

PHN / Healthcare Number		Accession #		Chemistry Specialty Requisition				LABORATORY MEDICINE AND PATHOLOGY Client Response Centre 780-407-7484 CAPITAL HEALTH REGION LABORATORIES DynaLIFE _{DX} DIAGNOSTIC LABORATORY SERVICES																																																							
<input type="checkbox"/> M <input type="checkbox"/> F	Patient Legal Name (Last) (First) (Initial)			D O B	DD	MM	YY	<input type="checkbox"/> Copy to Name _____ Physician Code _____ Address _____																																																							
Address				City		Prov.		Postal Code																																																							
Chart #		Patient Phone #			Lab #																																																										
Ordering Physician / Practitioner				Physician Code		Specimen Event Type																																																									
Ordering Address / Location				Report Location Code		<input type="checkbox"/> IA <input type="checkbox"/> AUXILIARY <input type="checkbox"/> IP <input type="checkbox"/> IN PT <input type="checkbox"/> OP <input type="checkbox"/> OUT PT <input type="checkbox"/> AP <input type="checkbox"/> AMBUL <input type="checkbox"/> HC <input type="checkbox"/> HMCARE <input type="checkbox"/> ST <input type="checkbox"/> STAFF <input type="checkbox"/> EN <input type="checkbox"/> ENVIRON <input type="checkbox"/> WCB <input type="checkbox"/> WORKER'S COMP																																																									
Report address if different				Bill Type CPL <input type="checkbox"/> Alberta Health Care						<input type="checkbox"/> CCO <input type="checkbox"/> Capital Health Company <input type="checkbox"/> CO <input type="checkbox"/> Company <input type="checkbox"/> XX <input type="checkbox"/> Pre-paid <input type="checkbox"/> OT <input type="checkbox"/> Out of Prov <input type="checkbox"/> PB <input type="checkbox"/> Patient Bill Co. name _____ Address _____ Client # _____																																																					
Date specimen collected		Col. Location		DIAGNOSIS:						<input type="checkbox"/> PRIORITY (specify tests)																																																					
DD	MM	YY	Collector																																																												
TIME (24 h)																																																															
Fasting # of hours																																																															
SPECIMEN TYPE				ALLERGENS				TRACE ELEMENTS																																																							
Blood <input type="checkbox"/> serum <input type="checkbox"/> plasma <input type="checkbox"/> whole blood Fluid <input type="checkbox"/> amniotic <input type="checkbox"/> pleural <input type="checkbox"/> CSF <input type="checkbox"/> synovial <input type="checkbox"/> peritoneal <input type="checkbox"/> other _____ <input type="checkbox"/> dialysate _____ <input type="checkbox"/> perit. dialysate Urine / Feces <input type="checkbox"/> Random <input type="checkbox"/> 24h <input type="checkbox"/> 72h <input type="checkbox"/> Timed, other _____ Total volume _____ Start time _____ Stop time _____ Other _____				<input type="checkbox"/> IGE <input type="checkbox"/> total IgE quantitation <input type="checkbox"/> FOODS <input type="checkbox"/> food screen <input type="checkbox"/> INHS <input type="checkbox"/> inhalant screen <input type="checkbox"/> INSEC <input type="checkbox"/> stinging insect panel <input type="checkbox"/> PENGV <input type="checkbox"/> penicillin G and amoxicillin				Strict attention to recommended specimen collection procedures is required. Information can be obtained from "Guide to Lab Services" or by calling client response centre 780-407-7484.																																																							
MISCELLANEOUS				FOODS				THE FOLLOWING MUST BE COMPLETED FOR TRACE ELEMENT ANALYSIS Environmental exposure to certain trace elements either occupationally or in food / medications can cause elevated trace element concentrations. It is important to note all relevant patient information. <input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker <input type="checkbox"/> Recent ingestion of seafood _____ <input type="checkbox"/> Occupational exposure _____ Time of exposure _____ Trace elements suspected _____ _____ Drugs prescribed or taking _____ _____ Other pertinent information / tests _____ _____																																																							
FFAT <input type="checkbox"/> Fecal fat (72 h collection) Refer to collection Protocol in Guide to Services FLM <input type="checkbox"/> Fetal lung maturity (amniotic fluid: forward to RAH) VITD <input type="checkbox"/> 25 - OH Vit D				<input type="checkbox"/> COD <input type="checkbox"/> codfish <input type="checkbox"/> EGG <input type="checkbox"/> egg white <input type="checkbox"/> MILK <input type="checkbox"/> milk <input type="checkbox"/> PNUT <input type="checkbox"/> peanut <input type="checkbox"/> SOYA <input type="checkbox"/> soybean <input type="checkbox"/> WHEAT <input type="checkbox"/> wheat																																																											
