### 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 restrict their travel outside the home temporarily *(maximum 4 weeks).*
  - Specify reason ___________________________ Hospital discharge Date (yyyy-Mon-dd) ___________

- □ Has medical restrictions/health limitations and/or is unable to attend appointments or other activities outside their home?
  - Specify Condition impeding mobility ___________________________

- □ Resides in a secured or safe living environment *(e.g. Remand Centre, SL4D).*

### Scheduling of testing
Requested Start: Week of ___________________________ *(service date may be determined by patient location)*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Maximum Duration</th>
<th>Does patient have an existing Mobile order?</th>
<th>In addition to existing order?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Once only</td>
<td>Once</td>
<td>□ No □ Yes ➤ Is this order</td>
<td>□ replacing existing order?</td>
</tr>
<tr>
<td>□ 2X /Week</td>
<td>2 weeks (M/Th or Tu/F)</td>
<td></td>
<td>□ Schedule extra collection ▼</td>
</tr>
<tr>
<td>□ 3X /Week</td>
<td>2 weeks (M/W/F)</td>
<td></td>
<td>Date (yyyy-Mon-dd) ___________</td>
</tr>
<tr>
<td>□ Weekly</td>
<td>3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Every 2 Weeks</td>
<td>6 months</td>
<td></td>
<td></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>

*not available in all regions

### Test Required
- □ Alanine Aminotransferase *(ALT)*
- □ Albumin
- □ Alkaline Phosphatase *(ALP)*
- □ Bilirubin - Total only
- □ Calcium
- □ CBC with automated differential
- □ Creatinine *(e-GFR)*
- □ Electrolytes *(Na/K)*
- □ GGT
- □ Glucose – Random
- □ HbA1c
- □ INR
- □ Lipid Profile – Random *(Chol, Trig, HDL & LDL)*
- □ Magnesium
- □ TSH
- □ Urea
- □ Urine albumin *(Random)*
- □ Others, please list

### Therapeutic Drug Monitoring
- □ Cyclosporine
- □ Carbamazepine
- □ Digoxin
- □ Gentamicin
- □ Phenobarbital
- □ Lithium
- □ Phenytoin *(Dilantin) Free*
- □ Phenytoin *(Dilantin) Total*
- □ Tacrolimus
- □ Valproate
- □ Vancomycin

Information and instructions for accessing mobile collections in your patient’s location may be found at http://albertahealthservices.ca/lab