

Chemistry Specialty Requisition

Scanning Label or Accession # (lab only)

Laboratory Medicine and Pathology
Edmonton Zone Laboratory Services
Client Response Centre 780-407-7484

Patient	PHN	Expiry: _____	Date of Birth (dd-Mon-yyyy)		
	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 (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	Clinic Name

Collection	Date (dd-Mon-yyyy)	Time (24 hr)	Location	Collector ID
	Fasting # of hrs Specimen Type <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Whole blood <input type="checkbox"/> m\Microcollection	Urine / Feces <input type="checkbox"/> Random <input type="checkbox"/> 24 hr <input type="checkbox"/> Timed, other _____ Total volume _____ Start time/date _____ Stop time/date _____ Other _____	Bill Type CPL <input type="checkbox"/> Alberta Health Care CCO <input type="checkbox"/> Alberta Health Care Third Party CO <input type="checkbox"/> DynaLIFE _{ex} Co. name _____ Address _____ Client # _____	OT <input type="checkbox"/> Out of Prov XX <input type="checkbox"/> Pre-paid PB <input type="checkbox"/> Patient Bill

VITAMIN D

25VD 25-Hydroxy Vitamin D

Testing that does not meet the criteria listed below will NOT be performed:
(Check all that are appropriate for your patient)

Metabolic bone diseases
 Abnormal blood calcium
 Malabsorption syndromes (celiac disease, small intestine surgery, anticonvulsant agents)
 Chronic renal disease
 Chronic liver disease

ANTI-NUCLEAR ANTIBODY SCREEN

ANA Anti-Nuclear Antibody Screen

ANA lacks specificity (high false positive rate) as a diagnostic test in the absence of relevant clinical symptoms.

At least two of the criteria listed below should be identified.

Photosensitive ("lupus") rash
 Arthritis
 Myositis
 Oral ulcers
 Pleurisy or pericarditis
 Glomerulonephritis
 Hemolytic anemia, thrombocytopenia, neutropenia or lymphopenia
 Seizures or psychosis
 Raynaud's phenomenon
 Scleroderma skin changes
 Alopecia Areata
 Sicca (dry mouth/dry eyes)
 Suspected Juvenile Arthritis

BIOCHEMICAL GENETICS

Strict attention to recommended specimen collection procedures is required. Information can be obtained from "Guide to Lab Services" or by calling Client Response Centre.

TPN (last 72 h) Yes No
Transfusion (last 90 days) Yes No

Plasma

AAQ Amino Acid Quantitation
 BTDQ Biotinidase

Blood

ACBS Acylcarnitine, Blood Spot
 LCARA Arylsulfatase A
 LCARB Arylsulfatase B
 FABRY Fabry
 GALSC Galactosemia Screen
 GAUCH Gaucher
 BGALA GM1 Gangliosidosis
 POMPE Pompe
 KRABBE Krabbe

Urine

UAAQ Amino Acid Quantitation
 UCYST Cystinuria Screen
 MPSCS Mucopolysaccharide Screen
 OLIGO Oligosaccharide Screen
 ORGLC Organic Acids
 SUGID Sugar Screen
 USULF Sulfite Screen

Stool

FRED Reducing Substances

CSF

SFAAQ Amino Acid Quantitation

TRACE ELEMENTS

Strict attention to recommended specimen collection procedures is required. Information can be obtained from "Guide to Lab Services" or by calling Client Response Centre.

Please complete the following

Environmental exposure to certain trace elements either occupationally or in food / medications can cause elevated trace element concentrations. Previous administration of GADOLINIUM- or BARIUM-CONTAINING CONTRAST MEDIA is known to cause interference with trace elements determinations.

Occupational exposure Yes No
 Date of exposure _____ Time of exposure _____
 Trace elements suspected _____

	Serum	Whole Blood	Urine
Aluminium	<input type="checkbox"/> ALU		<input type="checkbox"/> UAL
Antimony		<input type="checkbox"/> WBSB	<input type="checkbox"/> USB
Arsenic		<input type="checkbox"/> WBAS	<input type="checkbox"/> UAS
Barium	<input type="checkbox"/> SBA		<input type="checkbox"/> UBA
Beryllium	<input type="checkbox"/> SBE		<input type="checkbox"/> UBER
Bismuth			<input type="checkbox"/> UBI
Cadmium		<input type="checkbox"/> BCDM	<input type="checkbox"/> UCD
Chromium	<input type="checkbox"/> SCRM		<input type="checkbox"/> UCRM
Cobalt		<input type="checkbox"/> WBCO	<input type="checkbox"/> UCOB
Copper	<input type="checkbox"/> SCU		<input type="checkbox"/> UCU
Lead		<input type="checkbox"/> WBPB	<input type="checkbox"/> UPB
Manganese		<input type="checkbox"/> BMN	<input type="checkbox"/> UMN
Mercury		<input type="checkbox"/> WBHG	<input type="checkbox"/> UHG
Molybdenum		<input type="checkbox"/> WBMO	
Nickel	<input type="checkbox"/> NIK		<input type="checkbox"/> UNIK
Selenium	<input type="checkbox"/> SSE		<input type="checkbox"/> USEL
Thallium		<input type="checkbox"/> WBTL	<input type="checkbox"/> UTHAL
Zinc	<input type="checkbox"/> SZN		<input type="checkbox"/> UZN

OTHER TESTS