ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

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)*
Address
Phone
CC Provider ID
CC Submitter ID
Legacy ID
Clinic Name

Copy to Name *(last, first, middle)*
Address
Phone
Clinic Name

Copy to Name *(last, first, middle)*
Address
Phone
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