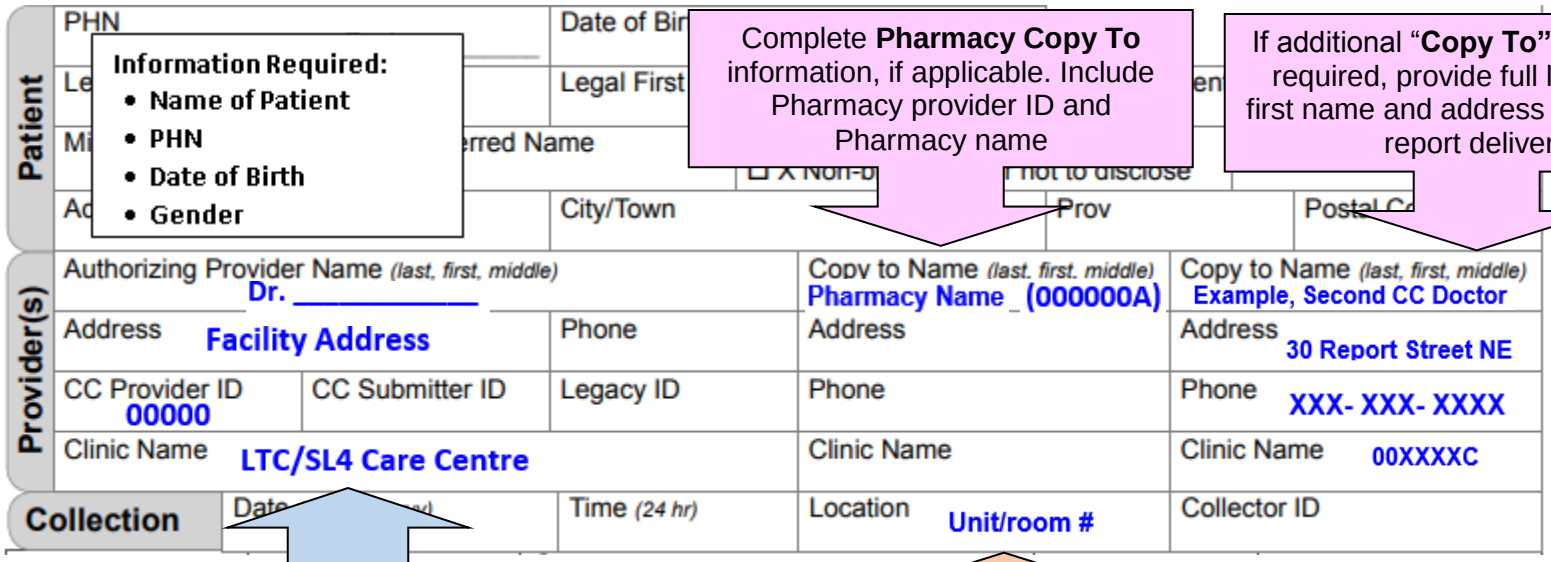
ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Requisition Requirements – Community Requisition for Long Term Care and Supportive Living

Benefits of providing APL with COMPLETE and LEGIBLE information:

- ✔ Promotes patient safety through reduced transcription errors
- ✔ Reduces turnaround time when processing patient samples
- ✔ Ensures reports are sent to the correct facility, ordering physician (and pharmacy, when appropriate) in a timely manner

Affix **LTC/SL4 Facility Patient Label** or complete all fields to ensure accurate patient identification and registration



Complete **Pharmacy Copy To** information, if applicable. Include Pharmacy provider ID and Pharmacy name

If additional "**Copy To"** reports are required, provide full last name, first name and address for accurate report delivery

Complete Facility Information (including unit name or number, if applicable) and **Ordering Physician** full last and first name

Complete **Patient's Unit and Room Number for ECG and Blood Collections**. Complete all collection information (collection date and time) for all specimens collected by facility

