Calgary Laboratory Services

PADIS MEDICAL TOXICOLOGY CLINIC 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 ☐ 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

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;** **DATE OF COLLECTION:** _____ **YYYY-MM-DD**	**ACCESSION NUMBER**
DATE COLLECTED	**TIME COLLECTED**	**TIME OF COLLECTION:** _____:_____ **AM / PM (circle one)**	