Alberta Health Services

Calgary Laboratory Services

☐ ACH ☐ RGH
☐ FMC ☐ PLC
☐ RGH ☐ SHC
☐ OTHER _____

ESSENTIAL SERVICE REQUISITION-MOD IMPACT

SEE OVER FOR ADDITIONAL INFORMATION

CLINIC / UNIT:

ORDERING PHYSICIAN

(Last Name)

(Full First Name)

IF REQUIRED
☐ PHONE Full Name: _____
☐ FAX
RESULTS TO Number: _____

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

ADDITIONAL COPIES TO:

1) _____ (Last Name) _____ (Full First Name) _____ (Office Address/Location)

2) _____ (Last Name) _____ (Full First Name) _____ (Office Address/Location)

PRIORITY: ☐ ROUTINE ☐ STAT ☐ TIMED	DATE TO BE COLLECTED:	TIME TO BE COLLECTED:
CLINCAL INFORMATION:	PATIENT LOCATION:	REQUISITIONED BY:

For Transfusion Medicine, use Pretransfusion Testing Requisition: http://www.calgarylabservices.com/files/HealthcareProfessionals/Requisitions/REQ9004TM.pdf

HEMATOLOGY

CBC	☐ CBC includes Auto Diff only

COAGULATION

PT	☐ INR (Prothrombin Time)
PTT	☐ PTT
DDIMER	☐ D-dimer
FIB	☐ Fibrinogen

URINE

*U**	☐ *Urinalysis (includes microscopic)*

GENERAL CHEMISTRY

*ALB**	☐ *Albumin*
*ALP**	☐ *Alkaline Phosphatase*
ALT	☐ Alanine Aminotransferase
*BILT**	☐ *Bilirubin, total*
CA	☐ Calcium
*CK**	☐ *Creatine Kinase*
CREA	☐ Creatinine (serum/plasma)
EP	☐ Electrolyte Panel (Na,K,Cl,CO2)
ETOH	☐ Ethanol
GLUR	☐ Glucose - Random
*LIP**	☐ *Lipase*
NBILT	☐ Bilirubin, neonates only
*MG**	☐ *Magnesium*
OSM	☐ Osmolality, serum
PHOS	☐ Phosphate
TNT/TNIV	☐ Troponin
UREA	☐ Urea

ENDOCRINE

BHCG	☐ Beta hCG (serum)

HEPATITIS

*HBSAG**	☐ *Hepatitis B Surface Antigen*

TOXICOLOGY (ER only)

ACETA	☐ Acetaminophen
SAL	☐ Salicylate
UDS	☐ Urine Drug Screen
METH	☐ Methanol
EG	☐ Ethylene Glycol

* See reverse

FLUIDS

CSFCC	☐ CSF - cell count & diff

THERAPEUTIC DRUG MONITORING

Last Dose: Time: _____ Date: _____

CARB	☐ Carbamazepine
CYCLO	☐ Cyclosporin
DIG	☐ Digoxin
GENR	☐ Gentamicin
LI	☐ Lithium
METHO	☐ Methotrexate
PTN	☐ Phenytoin
PHENO	☐ Phenobarbital
SIRO	☐ Sirolimus
TACRO	☐ Tacrolimus
THEO	☐ Theophylline
TOBR	☐ Tobramycin
VALP	☐ Valproate
VANCR	☐ Vancomycin

MICROBIOLOGY

RESPIRATORY/EYE

☐ Bronchoalveolar Lavage (BAL)	☐ Bacterial Culture ☐ PCP - BAL only
☐ Bronchial Wash (BW)	☐ Legionella - BAL only
☐ Protected Brush (PBS)	☐ Fungal Culture
☐ Eye: Critical only ☐ Left ☐ Right	☐ Bacterial Culture
☐ Vitreous/Aqueous Fluid	☐ Fungal Culture
☐ Corneal scraping/Ulcer	☐ Herpes (HSV) DFA slide req'd
☐ Orbital Fluid	☐ Acanthamoeba
☐ Other (specify): _____	

UROGENITAL

☐ Vaginal/Rectal (pregnant only)	☐ Group B Streptococcus (GBS)

BLOOD/STERILE FLUIDS

Blood Culture:

☐ Peripheral ☐ Central Line ☐ Arterial Line ☐ Dialysis access line	☐ Bacterial/Yeast Culture ☐ Indicate if Endocarditis

☐ **Malaria:** History form required. Available at www.calgarylabservices.com

☐ **Other blood parasites:** contact Microbiologist on Call 770-3757 before collection

Cerebral spinal fluid (CSF):

☐ Lumbar puncture ☐ Indwelling CNS Shunt ☐ External ventricular drain ☐ Other (specify):	☐ Bacterial Culture ☐ Fungal Culture
☐ Peritoneal dialysis fluid ☐ Peritoneal fluid ☐ Pleural fluid ☐ Synovial fluid ☐ Other (specify):	☐ Bacterial Culture ☐ Anaerobic Culture

SURGICAL SPECIMEN/IMPLANTED DEVICE/ DEEP WOUND/ABSCESS/CATHETER TIP

Specify source/site: _____

☐ Deep wound (>1cm) ☐ Deep abscess ☐ Aspirate ☐ Tissue ☐ Implanted Device ☐ Other (specify):	☐ Bacterial Culture ☐ Anaerobic Culture ☐ Candida/Yeast ☐ Fungal Culture
☐ Catheter Tip/site:_____	☐ Bacterial Culture ☐ Candida/Yeast
☐ Urine (hospital/septic/ treatment failure only)	☐ Bacterial Culture

For approval of tests not on menu:
Microbiology: 403-770-3757
Hematology: call LIC for current number
Chemistry/Toxicology: 403-860-1802

COLLECTED BY:	FASTING HOURS (PC):		ACCESSION NUMBER:
DATE COLLECTED:	TIME COLLECTED:		TESTING LOCATION:

Laboratory Information Centre: 403-770-3600 www.calgarylabservices.com

Calgary Laboratory Services

Central Laboratory: Diagnostic & Scientific Centre 9, 3535 Research Road N.W. • Calgary, Alberta • T2L 2K8 (mailing address only – no blood collection services)
Phone 403-770-3500 • 1-800-661-345

Patient Service Centres and Outpatient Collection Sites

Patient Services Centre and Outpatient Collection sites' hours of operation may be subject to change at any time. For the most current information, always consult the Calgary Laboratory Services website: www.calgarylabservices.com before attempting to have your blood drawn.

*** System Wide Prioritization Menu (High Impact):**

- **Tests italicized and marked with an asterisk are NOT available.**
- **Type and Screen only available from Transfusion Medicine**

Notes:

- **Neonatal Metabolic Screen (NMS) collection is as per usual**
- **Recommend this requisition is only used by staff physicians to order tests.**

Physicians may contact the Laboratory Information Centre (LIC) for test results, test information, and related inquiries.

Call 403-770-3600

www.calgarylabservices.com