



DIAGNOSTIC SERVICES
OF MANITOBA

SERVICES DE DIAGNOSTIC
DU MANITOBA

ADDRESSOGRAPH PREFERRED
or PRINT ONLY:

LOCATION:
WARD

PATIENT NAME:
LAST, FIRST

DATE OF BIRTH:
DD/MM/YYYY

BIOCHEMISTRY TEST REQUISITION

SEX F M

MB PHIN:
(Specify province if different)

PHYSICIAN: (PRINT)
LAST, FIRST

PHYSICIAN BILLING CODE:

ORDERING PROFESSIONAL:
(If different from physician)

Collection Date: _____ Time: _____
d/m/y

RASBURICASE PROTOCOL – URIC ACID

Specimen Collection

Adult: 1 – 4.5 mL Lithium Heparin PST Tube (*PLACE PROMPTLY ON ICE)

Pediatric: 1 – 0.6 mL Lithium Heparin Microtainer PST Tube (*PLACE PROMPTLY ON ICE)

KEEP ON ICE & TRANSPORT IMMEDIATELY TO BIOCHEMISTRY LABORATORY

Test Name

Rasburicase Protocol - Uric Acid

Test Code

RPUA

PROCESSING

- Sample **MUST** be centrifuged at 4°C, keep ON ICE until analysis.
- Perform analysis without delay
- Program manually at the instrument for uric acid
- Enter the result on the RPUA format

*****Caution: Rasburicase protocol – uric acid is for patients being treated with the enzyme Rasburicase. This enzyme breaks down uric acid ex-vivo. Thus, samples for rasburicase protocol must be kept at 2-8 °C and analyzed promptly.*****
