalacia, osteopenia, osteoporosis)
❑ Abnormal blood calcium, magnesium or phosphate
❑ Parathyroid disease
❑ Malabsorption syndrome (celiac disease, small intestine surgery, cystic fibrosis or medication interfering with vitamin D absorption)
❑ Anticonvulsant agents
❑ Chronic kidney disease (CKD)
❑ Chronic liver disease
❑ Intake of high dose vit D + symptoms of hypervitaminosis D

Signature of Ordering Provider for 25-(OH)-vitamin D:

[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.sbgh.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.