Mobile Collection Services Requisition

**Mobile Collection**

Collection services provided to patients outside of lab collection centres. To be considered eligible for this service, patients must meet at least one of the following criteria:
- Has had a recent hospitalization and/or surgery that restricts their travel outside the home temporarily (maximum 4 weeks).
- Has medical restrictions and/or health limitations and/or is physically unable to attend appointments or participate in other activities outside their home. Specify reason patient is unable to attend laboratory collection location.
- Resides in a secured or designated supportive living environment (e.g. DSL4, DSL4D).

**Scheduling Requirements**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Maximum Duration</th>
<th>Requested Duration</th>
<th>Does patient have an existing Mobile Order?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Once only</td>
<td>Once</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>□ 2 times per week</td>
<td>2 weeks (M/Th or Tu/F)</td>
<td></td>
<td>Yes. If yes:</td>
</tr>
<tr>
<td>□ 3 times per week</td>
<td>2 weeks (M/W/F)</td>
<td></td>
<td>Add to existing order or next scheduled collection</td>
</tr>
<tr>
<td>□ Weekly</td>
<td>12 weeks</td>
<td></td>
<td>Replacement existing order(s)</td>
</tr>
<tr>
<td>□ Every 2 weeks</td>
<td>26 weeks</td>
<td></td>
<td>Schedule Extra Collection (dd-Mon-yyyy)</td>
</tr>
<tr>
<td>□ Monthly</td>
<td>1 year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Every 3 months</td>
<td>1 year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Test Required**

- Alanine Aminotransferase (ALT)
- Albumin
- Alkaline Phosphatase (ALP)
- Bilirubin, Total
- Calcium
- CBC and Differential
- CBC no Differential
- Creatinine (eGFR)
- Creatine Kinase (CK)
- Electrolytes (Na, K)
- Ferritin
- Gamma Glutamyl Transferase (GGT)
- Glucose random
- Hemoglobin A1c (max 1 x / 3 months)
- INR
- Lipid Panel
- Magnesium
- Thyroid Stimulating Hormone (TSH) (Progressive)
- Urate
- Urine Albumin, random
- Urinalysis
- Additional Tests Not Listed
- Carbamazepine
- Cyclosporine
- Digoxin
- Gentamicin
- Phenobarbital
- Lithium
- Phenytoin, Total
- Tacrolimus
- Valproate
- Vancomycin

**Test Results**

- Alanine Aminotransferase
- Albumin
- Alkaline Phosphatase
- Bilirubin, Total
- Calcium
- CBC and Differential
- CBC no Differential
- Creatinine (eGFR)
- Creatine Kinase (CK)
- Electrolytes (Na, K)
- Ferritin
- Gamma Glutamyl Transferase (GGT)
- Glucose random
- Hemoglobin A1c (max 1 x / 3 months)
- INR
- Lipid Panel
- Magnesium
- Thyroid Stimulating Hormone (TSH) (Progressive)
- Urate
- Urine Albumin, random
- Urinalysis
- Additional Tests Not Listed

**Office Use Only**

- Date received (dd-Mon-yyyy)
- Order expiry date (dd-Mon-yyyy)

**Revenue Code**

- D0040

**Billing Code**

- D0041

**Method Code**

- D0047

**Test Result Code**

- D0048

**Reason Code**

- D0049

**Sample Information**

- Sample Type
- Volume
- Condition
- Collection Time
- Site

**Collection**

- Date (dd-Mon-yyyy)
- Time (24 hr)
- Location
- Collector ID

**Mobile Collection Details**

- Collection services provided to patients outside of lab collection centres. To be considered eligible for this service, patients must meet at least one of the following criteria:
- Has had a recent hospitalization and/or surgery that restricts their travel outside the home temporarily (maximum 4 weeks).
- Has medical restrictions and/or health limitations and/or is physically unable to attend appointments or participate in other activities outside their home. Specify reason patient is unable to attend laboratory collection location.
- Resides in a secured or designated supportive living environment (e.g. DSL4, DSL4D).

**Scheduling Requirements**

- Frequency: Once only, 2 times per week, 3 times per week, Weekly, Every 2 weeks, Monthly, Every 3 months.
- Maximum Duration: Once, 2 weeks (M/Th or Tu/F), 2 weeks (M/W/F), 12 weeks, 26 weeks, 1 year, 1 year.
- Requested Duration: Once, 2 weeks (M/Th or Tu/F), 2 weeks (M/W/F).
- Does patient have an existing Mobile Order? No, Yes.
- Add to existing order or next scheduled collection, Replace existing order(s), Schedule Extra Collection (dd-Mon-yyyy).

**Test Required**

- Alanine Aminotransferase (ALT), Lipid Panel, Albumin, Magnesium, Alkaline Phosphatase (ALP), Thyroid Stimulating Hormone (TSH) (Progressive), Bilirubin, Total, Calcium, Urate, Urine Albumin, random, Urinalysis, Additional Tests Not Listed.

**Billing Information**

- Fax Requisition
- Phone
- Zone
- Fax Requisition
- Phone
- Zone
- Fax Requisition
- Phone

**For Mobile Collections**

For Mobile Collections Detailed information go to: www.albertaprecisionlabs.ca

**Healthcare Providers**

For Mobile Collections Detailed information go to: www.albertaprecisionlabs.ca

**Mobile Collection**

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