Calgary ® Laboratory Services

PADIS MEDICAL TOXICOLOGY CLINIC REQUISITION

ORDERING PHYSICIAN

_____ _____

*Last Name *Full First Name

Provider # _____

Location: _____

Affix addressograph imprint or patient label to **ALL PAGES**, or clearly print patient's full name (last name, full first name), Personal Health Number, Medical Record Number, date of birth, and gender.

COPY TO:

1) _____ _____

Last Name Full First Name

_____

Office Address

2) _____ _____

Last Name Full First Name

_____

Office Address

PRIORITY: ☐ ROUTINE ☐ STAT ☐ TIMED ☐ ASAP	DATE TO BE COLLECTED:	TIME TO BE COLLECTED:
CLINICAL INFORMATION:	FINANCIAL CLASS: **NO CHARGE**	REQUISITIONED BY:

Blood Tests

ACETYL	☐	Acetylcholinesterase
B2M	☐	Beta-2 Microglobulin
CAD	☐	Cadmium
COHB	☐	Carboxyhemoglobin
CHRM	☐	Chromium
COB	☐	Cobalt
LEAD	☐	Lead
MERC	☐	Mercury
MISCREFBL	☐	Retinol Binding Protein
SPMA	☐	S-phenylmercapturic acid (S-PMA)
SEL	☐	Selenium

OTHER: _____

Urine Tests

UTREL	☐	Aluminum
UTREL	☐	Arsenic
UTREL	☐	Cadmium
HIPP	☐	Hippuric Acid
UMERC	☐	Mercury, 24 hour urine
UMALB	☐	Albumin Creatinine Ratio, Random

OTHER:

24 hour urine collection Date: _____

Start____:____ Stop ____:____

Urine volume: _____ mL

COLLECTED BY	FASTING HOURS (PC)	PATIENT COLLECTED SPECIMENS;	ACCESSION NUMBER
DATE COLLECTED	TIME COLLECTED	DATE OF COLLECTION: _____ YYYY-MM-DD TIME OF COLLECTION: _____:_____ AM / PM (circle one)	