

*** 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>

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

	URINE	CSF	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 CRY	
	Creatinine Clearance CRCL	Fetal Lung Maturity LP	Clinical/Lab Findings _____
	Ht. _____ cm Wt. _____ kg	Fluid for Eosinophils FFE	
	Homovanillic Acid * HVA	Albumin ALFL	
	Hydroxyindole Acetic Acid * HIAA	Bilirubin, Total BFL	Other Information _____
	Metanephrines * MNPH	Chloride CLFL	
	Oxalate * OXU	Creatinine CRFL	
	Phosphate POU	Glucose GFL	
	Porphobilinogen * PBG	LD LDFL	
	Porphyrins * POR	Lipase LPFL	
	Pregnancy Test PREG	Potassium KFL	
	Protein, Total TPU	Protein, Total TPFL	
	Urea UU	Sodium NAFL	
	Uric Acid UAU	Urea UFL	
	Urobilinogen * UBGQ	Uric Acid UAFL	
	Vanillylmandelic Acid * VMA	STOOL	
		Fat (Quantitative) * FF	OTHER TESTS (Please Print)
	Urinalysis (Dipstick) UR	Natural & Split Fats FECA	
	Urine Microscopic Review RFM **Reason must be given** Reason: _____	Occult Blood OB	
		pH * PHF	
		Reducing Substances * RSF	
		Stool for Leukocytes SFL	

SPECIMEN COLLECTION INSTRUCTIONS

Tests marked in * require special collection and/or transport. Consult the Lab Information Manual or call the Laboratory.

CHEMISTRY/HEMATOPATHOLOGY TEST REQUISITION
 LABORATORY TEST REQUEST MISCELLANEOUS

