

Mobile Collections Requisition

Phone: 1-877-868-6848

Scanning Label or Accession # *(lab only)*

Patient	PHN		Expiry: _____		Date of Birth <i>(dd-Mon-yyyy)</i>	
	Legal Last Name			Legal First Name		Middle Name
	Alternate Identifier	Preferred Name		<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
	Address		City/Town		Prov	Postal Code
Provider(s)	Authorizing Provider Name <i>(last, first, middle)</i>			Copy to Name <i>(last, first, middle)</i>		Copy to Name <i>(last, first, middle)</i>
	Address		Phone	Address		Address
	CC Provider ID	CC Submitter ID		Phone		Phone
	Clinic Name			Clinic Name		Clinic Name
Collection	Date <i>(dd-Mon-yyyy)</i>		Time <i>(24 hr)</i>		Location	
					Collector ID	

Mobile Collections

Mobile collection services are provided to patients outside of lab collection centres. To be considered eligible for this service, the patient 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)*
Specify reason: _____ Hospital discharge date *(dd-Mon-yyyy)*: _____
- ☐ Has a medical restriction or health limitation and/or is unable to attend appointments or other activities outside their home
Specify Condition impeding mobility: _____
- ☐ Resides in a Continuing Care Home Type B or Type B – Secure Space

Scheduling of Testing

Requested Start: Week of _____ *(service date may be determined by patient location)*

Frequency	Maximum Duration	Requested Duration <i>(cannot exceed maximum duration)</i>	Does patient have an existing Mobile order by same authorizing provider? <input type="checkbox"/> No <input type="checkbox"/> Yes ► Provide rationale for additional order <input type="checkbox"/> Add to existing order <input type="checkbox"/> Replace existing order <input type="checkbox"/> Schedule extra collection ▼ Date <i>(dd-Mon-yyyy)</i> : _____
<input type="checkbox"/> Once only	Once		For Office Use Only Date <i>(dd-Mon-yyyy)</i> Order Expiry Date <i>(dd-Mon-yyyy)</i>
<input type="checkbox"/> 2X / Week	2 Weeks (M/Th or Tu/F)		
<input type="checkbox"/> 3X / Week	2 Weeks (M/W/F)		
<input type="checkbox"/> Weekly	12 Weeks		
<input type="checkbox"/> Every 2 Weeks	26 Weeks		
<input type="checkbox"/> Monthly	1 Year		
<input type="checkbox"/> Every 3 Months	1 Year		

**not available in all regions*

Test Required

- | | |
|---|---|
| <input type="checkbox"/> Tests entered in Epic | <input type="checkbox"/> Hemoglobin A1c |
| <input type="checkbox"/> Alanine Aminotransferase (ALT) | <input type="checkbox"/> INR |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Lipid Panel (Chol, Trig, HDL, non-HDL & LDL) |
| <input type="checkbox"/> Alkaline Phosphatase (ALP) | <input type="checkbox"/> Magnesium |
| <input type="checkbox"/> Bilirubin Total | <input type="checkbox"/> Sodium |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Potassium |
| <input type="checkbox"/> CBC (Hgb, Hct, RBC indices, Platelets & WBC) | <input type="checkbox"/> Thyroid Stimulating Hormone (TSH) |
| <input type="checkbox"/> CBC and Differential | <input type="checkbox"/> Thyroid Stimulating Hormone, Progressive |
| <input type="checkbox"/> Creatinine (eGFR) | <input type="checkbox"/> Urea |
| <input type="checkbox"/> Gamma Glutamyl Transferase (GGT) | <input type="checkbox"/> Urine Albumin Random |
| <input type="checkbox"/> Glucose Random | <input type="checkbox"/> Other <i>(specify)</i> _____ |

Therapeutic Drug Monitoring

- Last Dose** ☐ Pre ☐ Post ☐ Random
Time *(hh:mm)*: _____
Date *(dd-Mon-yyyy)*: _____
Route ☐ Oral ☐ IM ☐ IV
- ☐ Cyclosporine
☐ Carbamazepine
☐ Digoxin
☐ Gentamicin
☐ Phenobarbital
☐ Lithium
☐ Phenytoin (Dilantin)
☐ Tacrolimus
☐ Valproate
☐ Vancomycin

Cardiology - Electrocardiogram (ECG)

- ☐ Electrocardiogram to be read by panel ☐ Electrocardiogram to be read by Other

For information and instructions for accessing mobile collections, refer to <https://www.albertaprecisionlabs.ca/hp/Page13822.aspx>