ALBERTA PRECISION LABORATORIES

Leaders in Laboratory Medicine

Mobile Collection Services Requisition

Scanning Label or Accession # *(lab only)*

Patient

PHN Expiry: _____	Date of Birth *(dd-Mon-yyyy)*		
Legal Last Name	Legal First Name	Middle Name	
Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ X Non-binary/Prefer not to disclose	Phone
Address	City/Town	Prov	Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*			Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Address		Phone	Address	Address
CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
Clinic Name			Clinic Name	Clinic Name

Collection				
Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID	

Mobile Collection

Collection services provided to patients outside of lab collection centres. To be considered eligible for this service, patients **must** meet at least one of the following criteria:

☐ Has had a recent hospitalization and/or surgery that restricts their travel outside the home temporarily *(maximum 4 weeks).*
Specify reason _____ Hospital discharge date *(dd-Mon-yyyy)* _____

☐ Has medical restrictions and/or health limitations and/or is physically unable to attend appointments or participate in other activites outside their home. Specify reason patient is unable to attend laboratory collection location _____

☐ Resides in a secured or designated supportive living enviroment *(e.g. DSL4, DSL4D).*

Scheduling Requirements

Note: Mobile Collections not available in all communities

Frequency	Maximum Duration	Requested Duration
☐ Once only	Once	
☐ 2 times per week	2 weeks *(M/Th or Tu/F)*	
☐ 3 times per week	2 weeks *(M/W/F)*	
☐ Weekly	12 weeks	
☐ Every 2 weeks	26 weeks	
☐ Monthly	1 year	
☐ Every 3 months	1 year	

Requested Start: Week of _____
(service date will be determined by patient location)

Does patient have an existing Mobile Order?
☐ No
☐ Yes. If yes:
- ☐ **Add** to existing order or next scheduled collection
- ☐ **Replace** existing order(s)
- ☐ Schedule **Extra Collection** *(dd-Mon-yyyy)* _____

Office Use Only

Date received *(dd-Mon-yyyy)*	Order expiry date *(dd-Mon-yyyy)*

Test Required

☐ Alanine Aminotransferase *(ALT)*	☐ Lipid Panel	Dose Route ☐ Oral ☐ IV ☐ Other
☐ Albumin	☐ Magnesium	How long on current dose regimen?
☐ Alkaline Phosphatase *(ALP)*	☐ Thyroid Stimulating Hormone *(TSH)*	Date of last dose *(dd-Mon-yyyy) (or IV Complete)*
☐ Bilirubin, Total	☐ Thyroid Stimulating Hormone *(TSH)* Progressive	Time of last dose *(hh:mm) (or IV Complete)*
☐ Calcium	☐ Urate	Date of next dose *(dd-Mon-yyyy) (or IV Start)*
☐ CBC and Differential	☐ Urine Albumin ☐ random	☐ Carbamazepine
☐ CBC no Differential	☐ Urinalysis	☐ Cyclosporine
☐ Creatinine *(eGFR)*	Additional Tests Not Listed	☐ Digoxin
☐ Creatine Kinase *(CK)*		☐ Gentamicin
Electrolytes ☐ Na ☐ K		☐ Phenobarbital
☐ Ferritin		☐ Lithium
☐ Gamma Glutamyl Transferase *(GGT)*		☐ Phenytoin, Total
☐ Glucose random		☐ Tacrolimus
☐ Hemoglobin A1c *(max 1 x / 3 months)*		☐ Valproate
☐ INR		☐ Vancomycin

Therapeutic Drug Monitoring

Zone	Fax Requisition	Phone	Zone	Fax Requisition	Phone
Calgary	403-777-5222	403-770-3351	**North, Grande Prairie**	780-532-2477 (Home Care)	Call lab directly
Central, Red Deer	403-343-4811	403-343-4749	**North, All Other**	Call lab directly	
Central, All Other	Call lab directly		**South, Lethbridge**	403-388-6068	403-388-6057
Edmonton/DynaLIFE	780-452-5294	780-453-9440	**South Medicine Hat**	403-502-8284	403-502-8638
Lloydminster/DynaLIFE	780-452-5294	780-453-9440	**South, All Other**	Call lab directly	

For Mobile Collections Detailed information go to: www.albertaprecisionlabs.ca Healthcare Providers