

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

ORDERING PROVIDER INFORMATION		PATIENT INFORMATION		
*Last & Full First Name:		Billing Code:	*Last/First Name: (As per Manitoba Health Card)	
*Ordering Facility and address:		Inpatient Location:	*Date of Birth: (dd/mmm/yyyy):	
*Critical Results Phone No:	*Fax No:		*SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION - #1			*MB PHIN:	
*Last & Full First Name:		Billing Code:	*Alternate ID: (include ID type with number ie: RCMP, SK, DND, etc)	
*Ordering Facility and address:			MRN:	
Phone No:	*Fax No:		Encounter Number:	
ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION - #2			*Patient Phone No: Demographics verified with: <input type="checkbox"/> Provincial Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR	
*Last & Full First Name:		Billing Code:	COLLECTION INFORMATION	
*Ordering Facility and address:			*Collector:	*Collector D/T: (dd/mmm/yyyy)
Phone No:	*Fax No:		Circle for copy of report YES	*Collection Facility:
			Collected Via: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line <input type="checkbox"/> Above Shut Off IV	
			Referring Lab: Number of tubes sent: _____ Circle if samples shipped frozen	
			EDTA _____ SST(gel) _____ Serum (no gel) _____ Citrate _____ Urine _____	

	URINE		FECAL	DRUG SCREEN			
✓	SODIUM (RANDOM OR 24 h) NAU	✓		REQUIRES A DRUG SCREEN REQUISITION			
	POTASSIUM (RANDOM OR 24 h) KU						
	CHLORIDE (RANDOM OR 24 h) CLU						
	CREATININE (RANDOM OR 24 h) CRU						
	OSMOLALITY (RANDOM OR 24 h) OSU		72 HOUR FECAL FAT FF				
	PROTEIN (RANDOM OR 24 h) TPU		START: _____				
	ALBUMIN (RANDOM OR 24 h) UALB		FINISH: _____				
	COPPER (RANDOM OR 24 h) COPU						
	CALCIUM (24h) CAU						
	UREA (24h) UU						
			MISCELLANEOUS				
	URIC ACID (24h) UAU						
	PHOSPHATE (24h) POU						
			CALCULI CALI				
	CREATININE CLEARANCE CRCL (THIS TEST CAN ONLY BE DONE IF HEIGHT & WEIGHT INFORMATION IS COMPLETED)		SOURCE: _____ (IE. BLADDER, RENAL, PASSED)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">HEIGHT cm</td> <td style="width: 50%;">WEIGHT kg</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	HEIGHT cm	WEIGHT kg				
HEIGHT cm	WEIGHT kg						
	BLOOD MUST BE COLLECTED WITHIN 24 HRS OF URINE COLLECTION						