



SHIP SAMPLES TO:

St. Boniface Hospital Hematology Lab
L4006 - 409 Tache Ave.
Winnipeg, MB R2H 2A6
Phone: (204) 237-2468
Fax: (204) 237-2494

HEMOGLOBINOPATHY INVESTIGATION REQUISITION

COLLECTION DATE/TIME: _____

COLLECTED BY: _____

Copy of report will be sent to ordering physician if the following is completed:

Name of Physician

Ordering Test: _____ (Last) _____ (First)

Address: _____

City: _____ **Prov.** _____

Postal Code: _____

Telephone # _____ **Fax#** _____

PATIENT DEMOGRAPHICS (or use addressograph)

Patient Name _____ (Last) _____ (First)

Personal Health Identification Number (PHIN) _____
(Specify province if not MB)

Facility Patient ID # _____

Date of Birth _____ **SEX:** Male Female
(DD/MM/YYYY)

Outpatient Address _____

Outpatient Telephone # _____

Physician _____

Physician Emergency Contact # _____

Location _____

Referring Laboratory _____

Telephone # _____ **Fax #** _____

Testing WILL NOT be initiated unless ALL of the items/questions regarding clinical information and family history are answered.

Ethnicity _____

Previously tested: No Yes

Pre-existing diagnosis: No Yes **If yes, list:** _____

Medication(s): No Yes **If yes, list:** _____

Red cell transfusion in last 3 months: No Yes **Date:** _____
(DD/MM/YYYY)

Is patient pregnant? No Yes

Is partner pregnant? No Yes

Has partner been tested? No Yes **Name:** _____ (Last) _____ (First)

Family members with hemoglobinopathy No Yes **If yes, Name(s)/Relation:** _____

TEST	SAMPLES REQUIRED	TEST CODE
<input type="checkbox"/> HEMOGLOBINOPATHY INVESTIGATION	Blood for Hemoglobin Electrophoresis:	HEL/CBC FER
	Adult: 2 – 4 mL EDTA Pediatric: 3 – EDTA Microtainers Adult: 4 mL Li Heparin/Serum Pediatric: 2 – Li Heparin/Serum Microtainers	

Instructions to Laboratories:

* If patient is less than 30 days (neonates) send 3 EDTA Microtainers only.

** If CBC/ferritin processed on site, send a freshly made unstained peripheral blood film and a copy of the CBC/ Ferritin results with the Hemoglobin Electrophoresis sample.

*** SAMPLES FOR HEMOGLOBIN ELECTROPHORESIS MUST BE LESS THAN 5 DAYS FROM COLLECTION.