

As per DSM Acceptance Policy 10-50-03 - Requirements for Test Requisitions 2.1 - All information marked with an * is mandatory and must be clearly legible. Failure to comply may result in specimen rejection.

COLLECTION INFORMATION		PATIENT INFORMATION	
All dates and times must be in dd/mm/yy and hh/mm format		*Last/First Name: (As per MB. Health Card)	
Scheduled Collection Date:	Time:	*Date of Birth (dd/mm/yyyy)	*Sex: Female Male
Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Stat	Fasting: <input type="checkbox"/> YES <input type="checkbox"/> NO	*PHIN:	*Alternate ID: (include ID type with number ie RCMP, SK, DND)
TDM Collection: Last dose date:	Time:	MRN:	Encounter Number:
Next dose date:	Time:	Demographics verified with: <input type="checkbox"/> Provincial Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR	
*Collection Date:	*Collection Time:	<input type="checkbox"/> Third Party verbal - Name and Contact Info:	
*Collector:		*Patient Phone No:	*Patient address:
Collected via: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary			
Additional Collection Considerations:			
<input type="checkbox"/> Above IV shut off <input type="checkbox"/> Below IV shut off <input type="checkbox"/> By unit <input type="checkbox"/> From PIC/Central Line/Art line			
Referring Lab: Number of tubes sent <input type="checkbox"/> Check if samples shipped frozen <input type="checkbox"/>			
EDTA ___ SST (gel) ___ PST (gel) ___ Serum (no gel) ___ Citrate ___			
Copy of report to Lab: <input type="checkbox"/> YES <input type="checkbox"/> NO *Collection Facility/Lab:			
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION		ORDERING PROVIDER INFORMATION	
*Providers Full last and first name:		*Last & Full First Name:	*Billing Code:
*Facility name:	*Fax #:	*Ordering Facility:	Inpatient Location:
		Address:	
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION		*Critical Results Phone Number:	*Fax Number:
*Providers Full last and first name:			
*Facility name:	*Fax #:		
Routine Chemistry - Collect 1 PST or 1 SST	Routine Hematology -Collect 1 EDTA per test	Specialty Drug - Collect LiHep non-gel or Red	* -Refer to LIM for Special collection or transport instruction (F) - Transport Frozen specimen
<input type="checkbox"/> Sodium/Potassium/Chloride NA	<input type="checkbox"/> CBC (includes differential) CBC	*Date/Time of Last and Next dose must be recorded	Special Chemistry - Collect 1 PST or SST
<input type="checkbox"/> Glucose G	<input type="checkbox"/> Immature Platelet Fraction CBC + RETA	<input type="checkbox"/> Amiodarone * AMIO	<input type="checkbox"/> Aldosterone (F) ALDO
<input type="checkbox"/> Urea U	<input type="checkbox"/> Reticulocyte Hemoglobin RETA	<input type="checkbox"/> Methotrexate * MTX	<input type="checkbox"/> Alpha-fetoprotein AFP
<input type="checkbox"/> Creatinine CR	<input type="checkbox"/> Reticulocyte RETA	<input type="checkbox"/> Mycophenolic Acid * MYPA	<input type="checkbox"/> Beta 2 Microglobulin (F) BZMG
<input type="checkbox"/> TC02-Total Carbon Dioxide CO2	<input type="checkbox"/> Sedimentation Rate ESR	<input type="checkbox"/> N-Desmethylmethsuximide * DMSX	<input type="checkbox"/> CA19-9 CA19
<input type="checkbox"/> Creatinine Kinase CK	<input type="checkbox"/> Sickle Cell Screen HSS	<input type="checkbox"/> Ethosuximide * ESUX	<input type="checkbox"/> CA125 CA12
