ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Acute Laboratory Requisition

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

Appointment Booking & Locations: www.albertaprecisionlabs.ca or www.dynalife.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	Middle Name	
Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ 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
☐ PTT ☐ Reticulocyte Count
☐ INR

General Chemistry

☐ Albumin
☐ Alkaline Phosphatase (ALP)
☐ Alanine Aminotransferase (ALT)
☐ Ammonia
☐ Anti-Neutrophil Cytoplasmic Antibody (ANCA)
☐ Bilirubin, Total OR ☐ Total and Conjugated
☐ B-Natriuretic Peptide (BNP or NT-Pro BNP)
☐ Calcium
☐ Complement C3
☐ Complement C4
☐ Creatine Kinase (CK)
☐ Calcium, Ionized
☐ C-Reactive Protein (CRP)
☐ Creatinine (eGFR)
☐ Electrolyte Panel OR ☐ Na ☐ K ☐ Cl ☐ CO2
☐ Ferritin
☐ Gamma Glutamyl Transferase (GGT)
☐ Glucose, Random
☐ Beta hCG, Quantitative
Immunoglobulins: ☐ IgA ☐ IgG ☐ IgM
☐ Iron Overdose
☐ Iron and TIBC
☐ Lactate
☐ Lactate Dehydrogenase (LD)
☐ Lipase
☐ Magnesium
☐ Osmolal Gap
☐ Osmolality
☐ Phosphate
☐ Total Protein
☐ Triglycerides
☐ Troponin
☐ Urate
☐ Urea

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

☐ 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
☐ Syphilis screen

Urine

☐ Urinalysis
☐ Pregnancy Test (HCG, Qualitative)
☐ Osmolality

Albumin*	☐ Random	☐ 24 h
Calcium*	☐ Random	☐ 24 h
Creatinine	☐ Random	☐ 24 h
Cortisol		☐ 24 h
Electrolyte Panel	☐ Random	☐ 24 h
Protein Total*	☐ Random	☐ 24 h
Protein Electrophoresis	☐ Random	☐ 24 h

*includes creatinine ratio

☐ Creatinine Clearance 24h Ht_____ cm
Wt_____ kg

24H Urine Total Volume_____

Start Date_____ Start Time_____

End Date _____ End Time_____

Clinical Information

Toxicology (Quantitative, Blood)

☐ Acetaminophen Level
☐ Salicylate Level
☐ Ethanol Level
☐ Alcohol Panel (Ethylene Glycol, Methanol, Isopropanol, Acetone)

Therapeutic Drug Monitoring

Dose route ☐ Oral ☐ IV ☐ Other
Dose Regimen _____
How Long on Current Regimen? _____
Date of Last Dose or IV Complete _____
Time of Last Dose or IV Complete _____
Date of Next Dose or IV Start _____
Time of Next Dose or IV Start _____

☐ Carbamazepine ☐ Phenytoin, Total
☐ Cyclosporine pre dose ☐ Sirolimus
☐ Cyclosporine 2 h post ☐ Tacrolimus
☐ Digoxin ☐ Theophylline
☐ Lithium ☐ Valproate
☐ Phenobarbital ☐ Other _____

Antibiotics

Amikacin	☐ Pre	☐ Post		☐ Other
Gentamicin	☐ Pre	☐ Post	☐ Interval	☐ Other
Tobramycin	☐ Pre	☐Post	☐Interval	☐ Other
Vancomycin	☐ Pre			☐ Other

Anticoagulant

☐ Anti-Xa - Unfractionated Heparin
☐ Anti-Xa - LMWH
☐ Anti-Xa - Apixaban
☐ Anti-Xa - Rivaroxaban

Sterile Body Fluids

Fluid Type: ☐ CSF OR ☐ Other Body Fluid
Source: _____
Test(s): _____

Additional Tests