PHN/Health Care Number | Accession # | **Routine Requisition** **Please complete testing ASAP**

LABORATORY MEDICINE AND PATHOLOGY
Client Response Centre (780) 407-7484
CAPITAL HEALTH REGION LABORATORIES
DYNALIFE DIAGNOSTIC LABORATORY SERVICES

Sex | Patient Legal Name (Last) (First) (Initial) DOB

Address City Province Postal Code

Chart # Patient Phone # Lab #

Full Name & Location MUST BE PROVIDED
☑ Copy to
Name:
Phys Code:
Address: , , ,

Ordering Physician / Practitioner | Physician Code

Ordering Address / Location
Zeidler Ledcor Centre, University of Alberta, Edmonton | Report Location Code

Report address if different

Specimen Event Type
IA ☐ AUXILIARY
IP ☐ IN PT
OP ☐ OUT PT
AP ☐ AMBUL
HC ☐ HMCARE
ST ☐ STAFF
EN ☐ ENVIRON
WCB ☐ Worker's Comp

Bill Type CPL ☐ Alberta Health Care
OR
CC ☐ Company OT ☐ Out of Prov
XX ☐ Pre Paid PB ☐ Patient Bill

Co Name
Address

Client #

Date specimen collected | Col. Location

TIME (24 h) | Collector

Fasting # of hrs

SPECIMEN TYPE Urine/Feces ☐ Random ☐ 24 h
Blood ☐ serum ☐ plasma ☐ Timed, other _____
☐ whole blood Total Volume _____
☐ Microcollection Start date/time _____
Stop date/time _____
Diagnosis: Other _____

HISTORY
Patient undergoing high dose vitamin D therapy.

HEMATOLOGY

CBC ☐ CBC (Hgb, Hct, RBC Indices, platelets, WBC)
CBCD ☐ CBC & Differential
HB ☐ hemoglobin
HCT ☐ hematocrit
PLT ☐ platelet count
WBC ☐ WBC

RETIC ☐ reticulocyte count
PC ☐ blood film to pathol.ogy

MAL ☐ malaria film

PT ☐ PT (INR)
PTT ☐ PTT
FIB ☐ fibrinogen
QDDIM ☐ quantitative D-dimer

THAL ☐ hemoglobinopathy
SHBS ☐ Hgb S screen

FER ☐ ferritin
B12 ☐ vitamin B12

URINE RANDOM

UMA ☐ urinalysis
UTPCR ☐ protein:creatinine
PREG ☐ pregnancy test
UALBR ☐ microalbumin:creatinine
BJ ☐ urine protein electrophoresis

URINE, 24 h / Timed

Special Collection Instructions
☐ UNA ☐ UK ☐UCL
UTP ☐ protein
UCRE ☐ creatinine
CRCL ☐creatinine clearance
Pt ht ____ cm, wt ____ kg
UMET ☐ metanephrines
UCOR ☐ cortisol
UALB ☐ microalbumin

FLUIDS

Fluid Type _____
SFGLU ☐ CSF glucose
SFTP ☐ CSF protein
SFCT ☐ CSF cell count
FLGLU ☐ glucose
FLTP ☐ protein
FLCT ☐ cell count
FLCRY ☐ crystals

MISCELLANEOUS

OB ☐ occult blood
physician and patient to discuss medications before testing
PSEA ☐ post vasectomy
HIV ☐ HIV (third party)
PSA ☐ PSA (third party)
ECG ☐ electrocardiogram to be read by DynaLIFE Panel
Other _____

GENERAL CHEMISTRY

GLUF ☐ glucose fasting (8h) +
GLUP ☐ glucose 2 h PC +
GTT2 ☐ 2h GTT (fast 10h)+
GLUCR ☐ glucose, random

NA ☐ sodium
K ☐ potassium
CL ☐ chloride
CO2 ☐ CO2

CREA ☐ creatinine
Pt Wt _____ in kg
CA ☒ calcium
LD ☐ LD
PO4 ☐ phosphate
MG ☐ magnesium
TP ☐ total protien
ALB ☐ albumin
ALP ☐ alk phos
ALT ☐ALT
UA ☐ urate (uric acid)
TBIL ☐ bilirubin, total
CBIL ☐ bilirubin, conjugated
NBIL ☐ bilirubin, neonatal