<input type="checkbox"/> Lactate Dehydrogenase LD	<input type="checkbox"/> Malarial and Blood Parasites MAL	<input type="checkbox"/> Primidone * PRIM	<input type="checkbox"/> CA15-3 CA15
<input type="checkbox"/> Albumin AL	<input type="checkbox"/> Glucose -6- Phosphate Dehydrogen GPD	<input type="checkbox"/> Clonazepam * CLON	<input type="checkbox"/> Ceruloplasmin (F) CERU
<input type="checkbox"/> Alkaline Phosphatase ALK	<input type="checkbox"/> Infectious Mononucleosis MS	<input type="checkbox"/> Clobazam * CLOB	<input type="checkbox"/> DHEAS DHAS
<input type="checkbox"/> Total Bilirubin TB	Routine Coagulation - Collect 1 Na Citrate	<input type="checkbox"/> Disopyramide * DISO	<input type="checkbox"/> Free Androgen Index (FAI) FAI
<input type="checkbox"/> Direct Bilirubin DB	<input type="checkbox"/> PT/INR PT	<input type="checkbox"/> Lidocaine * (F) LIDO	<input type="checkbox"/> Haptoglobin HPT
<input type="checkbox"/> Gamma Glutamyl Transferase GGT	<input type="checkbox"/> Fibrinogen CFIB	<input type="checkbox"/> Mexiletine * MXLT	<input type="checkbox"/> Homocysteine (Collect on ICE) HCCQ
<input type="checkbox"/> Total Protein TP	<input type="checkbox"/> D-Dimer(quantitative) DDIM	<input type="checkbox"/> Procainamide * PROC	<input type="checkbox"/> Insulin (F) INS
<input type="checkbox"/> Alanine Transaminase (ALT) ALT	<input type="checkbox"/> Basic DIC Screen (includes APTT; BASD	<input type="checkbox"/> Quinidine * QUIN	<input type="checkbox"/> Sex hormone binding globulin(SHBG) SHBG
<input type="checkbox"/> Aspartate Transaminase (AST) AST	<input type="checkbox"/> PT/INR;Fibrinogen; D-Dimer;CBC	<input type="checkbox"/> Amitriptyline * AMTP	<input type="checkbox"/> Thyroperoxidase Antibodies TPO
<input type="checkbox"/> Lipase LIP	<input type="checkbox"/> Activated Partial Thromboplastin APTT	<input type="checkbox"/> Clomipramine * CLOM	
<input type="checkbox"/> Phosphate P	If patient on Anticoagulant therapy, State Type:	<input type="checkbox"/> Desipramine * DSIP	Special Chemistry - SST only
<input type="checkbox"/> Magnesium MG			<input type="checkbox"/> Growth hormone (F) GH
<input type="checkbox"/> Uric Acid UA	<input type="checkbox"/> Lupus Inhibitor LUPS	Specialty Drug - Collect 1 EDTA	<input type="checkbox"/> *Angiotensin Conv. Enz (F) ACE
<input type="checkbox"/> Calcium/Corrected Calcium CA		*Date/Time of Last and Next dose must be recorded	<input type="checkbox"/> *Alpha-1-Antitrypsin (F) AIAT
<input type="checkbox"/> Cholesterol CH	Therapeutic Drug Monitoring(TDM) / Serum Drugs	<input type="checkbox"/> Cyclosporin * CY	<input type="checkbox"/> *Carotene (F) CARO
<input type="checkbox"/> Triglyceride TG	1 Red top tube or Li Hep non-gel - Must be Aliquoted	<input type="checkbox"/> FK506 * FK5	<input type="checkbox"/> *Calcium Ionized ICA
<input type="checkbox"/> Lipoprotein Profile (includes CH; TG;HD;LDL) LIPP	*Date/Time of Last and Next dose must be recorded	<input type="checkbox"/> Sirolimus * SIRO	<input type="checkbox"/> TSH Receptor Antibody TRAB
<input type="checkbox"/> Iron IRON	<input type="checkbox"/> Digoxin * DIG	Tolerance Testing	<input type="checkbox"/> Thyroglobulin (F) THGL
