

*** PLEASE COMPLETE THE INFORMATION BELOW, PRINT CLEARLY ***

NAME OF PHYSICIAN ORDERING TEST: (LAST) (FIRST)	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.:
REFERRING INSTITUTION NAME AND ADDRESS OR CODE:	COLLECTION DATE: COLLECTION TIME: COLLECTED BY:
IF AN ADDITIONAL REPORT IS REQUIRED, PLEASE COMPLETE THE FOLLOWING: PHYSICIAN NAME: ADDRESS: CITY: PROV.: POSTAL CODE: TELEPHONE NO.: FAX NO.:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SPECIMEN ID # HSC LAB USE ONLY </div>

SCHEDULED COLLECTION: DATE: _____ TIME: 0800 OTHER: _____ **COLLECTED BY:** VENIPUNCTURE INDWELLING LINE ABOVE SHUT-OFF IV

CHEMISTRY		CHEMISTRY		CHEMISTRY		ENDOCRINE TESTS	
Sodium	NA	Alkaline Phosphatase	ALK	Ammonia	Send on ice AMM	ACTH	Send on ice ACTH
Potassium	K	ALT (SGPT)	ALT	Angiotensin Conv. Enz.	ACE	Cortisol	COR
Chloride	CL	AST (SGOT)	AST	Beta-Hydroxybutyrate	BHB	DHAS	DHAS
Total CO ₂ (Bicarbonate)	CO2	Bilirubin, Total	TB	Ceruloplasmin	CERU	Estradiol	E2
Glucose	G	Bilirubin, Direct	DB	Ethanol	ETO	FSH	FSH
Urea	U	γ-Glutamyl Transferase	GGT	FEP	FEP	Growth Hormone	GH
Creatinine	CR	LD	LD	Ferritin	FER	HCG (Quantitative)	HCGQ
Calcium	CA	Lipase	LIP	Glycated Hemoglobin	GYHB	17-Hydroxyprogesterone	PR17
Phosphate	P	Uric Acid	UA	Haptoglobin	HPT	Insulin	INS
Magnesium	MG	Iron	IRON	Homocysteine	Send on ice HCQ	LH	LH
CK	CK	TIBC	TIBC	IgE	IGE	Progesterone	PGN
Troponin T	TNT	Osmolality	OS	Ionized Calcium	ICA	Prolactin	PL
Myoglobin	SMYO	Alpha-Fetoprotein	AFP	Lactic Acid	Send on ice LAC	SHBG	SHBG
Total Protein	TP	Beta-2 Microglobulin	BZM	Lead	PB	Testosterone	TST
Albumin	AL	CA125	CA1	Prealbumin	PALB	FAI	FAI
Lipoprotein Profile (Includes CH, TG, HDL, LDL)	LIPP	CA 15-3	CA15	PTH	Send on ice PTH	T3, Free	FT3
		CA 19-9	CA19	Vitamin B12	B12	T4, Free	FT4
Cholesterol	CH	Carcinoembryonic Antigen	CEA	Vitamin D25	D25	TSH	TSH
Triglyceride	TG	PSA	PRSA	Zinc	ZN	Thyroperoxidase Antibodies	TPO

HEMATOPATHOLOGY		DRUG LEVELS	
Complete Blood Count (includes 5 cell differential)	CBC	Acetaminophen	ACTM
Blood Film Review (**Reason must be given**) Reason:	SLR	Amiodarone	AMIO
		Carbamazepine	CARB
Reticulocyte Count	RETA	Cyclosporin	CY
Sedimentation Rate (ESR)	ESR	Digoxin	DIG
Sickle Cell Screen	HSS	FK506	FK5
Malaria	MAL	Gentamicin	GENT
Cold Agglutinin Screen	HCA	Lithium	LI
Glucose-6-Phosphate Dehydrogenase	GPD	Methotrexate	MTX
PT/INR/Pfib	PT	LAST DOSE: TIME: _____ DATE: (D/M/Y) NEXT DOSE: TIME: _____ DATE: (D/M/Y) IV FINISH: TIME: _____	
APTT	APTT		
Fibrinogen	CFIB		
D-Dimer (Qualitative)	DDIM		
Lupus Inhibitor	LUPS	SPECIMEN COLLECTION INSTRUCTIONS Tests marked in red require special collection and/or transport. Consult the Lab Information Manual or call the laboratory.	
Factor V Leiden	MOL		
Prothrombin Variation (G20210A)	MOL		
Heinz Body Screen	HBA		

OTHER TESTS (Please Print)	CLINICAL INFORMATION

CHEMISTRY/HEMATOPATHOLOGY TEST REQUISITION

LABORATORY TEST REQUEST BLOOD, SERUM OR PLASMA



Health Sciences Centre

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