LPS ☐ lipase
GGT ☐ GGT
CK ☐ CK
TROP ☐ troponin I

C3 ☐ complement C3
C4 ☐ complement C4
IGQ ☐ IgA, IgG, IgM (Quant)
IGE ☐ IgE
SPE ☐ serum protein electophoresis

LDL ☐ LDL cholesterol (12h fasting)#
HDL ☐ HDL cholesterol (12h fasting)#
TRIG ☐ triglycerides (12h fasting)#
CHOL ☐ cholesterol

PRENATAL

For initial blood group and serology testing **special prenatal req required**
HB ☐ hemoglobin
UMA ☐ urinalysis
GDS ☐ GDS Gestational Diabetes Screen
GTTPR ☐ 2h GTT Pregnancy Fasting – 10 h

REFERRED OUT TESTS

Additional req must accompany request
HIVAB ☐ HIV (Prov Lab)
XPSA ☐ PSA (Cross Cancer In)
MOM ☐ maternal hCG/AFP/E3

HEPATITIS

HAVM ☐ Hep A Virus Ab IgM
HAVG ☐ Hep A Virus Ab IgG
HSAG ☐ Hep B Surface Ag
HSAB ☐ Hep B Surface Ab
HCVAB ☐ Hep C Virus Ab (give clinical details)

DIABETES MONITORING

HBA1C ☐ hemoglobin A1c
UALBR ☐ microalbumin: creatinine

IMMUNOLOGY /SEROLOGY

ANA ☐ antinuclear Ab
ATTG ☐ Anti-transglutaminase IgA
RA ☐ RA factor
ASOT ☐ ASO titre
SYPH ☐ Syphilis EIA
RUBG ☐ rubella IgG
MONOS ☐ mono test
EBM ☐ EB virus (IgM)
TPO ☐ thyroid antibodies

TRANSFUSION MEDICINE

ABORH ☐ ABO and Rh
Indication: _____

ENDOCRINE

CORA ☐ cortisol AM 0800-1000
CORP ☐ cortisol PM 1500-1700
DHEAS ☐ DHEAS
E2 ☐ estradiol
FSH ☐ FSH
LH ☐ LH
PROG ☐ progesterone
PRL ☐ prolactin
PTH ☐ PTH* calcium _____
HCG ☐ quant. HCG
TSHO ☐ TSH (only)
TSH ☐ TSH (progressive)
TESTA ☐ testosterone AM (0800-1000 h)†
OR
TESTP ☐ testosterone PM (1500-1700 h))†

OTHER TESTS NOT LISTED

Vitamin D
Clinical Information:
*** BLOOD TEST TO BE DONE 8-12 WEEKS AFTER VITAMIN D INJECTION***

TOXICOLOGY

Reason for request _____
Current meds_____
Drugs given in Emerg _____
OR
To mother during delivery (newborn)_____

QUANTITATIVE (blood only)
ACET ☐ acetaminophen
SAL ☐ salicylate
ETOH ☐ ethanol

SCREENING TESTS
Urine
UAMP ☐ amphetamine group
UBARB ☐ barbiturates
UBENZ ☐ benzodiazepines
UCAN ☐ cannabis metabolites
UCOC ☐ cocaine metabolite
UMETD ☐ methadone
UOP ☐ opiates (NOT oxycodone)
UOXY ☐ oxycodone
UTCA ☐ tricyclic antidepressants

serum
BARB ☐ barbiturates
BENZ ☐ benzodiazepines
TCA ☐ tricyclic antidepressants

THERAPEUTIC DRUG MONITORING

Complete for ALL drugs being monitored

Drugs to be monitored _____ _____
Dose regimen / route _____ _____
Time last dose STARTED _____ _____
COMPLETED _____ _____
Time of next dose _____ _____
How long on this dose regimen _____ _____

CARB ☐ carbamazepine
CYCLO ☐ cyclospicorinePREDOSE
CYCL2 ☐ cyclosporine 2h POST
DIG ☐ digoxin
LI ☐ lithium
PHB ☐ phenobarbital
PTN ☐ phenytoin
SIRO ☐ sirolimus
TAC ☐ tacrolimus
THEO ☐ theophylline
VA ☐ valproate

ANTIBIOTICS (select 1 box)	Conventional Dose PRE (trough) T	Conventional Dose POST (0.5 – 1.0 h after dose end) P	Extended Interval Dose (7mg/kg) INTERVAL (8h after dose start) 8	Other I
GENT. gentamicin				
TOBR. tobramycin				
VANC.vancomycin				
AMIK. amikacin				