<input type="checkbox"/> TIBC TIBC	<input type="checkbox"/> Gentamicin * Trough <input type="checkbox"/> Peak <input type="checkbox"/> GENT	Collect 1 PST or SST tuber per collection time:	Special Chemistry -Li Heparin PST only
<input type="checkbox"/> Troponin T HTNT	<input type="checkbox"/> Vancomycin * Trough <input type="checkbox"/> Peak <input type="checkbox"/> VANC	<input type="checkbox"/> 50 Gram Challenge GT50	<input type="checkbox"/> Parathyroid Hormone PTH
<input type="checkbox"/> Vitamin B12 B12	<input type="checkbox"/> Carbamazepine * CARB	<input type="checkbox"/> 75 gm Tolerance - Pregnancy GTTP	Trace Metals - 1 K2 EDTA non-gel tube per test
<input type="checkbox"/> Ferritin FER	<input type="checkbox"/> Phenobarbital * PHEN	<input type="checkbox"/> 75 gm Tolerance - (Fast; 1hr; 2hr)	<input type="checkbox"/> *Copper COP
<input type="checkbox"/> TSH-Thyroid Stimulating Hormone TSH	<input type="checkbox"/> Phenytoin/Dilantin * PYN	<input type="checkbox"/> 75 gm Tolerance - Non Preg GTT2	<input type="checkbox"/> *Lead PB
<input type="checkbox"/> Free T4 FT4	<input type="checkbox"/> Valproic Acid * VALP	<input type="checkbox"/> 75 gm Tolerance - (Fast; 2hr)	<input type="checkbox"/> *Mercury HG
<input type="checkbox"/> Free T3 FT3	<input type="checkbox"/> Tobramycin * Trough <input type="checkbox"/> Peak <input type="checkbox"/> TOBR	<input type="checkbox"/> Lactose Tolerance LTT	<input type="checkbox"/> *Zinc ZN
<input type="checkbox"/> PSA PRSA	<input type="checkbox"/> Theophylline * TEO	<input type="checkbox"/> (Fast;1/2hr;1hr;1.5hr;2hr) SAL	Special Chemistry - Collect 1 tube on ice
<input type="checkbox"/> Estradiol E2	<input type="checkbox"/> Salicylate SAL	Miscellaneous - EDTA Whole Blood	<input type="checkbox"/> *ACTH Level (EDTA) (F) ACTH
<input type="checkbox"/> Progesterone PGN	<input type="checkbox"/> Serum Ethanol ETO	<input type="checkbox"/> Hgb A1C GYHB	<input type="checkbox"/> *Ammonia (EDTA) AMM
<input type="checkbox"/> FSH-Follicle Stimulating Hormone FSH	<input type="checkbox"/> Acetaminophen ACTM	Miscellaneous - Li Hep non-gel Whole Blood	<input type="checkbox"/> Renin (EDTA) (F) REN
<input type="checkbox"/> LH-Luteinizing Hormone LH	1 Red top tube (aliquoted) or SST tube:	<input type="checkbox"/> Carboxyhemoglobin CBHB	<input type="checkbox"/> *Lactate (Na. Fluoride) LAC
<input type="checkbox"/> Prolactin PL	<input type="checkbox"/> Lithium* LI		
<input type="checkbox"/> IgE-Immunoglobulin E IGE	Cortisol Levels and ACTH Stimulation Test	Hematologic Blood Smear Review - Reason must be included:	SLR
<input type="checkbox"/> Pre-Albumin PALB	Collect 1 SST tube per collection time	Reason:	
<input type="checkbox"/> C Reactive Protein RCRP	<input type="checkbox"/> Cortisol AM <input type="checkbox"/> PM <input type="checkbox"/> Random <input type="checkbox"/> COR		
<input type="checkbox"/> BetaHydroxybuterate BHB	<input type="checkbox"/> ACTH Stimulation (Baseline ACS		
<input type="checkbox"/> Carcinoembryonic Antigen CEA	30min, 60min)		
<input type="checkbox"/> HCG-Chorionic Gonadotropin HCGQ	Routine Chemistry - Collect 1 PST or SST tube:		
<input type="checkbox"/> Testosterone TST	<input type="checkbox"/> Osmolality OS		
<input type="checkbox"/> Myoglobin SMYO	<input type="checkbox"/> Osmolar Gap (2 tubes required) OS+OSCA		

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