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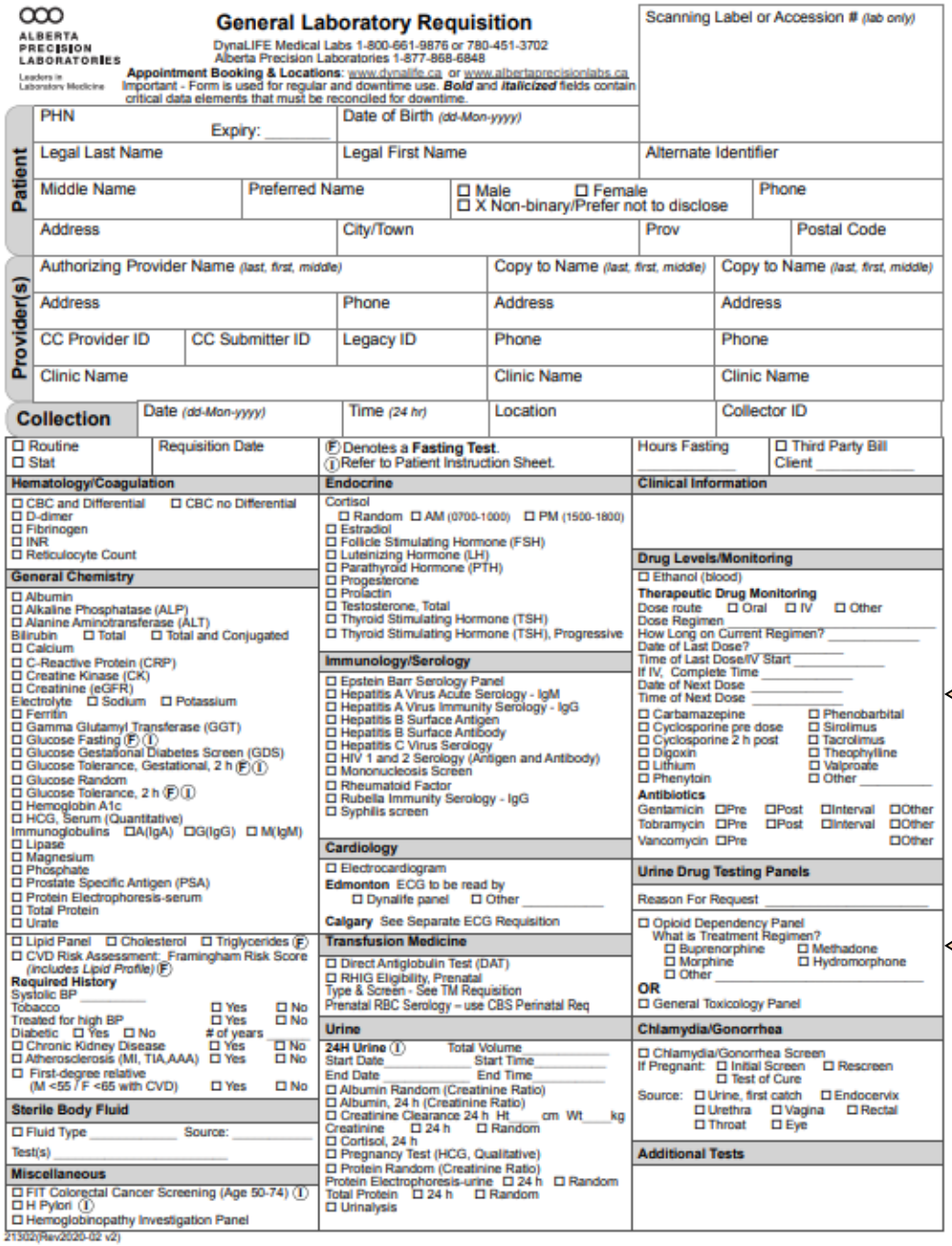

General Laboratory Requisition

DynaLIFE Medical Labs 1-800-661-9876 or 780-451-3702
Alberta Precision Laboratories 1-877-868-6848

Appointment Booking & Locations: www.dynalife.ca or www.albertaprecisionlabs.ca
Important - Form is used for regular and downtime use. ***Bold*** and ***italicized*** fields contain critical data elements that must be reconciled for downtime.

Scanning Label or Accession # *(lab only)*

Patient

PHN Expiry: _____ | Date of Birth *(dd-Mon-yyyy)*
Legal Last Name | Legal First Name | Alternate Identifier
Middle Name | Preferred Name | ☐ Male ☐ Female ☐ X 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

☐ Routine ☐ Stat | Requisition Date | Ⓕ Denotes a **Fasting Test**. ⓘ Refer to Patient Instruction Sheet. | Hours Fasting _____ | ☐ Third Party Bill Client _____

Hematology/Coagulation
☐ CBC and Differential ☐ CBC no Differential
☐ D-dimer
☐ Fibrinogen
☐ INR
☐ Reticulocyte Count

General Chemistry
☐ Albumin
☐ Alkaline Phosphatase (ALP)
☐ Alanine Aminotransferase (ALT)
Bilirubin ☐ Total ☐ Total and Conjugated
☐ Calcium
☐ C-Reactive Protein (CRP)
☐ Creatine Kinase (CK)
☐ Creatinine (eGFR)
Electrolyte ☐ Sodium ☐ Potassium
☐ Ferritin
☐ Gamma Glutamyl Transferase (GGT)
☐ Glucose Fasting Ⓕ ⓘ
☐ Glucose Gestational Diabetes Screen (GDS)
☐ Glucose Tolerance, Gestational, 2 h Ⓕ ⓘ
☐ Glucose Random
☐ Glucose Tolerance, 2 h Ⓕ ⓘ
☐ Hemoglobin A1c
☐ HCG, Serum (Quantitative)
Immunoglobulins ☐A(IgA) ☐G(IgG) ☐ M(IgM)
☐ Lipase
☐ Magnesium
☐ Phosphate
☐ Prostate Specific Antigen (PSA)
☐ Protein Electrophoresis-serum
☐ Total Protein
☐ Urate

