DIAGNOSTIC SERVICES MANITOBA | SERVICES DIAGNOSTIC MANITOBA

Health Sciences Centre Winnipeg

Hôpital St-Boniface Hospital

LOCATION:
WARD

PATIENT NAME:
LAST, FIRST

DATE OF BIRTH:
DD/MMM/YYYY

SEX F☐ M☐

FACILITY MRN:

MB PHIN:
(Specify province if different)

PHYSICIAN: (PRINT)
LAST, FIRST

ORDERING PROFESSIONAL:
(If different from physician)

COLLECTION TIME & DATE:
Hr / Min Day / Month / Year

____/____ _____/_____/_____

COLLECTED BY:

NAME, INITIALS _____ _____

BIOCHEMISTRY TEST REQUISITION

Test Code to be registered: TRPM

TRIPLE TEST MALE

	0 Min	15 Min	30 Min	45 Min	60 Min	90 Min	120 Min
FT4		---	---	---	---	---	---
FT3		---	---	---	---	---	---
TESTOSTERONE		---	---	---	---	---	---
GLUCOSE							
TSH							
FSH							
LH							
PROLACTIN							
CORTISOL							
GH							

HSC Lab Staff: Enter results on worksheet TRPM.
Print worksheet SGHH for GH Send-Out.
Report GH results on worksheet GHS1.

SBH Lab Staff: Enter results on worksheet TRPM.
Print worksheet SGHB for GH Send-Out
Report GH results on worksheet GHS1.