

*** 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:	ENCOUNTER NO.: LOCATION (WARD/CLINIC): PATIENT NAME: (LAST) (FIRST) DATE OF BIRTH: SEX: <input type="checkbox"/> F <input type="checkbox"/> M DD/MMM/YYYY FACILITY PATIENT ID NO.: PHIN (9 DIGITS): PHYSICIAN/PHYSICIAN NO.: COLLECTION DATE: COLLECTION TIME: COLLECTED BY:
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SPECIMEN ID #
HSC LAB USE ONLY

TIMED COLLECTIONS: START DATE/TIME: _____ STOP DATE/TIME: _____
 VOLUME: _____ mL

	URINE	CSF	FLUIDS	SPECIAL INVESTIGATIONS
	Sodium NAU	Cell Count & Differential CSFH		(Appropriate clinical data must be completed)
	Potassium KU	Chloride CLC		Metabolic Screen 1 mL blood (fasting) Plasma AAQP
	Creatinine CRU	Glucose GLC		plus 20 mL urine Urine METU
	Osmolality OSU	Protein, Total PC		Time blood drawn _____
	Albumin UALB			Time of last feed _____
	Calcium * CAU	FLUIDS		History _____
	Chloride CLU	Type _____		
	Citrate * CITU	Cell Count & Differential HFLD		
	Cortisol * CORU	Crystals CRYST		Clinical/Lab Findings _____
	Creatinine Clearance CRCL	Fetal Lung Maturity LP		
	Ht. _____ cm Wt. _____ kg	Fluid for Eosinophils FFE		Other Information _____
	Homovanillic Acid * HVA	Gastric Occult Blood GOB		
	Hydroxyindole Acetic Acid * HIAA	Albumin ALFL		
	Metanephrines * MNPH	Bilirubin, Total BFL		
	Oxalate * OXU	Chloride CLFL		
	Phosphate POU	Creatinine CRFL		
	Porphobilinogen * PBG	Glucose GFL		
	Porphyrins * POR	LD LDFL		
	Pregnancy Test PREG	Lipase LPFL		
	Protein, Total TPU	Potassium KFL		
	Urea UU	Protein, Total TPFL		
	Uric Acid UAU	Sodium NAFL		
	Vanillylmandelic Acid * VMA	Urea UFL		
		Uric Acid UAFL		
	Urinalysis (Dipstick) UR	STOOL		
	Urine Microscopic Review RFM	Fat (Quantitative) * FF		SPECIMEN COLLECTION INSTRUCTIONS Tests marked in * require special collection and/or transport. Consult the Lab Information Manual or call the Laboratory.
	Reason must be given	Natural & Split Fats FECA		
	Reason:	Occult Blood OB		
		pH * PHF		
		Reducing Substances * RSF		
		Stool for Leukocytes SFL		OTHER TESTS (Please Print)

CHEMISTRY/HEMATOPATHOLOGY TEST REQUISITION
 LABORATORY TEST REQUEST MISCELLANEOUS