☐ Lipid Panel ☐ Cholesterol ☐ Triglycerides Ⓕ
☐ CVD Risk Assessment: Framingham Risk Score *(includes Lipid Profile)* Ⓕ
Required History
Systolic BP _____
Tobacco ☐ Yes ☐ No
Treated for high BP ☐ Yes ☐ No
Diabetic ☐ Yes ☐ No # of years _____
☐ Chronic Kidney Disease ☐ Yes ☐ No
☐ Atherosclerosis (MI, TIA,AAA) ☐ Yes ☐ No
☐ First-degree relative (M <55 / F <65 with CVD) ☐ Yes ☐ No

Sterile Body Fluid
☐ Fluid Type _____ Source: _____
Test(s) _____

Miscellaneous
☐ FIT Colorectal Cancer Screening (Age 50-74) ⓘ
☐ H Pylori ⓘ
☐ Hemoglobinopathy Investigation Panel

Endocrine
Cortisol
☐ Random ☐ AM (0700-1000) ☐ PM (1500-1800)
☐ Estradiol
☐ Follicle Stimulating Hormone (FSH)
☐ Luteinizing Hormone (LH)
☐ Parathyroid Hormone (PTH)
☐ Progesterone
☐ Prolactin
☐ Testosterone, Total
☐ Thyroid Stimulating Hormone (TSH)
☐ Thyroid Stimulating Hormone (TSH), Progressive

Immunology/Serology
☐ Epstein Barr Serology Panel
☐ Hepatitis A Virus Acute Serology - IgM
☐ Hepatitis A Virus Immunity Serology - IgG
☐ Hepatitis B Surface Antigen
☐ Hepatitis B Surface Antibody
☐ Hepatitis C Virus Serology
☐ HIV 1 and 2 Serology (Antigen and Antibody)
☐ Mononucleosis Screen
☐ Rheumatoid Factor
☐ Rubella Immunity Serology - IgG
☐ Syphilis screen

Cardiology
☐ Electrocardiogram
Edmonton ECG to be read by
☐ Dynalife panel ☐ Other _____
Calgary See Separate ECG Requisition

Transfusion Medicine
☐ Direct Antiglobulin Test (DAT)
☐ RHIG Eligibility, Prenatal
Type & Screen - See TM Requisition
Prenatal RBC Serology – use CBS Perinatal Req

Urine
24H Urine ⓘ Total Volume _____
Start Date _____ Start Time _____
End Date _____ End Time _____
☐ Albumin Random (Creatinine Ratio)
☐ Albumin, 24 h (Creatinine Ratio)
☐ Creatinine Clearance 24 h Ht ____cm Wt ____kg
Creatinine ☐ 24 h ☐ Random
☐ Cortisol, 24 h
☐ Pregnancy Test (HCG, Qualitative)
☐ Protein Random (Creatinine Ratio)
Protein Electrophoresis-urine ☐ 24 h ☐ Random
Total Protein ☐ 24 h ☐ Random
☐ Urinalysis

Clinical Information

Drug Levels/Monitoring
☐ Ethanol (blood)
Therapeutic Drug Monitoring
Dose route ☐ Oral ☐ IV ☐ Other
Dose Regimen _____
How Long on Current Regimen? _____
Date of Last Dose? _____
Time of Last Dose/IV Start _____
If IV, Complete Time _____
Date of Next Dose _____
Time of Next Dose _____
☐ Carbamazepine ☐ Phenobarbital
☐ Cyclosporine pre dose ☐ Sirolimus
☐ Cyclosporine 2 h post ☐ Tacrolimus
☐ Digoxin ☐ Theophylline
☐ Lithium ☐ Valproate
☐ Phenytoin ☐ Other _____
Antibiotics
Gentamicin ☐Pre ☐Post ☐Interval ☐Other
Tobramycin ☐Pre ☐Post ☐Interval ☐Other
Vancomycin ☐Pre ☐Other

Urine Drug Testing Panels
Reason For Request _____
☐ Opioid Dependency Panel
What is Treatment Regimen?
☐ Buprenorphine ☐ Methadone
☐ Morphine ☐ Hydromorphone
☐ Other _____
OR
☐ General Toxicology Panel

Chlamydia/Gonorrhea
☐ Chlamydia/Gonorrhea Screen
If Pregnant: ☐ Initial Screen ☐ Rescreen
☐ Test of Cure
Source: ☐ Urine, first catch ☐ Endocervix
☐ Urethra ☐ Vagina ☐ Rectal
☐ Throat ☐ Eye

Additional Tests

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Therapeutic Drug Monitoring
Last dose information is required

Patient medication information is required for Toxicology or Drug Screen

Microbiology Orders,
e.g. urine and stool cultures, should be requested on
REQ9021MI Microbiology Requisition