

Inflammatory Bowel Disease Standardized Care Protocols

18. IBD PATIENT REFERRAL (EDMONTON SPECIFIC)

Referring physician:

1. Fill out the IBD Consultation Request Form ([#1](#)).
2. Please have all the following investigations completed and results sent along with this referral form:
 - a. IBD Triage labs – CBC, CRP, Fecal Calprotectin ([#4](#))
 - b. Stool Microbiology (C&S, O&P, and C. Difficile Toxin) ([#5](#))
3. Please attach any additional relevant labs/investigations/letters to the referral.
4. Make sure labs 2a and 2b and all information are completed, otherwise, form will be returned to your office
5. Fax the IBD Consultation Request Form ([#1](#)) – completed – to the Single Point of Referral Triage (SPORT) at (780) 492–9271.

