

LOCATION:  
WARD

PATIENT NAME:  
LAST, FIRST

DATE OF BIRTH  
DD/MM/YYYY

SEX  F  M

FACILITY MRN:

MB PHIN:  
(Specify Province if different)

PHYSICIAN (PRINT):  
LAST, FIRST

PHYSICIAN BILLING CODE:

**HEMATOLOGY TEST REQUISITION**

Hematology Laboratory  
St. Boniface Hospital  
L4006 - 409 Taché Avenue  
Winnipeg, Manitoba R2H 2A6  
Phone: (204) 237-2468 Fax: (204) 237-2750

**NAME OF PROFESSIONAL ORDERING TEST:**

(Last) \_\_\_\_\_ (First) \_\_\_\_\_

Copy to: \_\_\_\_\_ Location: \_\_\_\_\_

Expected date and time of collection:  
\_\_\_\_\_

OR Date: _____	OR Time: _____
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**TURN AROUND TIME**

- Stat within 1 hour  
 Urgent within 2 hours  
 Routine

Collection Date: \_\_\_\_\_

Collection Time: \_\_\_\_\_

Collected by: \_\_\_\_\_

✓	TESTS AVAILABLE STAT	✓	MISCELLANEOUS TESTS
	Complete Blood Count (includes WBC differential) CBC		<b>FLUIDS</b> - Cell count and differential Morphology & Crystals as appropriate Specify Site:
	Blood Film Review (**Reason must be given**) SLR Reason: _____		
	Reticulocyte Count RETA		CSF (Cerebrospinal Fluid) * available Stat CSFH
	Reticulocyte Hemoglobin RETA		Peritoneal / Ascities HFLD
	Immature Platelet Fraction CBC and RETA		Pericardial HFLD
	Sedimentation Rate ESR		Synovial HFLD
	PT/INR PT		Pleural Fluids HFLD
	Fibrinogen CFIB		Other Fluid (Type: _____ ) HFLD
	D-Dimer DDIM		Heinz Body Screen HBA
	Lupus Inhibitor Profile LUPS		Glucose-6-Phosphate Dehydrogenase (quantitative) GPDQ
	Sickle Cell Screen HSS		Cord Blood Hemoglobin & Hematocrit MISS
	Malaria MAL		
	APTT for Unfractionated Heparin Monitoring APTT		

- For Hemoglobinopathy Investigation, see Hemoglobinopathy Investigation Requisition.
- For Bone Marrow/Bone Marrow Biopsy collection assistance, prior arrangement with the Hematology Laboratory is required. See Bone Marrow Requisition.
- For bleeding or Hypercoagulable Disorder Investigation, a Hematologist Consult is required.

Clinical History/Reason for Ordering Tests	OTHER TESTS (Please Print)