PLEASE COMPLETE THE INFORMATION BELOW, PRINT CLEARLY

NAME OF PHYSICIAN ORDERING TEST: ..... (LAST) ..... (FIRST)

REFERRING INSTITUTION NAME AND ADDRESS OR CODE:

IF AN ADDITIONAL REPORT IS REQUIRED, PLEASE COMPLETE THE FOLLOWING:

PHYSICIAN NAME: .....

ADDRESS: .....

CITY: ..... **PROV.** ..... **POSTAL CODE** .....

TELEPHONE NO. ..... **FAX NO.** .....

ENCOUNTER NO.: ..... LOCATION (WARD/CLINIC): .....

PATIENT NAME: ..... (LAST) ..... (FIRST)

DATE OF BIRTH: ..... (DD/MMM/YYYY) SEX: ☐ F ☐ M

FACILITY PATIENT ID NO.: .....

PHIN (9 DIGITS): .....

PHYSICIAN/PHYSICIAN NO.: .....

EMERGENCY CONTACT NO.: .....

OUTPATIENT ADDRESS: .....

OUTPATIENT TELEPHONE NO.: .....

COLLECTION DATE: .....

COLLECTION TIME: .....

COLLECTED BY: .....

SPECIMEN ID # HSC LAB USE ONLY

SCHEDULED COLLECTION: DATE: _____ TIME: ☐ 0800 ☐ OTHER: _____ **COLLECTED BY:** ☐ VENIPUNCTURE ☐ INDWELLING LINE ☐ ABOVE SHUT-OFF IV

CHEMISTRY

☐	Sodium	NA	☐	Alkaline Phosphatase	ALK	☐	Ammonia* Send on ice	AMM
☐	Potassium	K	☐	ALT (SGPT)	ALT	☐	Angiotensin Conv. Enz.	ACE
☐	Chloride	CL	☐	AST (SGOT)	AST	☐	Beta-Hydroxybutyrate	BHB
☐	Total CO_2 (Bicarbonate)	CO2	☐	Bilirubin, Total	TB	☐	Ceruloplasmin	CERU
☐	Glucose	G	☐	Bilirubin, Direct	DB	☐	Ethanol	ETO
☐	Urea	U	☐	γ-Glutamyl Transferase	GGT	☐	FEP*	FEP
☐	Creatinine	CR	☐	LD	LD	☐	Ferritin	FER
☐	Calcium	CA	☐	Lipase	LIP	☐	Glycated Hemoglobin*	GYHB
☐	Phosphate	P	☐	Uric Acid	UA	☐	Haptoglobin	HPT
☐	Magnesium	MG	☐	Iron	IRON	☐	Homocysteine* Send on ice	HCQ
☐	CK	CK	☐	TIBC	TIBC	☐	IgE	IGE
☐	Troponin (high sensitivity)	HTNT	☐	Osmolality	OS	☐	Ionized Calcium	ICA
☐	Myoglobin	SMYO	☐	Alpha-Fetoprotein	AFP	☐	Lactic Acid* Send on ice	LAC
☐	Total Protein	TP	☐	Beta-2 Microglobulin	BZMG	☐	Lead*	PB
☐	Albumin	AL	☐	CA125	CA12	☐	Prealbumin	PALB
☐	Lipoprotein Profile	LIPP	☐	CA 15-3	CA15	☐	PTH	PTH
☐	(Includes CH, TG, HDL, LDL)		☐	CA 19-9	CA19	☐	Vitamin B12	B12
☐	Cholesterol	CH	☐	Carcinoembryonic Antigen	CEA	☐	Zinc*	ZN
☐	Triglyceride	TG	☐	PSA	PRSA			

ENDOCRINE TESTS

☐	ACTH* Send on ice	ACTH
☐	Cortisol	COR
☐	DHAS	DHAS
☐	Estradiol	E2
☐	FSH	FSH
☐	Growth Hormone	GH
☐	HCG (Quantitative)	HCGQ
☐	17-Hydroxyprogesterone	PR17
☐	Insulin	INS
☐	LH	LH
☐	Progesterone	PGN
☐	Prolactin	PL
☐	SHBG	SHBG
☐	Testosterone	TST
☐	FAI	FAI
☐	T3, Free	FT3
☐	T4, Free	FT4
☐	TSH	TSH
☐	Thyroperoxidase Antibodies	TPO

HEMATOPATHOLOGY

☐	Complete Blood Count (includes 5 cell differential)	CBC
☐	Blood Film Review (**Reason must be given**)	SLR
	Reason:	
☐	Reticulocyte Count	RETA
☐	Reticulocyte Hemoglobin	RETA
☐	Immature Platelet Fraction	CBC and RETA
☐	Sedimentation Rate (ESR)	ESR
☐	Sickle Cell Screen	HSS
☐	Malaria	MAL
☐	Glucose-6-Phosphate Dehydrogenase	GPD
☐	PT/INR	PT
☐	Fibrinogen	CFIB
☐	D-Dimer	DDIM
☐	Basic DIC Screen (includes PT/INR, APTT, Fibrinogen and D-Dimer and CBC)	BASD
☐	Lupus Inhibitor	LUPS
☐	APTT (**Reason must be given**)	APTT
	Reason:	

DRUG LEVELS

☐	Acetaminophen	ACTM	☐	Mycophenolic Acid	MYPA
☐	Amiodarone	AMIO	☐	Phenobarbital	PHEN
☐	Carbamazepine	CARB	☐	Phenytoin	PYN
☐	Cyclosporin*	CY	☐	Salicylate	SAL
☐	Digoxin	DIG	☐	Sirolimus*	SIRO
☐	FK506*	FK5	☐	Theophylline	TEO
☐	Gentamicin	GENT	☐	Tobramycin	TOBR
☐	Lithium*	LI	☐	Valproic Acid	VALP
☐	Methotrexate	MTX	☐	Vancomycin	VANC

LAST DOSE: TIME: DATE: (D/M/Y)

NEXT DOSE: TIME: DATE: (D/M/Y)

IV FINISH: TIME:

SPECIMEN COLLECTION INSTRUCTIONS

Tests marked in red and/or with * require special collection and/or transport.
Consult the Lab Information Manual or call the laboratory.

OTHER TESTS (Please Print)

CLINICAL INFORMATION

CHEMISTRY/HEMATOPATHOLOGY TEST REQUISITION

LABORATORY TEST REQUEST BLOOD, SERUM OR PLASMA

ITEM # 753 (REQ-097) 02/16

DIAGNOSTIC SERVICES MANITOBA

SERVICES DE DIAGNOSTIC MANITOBA

Health Sciences Centre Winnipeg

MS5 Thorlakson Building
820 Sherbrook Street, Winnipeg, Manitoba R3A 1R9
Phone: (204) 787-1534 Fax: (204) 787-3473