



ELECTROCARDIOGRAM REQUISITION

Accession # *(lab only)*

Patient	PHN	Alternate Identifier			Date of Birth <i>(yyyy-Mon-dd)</i>	
	Last Name	First Name		Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Phone
	Address	City/Town	Prov	Postal Code		Location
Requestor (s)	Requestor Name <i>(last, first)</i>		Copy to <i>(last, first)</i>		Copy to <i>(last, first)</i>	
	Location/Facility/Address		Location/Facility/Address		Location/Facility/Address	
	Phone		Phone		Phone	
	Healthcare Provider ID		Healthcare Provider ID		Healthcare Provider ID	
Collection	Date <i>(yyyy-Mon-dd)</i>	Time <i>(24 hr)</i>		Location		Collector ID

Interpretation Request	<p>Stat ECGs are not available. Patients with cardiac symptoms should be referred to nearest emergency department. All ECGs on patients 16 years or younger are read by a pediatric cardiologist</p>
	<p>Select preferred reader and interpretation status. If section is incomplete, ECG will be sent to default reader for routine interpretation</p> <p><input type="checkbox"/> Default Reader:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Routine Interpretation: Report required next business day</p> <p style="margin-left: 20px;"><input type="checkbox"/> Priority Interpretation: Report required same business day. Should only be requested if same day treatment required</p> <p><input type="checkbox"/> Alternate Reader: To be read by: _____</p> <p style="margin-left: 100px;">(Full first name) (Full last name) (both must be provided)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Routine Interpretation</p> <p style="margin-left: 20px;"><input type="checkbox"/> Priority Interpretation: The ordering physician is responsible for making arrangements for preferred reader to be available to receive fax of un-interpreted ECG on day of recording.</p>
Additional Copies	<p><input type="checkbox"/> Fax copy of un-interpreted ECG to Ordering Physician: Should only be requested if same day treatment is required before interpretation is available from reading physician If a fax of the final report is required, this must be requested from the reading physician. CLS does not fax final ECG reports. Final reports are available in NetCare.</p> <p>Fax Number must be provided: _____</p> <p><input type="checkbox"/> Provide copy of un-interpreted ECG to patient.</p>
Additional Order Information	

Patient Instructions

- Avoid use of oily or greasy skin creams on the day of testing as it causes interference.
- Avoid wearing full length hosiery as sensors must be applied directly to skin.

CLS Use Only:

- Patient has pacemaker?** (circle one) Yes or No
- Patient contact information for 3 hours after ECG completed:** _____

More details on ECG testing can be found on our web site: <http://www.calgarylabservices.com/lab-services-guide/lab-test/AlphabeticalListing/E/ECG.html>