ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Mobile Collections Requisition

Phone: 1-877-868-6848

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

Mobile Collections

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 *(dd-Mon-yyyy)*: _____

☐ Has a 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 designated supportive living environment (DSL3, DSL4, DSL4-D)

Scheduling of Testing

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

Frequency	Maximum Duration
☐ Once only	Once
☐ 2X / Week	2 Weeks (M/Th or Tu/F)
☐ 3X / Week	2 Weeks (M/W/F)
☐ Weekly	12 Weeks
☐ Every 2 Weeks	26 Weeks
☐ Monthly	1 Year
☐ Every 3 Months	1 Year

**not available in all regions*

Does patient have an existing Mobile order?
☐ No ☐ Yes only ► Is this order
☐ In addition to existing order?
☐ Replacing existing order?
☐ Schedule extra collection ▼
Date *(dd-Mon-yyyy)*: _____

For Office Use Only

Date *(dd-Mon-yyyy)*	Order Expiry Date *(dd-Mon-yyyy)*

Test Required

☐ Alanine Aminotransferase (ALT)	☐ INR
☐ Albumin	☐ Lipid Panel (Chol, Trig, HDL, non-HDL & LDL)
☐ Alkaline Phosphatase (ALP)	☐ Magnesium
☐ Bilirubin Total	☐ Sodium
☐ Calcium	☐ Potassium
☐ CBC (Hgb, Hct, RBC indices, Platelets & WBC)	☐ Thyroid Stimulating Hormone (TSH)
☐ CBC and Differential	☐ Thyroid Stimulating Hormone, Progressive
☐ Creatinine (eGFR)	☐ Urea
☐ Gamma Glutamyl Transferase (GGT)	☐ Urine Albumin Random
☐ Glucose Random	☐ Other, please list
☐ Hemoglobin A1c	_____

Information and instructions for accessing mobile collections - click here

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