AUTOIMMUNE				MICROORGANISMS				SINGLE TRACE ELEMENTS																																																							
TPO <input type="checkbox"/> thyroid microsomal Ab ACHRQ <input type="checkbox"/> acetylcholine receptor Ab ATTG <input type="checkbox"/> transglutaminase Ab				<input type="checkbox"/> ATEN <input type="checkbox"/> alternaria tenuis <input type="checkbox"/> ASPFM <input type="checkbox"/> aspergillus fumigatus <input type="checkbox"/> CHERB <input type="checkbox"/> cladosporium herbarum <input type="checkbox"/> PNOT <input type="checkbox"/> penicillium notatum				<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:center;">Urine</th> <th style="text-align:center;">Serum</th> <th style="text-align:center;">Blood</th> </tr> </thead> <tbody> <tr> <td>Aluminum</td> <td><input type="checkbox"/> UAL</td> <td><input type="checkbox"/> AL</td> <td></td> </tr> <tr> <td>Arsenic</td> <td><input type="checkbox"/> UAS</td> <td></td> <td><input type="checkbox"/> BAS</td> </tr> <tr> <td>Cadmium</td> <td></td> <td></td> <td><input type="checkbox"/> BCDM</td> </tr> <tr> <td>Chromium</td> <td><input type="checkbox"/> UCRM</td> <td><input type="checkbox"/> CRM</td> <td></td> </tr> <tr> <td>Cobalt</td> <td><input type="checkbox"/> UCOB</td> <td></td> <td></td> </tr> <tr> <td>Copper</td> <td><input type="checkbox"/> UCU</td> <td><input type="checkbox"/> CU</td> <td></td> </tr> <tr> <td>Lead</td> <td><input type="checkbox"/> UPB</td> <td></td> <td><input type="checkbox"/> BPB</td> </tr> <tr> <td>Manganese</td> <td></td> <td></td> <td><input type="checkbox"/> BMN</td> </tr> <tr> <td>Mercury</td> <td><input type="checkbox"/> UHG</td> <td></td> <td><input type="checkbox"/> BHG</td> </tr> <tr> <td>Nickel</td> <td><input type="checkbox"/> UNIK</td> <td><input type="checkbox"/> NIK</td> <td></td> </tr> <tr> <td>Selenium</td> <td><input type="checkbox"/> USEL</td> <td><input type="checkbox"/> SEL</td> <td></td> </tr> <tr> <td>Zinc</td> <td><input type="checkbox"/> UZN</td> <td><input type="checkbox"/> ZN</td> <td></td> </tr> </tbody> </table>					Urine	Serum	Blood	Aluminum	<input type="checkbox"/> UAL	<input type="checkbox"/> AL		Arsenic	<input type="checkbox"/> UAS		<input type="checkbox"/> BAS	Cadmium			<input type="checkbox"/> BCDM	Chromium	<input type="checkbox"/> UCRM	<input type="checkbox"/> CRM		Cobalt	<input type="checkbox"/> UCOB			Copper	<input type="checkbox"/> UCU	<input type="checkbox"/> CU		Lead	<input type="checkbox"/> UPB		<input type="checkbox"/> BPB	Manganese			<input type="checkbox"/> BMN	Mercury	<input type="checkbox"/> UHG		<input type="checkbox"/> BHG	Nickel	<input type="checkbox"/> UNIK	<input type="checkbox"/> NIK		Selenium	<input type="checkbox"/> USEL	<input type="checkbox"/> SEL		Zinc	<input type="checkbox"/> UZN	<input type="checkbox"/> ZN	
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Blood AAQ <input type="checkbox"/> amino acid quantitation AA <input type="checkbox"/> amino acid screen CARN <input type="checkbox"/> carnitine Urine UAA <input type="checkbox"/> amino acid screen ORGLC <input type="checkbox"/> organic acids MPSCR <input type="checkbox"/> mucopolysaccharide screen OLIGO <input type="checkbox"/> oligosaccharide screen SUGID <input type="checkbox"/> sugar identification				<input type="checkbox"/> CAT <input type="checkbox"/> cat dander <input type="checkbox"/> COW <input type="checkbox"/> cow dander <input type="checkbox"/> DOG <input type="checkbox"/> dog epithelium <input type="checkbox"/> HORSE <input type="checkbox"/> horse dander				UTREL <input type="checkbox"/> urine aluminum, antimony, arsenic, barium, beryllium, bismuth, cadmium, copper, lead, manganese, mercury, selenium, thallium, zinc TREL <input type="checkbox"/> serum aluminum, antimony, barium, beryllium, copper, nickel, selenium, zinc BTREL <input type="checkbox"/> blood cadmium, cobalt, lead, manganese, molybdenum, thallium																																																							
OTHER TESTS				TREE, GRASS, WEED POLLENS																																																											
				<input type="checkbox"/> BIRCH <input type="checkbox"/> birch <input type="checkbox"/> TIMO <input type="checkbox"/> timothy grass <input type="checkbox"/> RWEEED <input type="checkbox"/> western ragweed																																																											
				MITES																																																											
				<input type="checkbox"/> DPTER <input type="checkbox"/> D. pteronyssinus mite <input type="checkbox"/> DFAR <input type="checkbox"/> D farinae mite																																																											
				OCCUPATIONAL																																																											
				<input type="checkbox"/> LATEX <input type="checkbox"/> Latex																																																											