

Requisition Requirements – Outpatient Clinic General Laboratory Report to Physician Office

Use a Patient Label without a Clinibase encounter number for Microbiology and General Laboratory orders:

- Results will be delivered to the Ordering Physician Office
- Results will not be viewable in SCM

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| | Arrival Time <input type="checkbox"/> ACH <input type="checkbox"/> FMC <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> SHC <input type="checkbox"/> OTHER _____ | ACUTE CARE REQUISITION SEE OVER FOR ADDITIONAL INFORMATION | |
| | Qmatic No. | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> 2160-054-793 Current, River Bend PHN AB477680351 1990/08/06 M <i>Patient phone # 403-555-9204</i> </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 5px;"> Patient Label Use a label <u>without</u> a Clinibase encounter number or Clinic name </div> | |
| CLINIC / UNIT: ORDERING PHYSICIAN | | Affix addressograph (name, full first name) or clearly print patient's full name (last name, first name, middle initial, date of birth, and gender) | |
| Ordering Physician Full last and first name plus full address is required for accurate report delivery | | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Patient Phone Number is required (may need to handwrite on label) </div> | |
| Last Name / Full First Name: Example, Doctor OR Dr Doctor Example Office Address / Location: 10 Report Dr SW Calgary, AB 10 Report Dr SW 14870 001785A | | PRIORITY: <input type="checkbox"/> ROUTINE <input type="checkbox"/> TIMED CLINICAL INFORMATION: PATIENT LOCATION: REQUISITIONED BY: | |
| COPY TO Example2 Doctor2 20 Report Dr SW Calgary | | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Complete Clinical Information Patient medication Information is required for Toxicology or Drug Screen tests </div> | |
| Last Name Full First Name Office Address/Location 2) Last Name Full First Name Office Address/Location | | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Note: Paper results will be delivered to the ordering physician office </div> | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Copy To When additional physicians require a copy of the report, it is necessary to add them as a "COPY TO". Last name, first name and full address is required for accurate report delivery. </div> | | | |