

Essential Test 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

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	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Phone
			<input type="checkbox"/> X Non-binary/Prefer not to disclose		
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	
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	
	Clinic Name		Clinic Name	Clinic Name	
Collection	Date (dd-Mon-yyyy)	Time (24 hr)	Location	Collector ID	

TESTS FOR IMMEDIATE CLINICAL MANAGEMENT

● Testing at lab discretion

Hematology/Coagulation	Endocrine	Clinical History (REQUIRED)
<input type="checkbox"/> CBC and Differential <input type="checkbox"/> D-Dimer <input type="checkbox"/> Fibrinogen <input type="checkbox"/> PT/INR <input type="checkbox"/> PTT <input type="checkbox"/> Anti-Factor Xa <input checked="" type="checkbox"/> Albumin <input type="checkbox"/> Pre-Albumin (ICU only) <input checked="" type="checkbox"/> Alkaline Phosphatase (ALP) <input type="checkbox"/> Alanine Aminotransferase (ALT) <input type="checkbox"/> Bilirubin Neonate Total & Conjugated <input type="checkbox"/> Calcium <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> Creatinine (eGFR) <input type="checkbox"/> Electrolyte Panel (Na, K, Cl, CO2) <input type="checkbox"/> Ferritin <input checked="" type="checkbox"/> Gamma Glutamyl Transferase (GGT) <input type="checkbox"/> Glucose Fasting <input type="checkbox"/> Glucose Random <input type="checkbox"/> HCG, Serum (Quantitative) <input type="checkbox"/> Lipase <input checked="" type="checkbox"/> Magnesium <input type="checkbox"/> Phosphate <input checked="" type="checkbox"/> Total Protein <input type="checkbox"/> Urate	<input checked="" type="checkbox"/> Thyroid Stimulating Hormone (TSH) Specialty Chemistry (By Pre-Approval) <input type="checkbox"/> Anti Neutrophil Cytoplasmic Ab (ANCA) <input type="checkbox"/> Glomerular Basement Membrane <input type="checkbox"/> Plasma Hemoglobin <input type="checkbox"/> Plasma Metanephrines <input type="checkbox"/> Pseudocholinesterase <input type="checkbox"/> Pyruvate Immunology/Serology <input type="checkbox"/> Epstein Barr PCR <input type="checkbox"/> Hepatitis A Virus Acute Serology - IgM <input type="checkbox"/> Hepatitis A Virus Immunity Serology - IgG <input type="checkbox"/> Hepatitis B Surface Antigen <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> Hepatitis C Virus Serology <input type="checkbox"/> HIV 1 and 2 Serology (Ag and Ab) <input type="checkbox"/> Syphilis screen <input type="checkbox"/> Rapid HIV <input type="checkbox"/> Female/Labor <input type="checkbox"/> Acutely ILL <input type="checkbox"/> Exposure <input type="checkbox"/> APL <input type="checkbox"/> AHS Use Edmonton #18634/Calgary #REQ9016 HIV	Drug Levels/Monitoring Therapeutic Drug Monitoring Dose route <input type="checkbox"/> Oral <input type="checkbox"/> IV <input type="checkbox"/> Other Dose Regimen _____ How Long on Current Regimen? _____ Date of Last Dose? _____ Time of Last Dose _____ If IV, Complete Time _____ Date of Next Dose _____ Time of Next Dose _____ <input type="checkbox"/> Carbamazepine <input type="checkbox"/> Phenytoin <input type="checkbox"/> Cyclosporine pre dose <input type="checkbox"/> Sirolimus <input type="checkbox"/> Cyclosporine 2 h post <input type="checkbox"/> Tacrolimus <input type="checkbox"/> Digoxin <input type="checkbox"/> Theophylline <input type="checkbox"/> Lithium <input type="checkbox"/> Valproate <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Other _____
Essential Test Menu Additions	Transfusion Medicine	Antibiotics
<input type="checkbox"/> Ammonia <input type="checkbox"/> Blood Gases (lab performed) <input type="checkbox"/> BNP, Pro-NTBNP <input type="checkbox"/> Ionized Calcium <input type="checkbox"/> Iron Overdose <input type="checkbox"/> Lactate <input type="checkbox"/> Osmolality, serum <input type="checkbox"/> Troponin <input type="checkbox"/> Urea	<input checked="" type="checkbox"/> Direct Antiglobulin Test (DAT) Crossmatch (Blood and HLA) use zone specific TM/HLA Requisitions. <input checked="" type="checkbox"/> Prenatal RBC Serology – use CBS Perinatal Requisition Urine <input type="checkbox"/> Pregnancy Test (HCG, Qualitative) <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine Electrolytes <input type="checkbox"/> Urine Osmolality	Gentamicin <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Interval <input type="checkbox"/> Other Tobramycin <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Interval <input type="checkbox"/> Other Vancomycin <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Interval <input type="checkbox"/> Other <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Salicylate <input type="checkbox"/> Ethanol <input type="checkbox"/> Ethylene <input type="checkbox"/> Alcohols (methanol, ethylene glycol, Isopropanol/acetone)
Sterile Body Fluids	Cardiology	Microbiology
Fluid Type _____ Source: _____ <input checked="" type="checkbox"/> Albumin <input checked="" type="checkbox"/> Lactate Dehydrogenase <input type="checkbox"/> CSF, Cell Count & Differential <input type="checkbox"/> CSF, Glucose <input type="checkbox"/> CSF, Total Protein	<input type="checkbox"/> Electrocardiogram Edmonton ECG to be read by <input type="checkbox"/> DynaLIFE panel <input type="checkbox"/> Other _____ <input type="checkbox"/> Calgary Use REQ 9015ECG	<input type="checkbox"/> MRSA/ARO Screen Source: <input type="checkbox"/> nasal/nares <input type="checkbox"/> Other