Alberta Health Services

Accession #

Routine Requisition

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

Patient

PHN	Alternate Identifier		Date of Birth *(dd-Mon-yyyy)*	
Last Name	First Name		Gender ☐ M ☐ F	Phone
Address	City/Town	Prov	Postal Code	Location

Requester(s)

Requester Name *(last, first)*	Copy to *(last, first)*	**Clinical Information**
Location/Facility/Address and Location Code	Location/Facility/Address and Location Code	
Phone	Phone	
Healthcare Provider ID/Physician Code	Healthcare Provider ID/Physician Code	

Collection

Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID

Fasting # of hrs

Specimen Type
Blood ☐ Serum ☐ Plasma
☐ Whole blood
☐ m\Microcollection

Urine / Feces ☐ Random ☐ 24 hr
☐ Timed, other _____
Total volume _____
Start time/date _____
Stop time/date _____
Other _____

Bill Type CPL ☐ Alberta Health Care
CCO ☐ Alberta Health Care Third Party
CO ☐ ***Dyna**LIFE*$_{DX}$
OT ☐ Out of Prov
XX ☐ Pre-paid
PB ☐ Patient Bill
Co. name _____
Address _____
Client # _____

Specimen Event Type
IA ☐ AUXILIARY
IP ☐ IN PT
OP ☐ OUT PT
AP ☐ AMBUL
HC ☐ HMCARE
ST ☐ STAFF
EN ☐ ENVIRON
WCB ☐ WORKER'S COMP

HEMATOLOGY

CBC ☐ CBC (Hgb, Hct, RBC Indices, Platelet & WBC)
CBCD ☐ CBC & differential
HB ☐ hemoglobin
HCT ☐ hematocrit
PLT ☐ platelet count
WBC ☐ WBC

RETIC ☐ reticulocyte count

MAL ☐ malaria film
Travel history (mandatory) _____

PT ☐ PT (INR)
PTT ☐ PTT
TT ☐ Thrombin Time
FIB ☐ fibrinogen
QDDIM ☐ quantitative D-dimer
HEPRN ☐ Heparin Anti-Xa Level

THAL ☐ hemoglobinopathy invest.
Ethnic Origin _____
SHBS ☐ Hgb S

FER ☐ ferritin

URINE RANDOM

UMA ☐ urinalysis
UTPCR ☐ protein: creatinine
PREG ☐ pregnancy test
UALBR ☐ albumin: creatinine
BJ ☐ urine protein electrophoresis

URINE, 24 h / Timed

Special Collection Instructions
☐ UNA ☐ UK ☐ UCL
UTP ☐ protein
UCRE ☐ creatinine
CRCL ☐ creatinine clearance
Pt ht _____ cm, wt _____ kg
UMET ☐ metanephrines†
UCOR ☐ cortisol
UALB ☐ albumin

FLUIDS

Fluid type _____
SFGLU ☐ CSF glucose
SFTP ☐ CSF protein
SFCT ☐ CSF cell count
FLGLU ☐ glucose
FLTP ☐ protein
FLCT ☐ cell count
FLCRY ☐ crystals

MISCELLANEOUS

PSEA ☐ post vasectomy
PSA ☐ PSA (third party)
ECG ☐ ECG to be read by
☐ *Dyna**LIFE**$_{DX}$* Panel
☐ Other Dr. _____

GENERAL CHEMISTRY

GLUCF ☐ glucose, fasting (8h)†
GTT2 ☐ 2 h GTT (fasting, 10h)†
GLUCR ☐ glucose, random

NA ☐ sodium
K ☐ potassium
CL ☐ chloride
CO2 ☐ CO2

CREA ☐ creatinine
Pt. wt. _____ kg
CA ☐ calcium
LD ☐ LD
PO4 ☐ phosphate
MG ☐ magnesium
TP ☐ total protein
ALB ☐ albumin
ALP ☐ alk phos
ALT ☐ ALT
UA ☐ urate (uric acid)
TBIL ☐ bilirubin, total
CBIL ☐ bilirubin, conjugated
NBIL ☐ bilirubin, neonatal

LPS ☐ lipase
GGT ☐ GGT
CK ☐ CK
CRP ☐ C-reactive protein

C3 ☐ complement C3
C4 ☐ complement C4
IGQ ☐ IgA, IgG, IgM (Quant.)
IGE ☐ IgE
SPE ☐ serum protein electrophoresis

LDL ☐ LDL cholesterol
HDL ☐ HDL cholesterol
TRIG ☐ triglycerides
CHOL ☐ cholesterol

PRENATAL

For initial blood group and serology testing **special prenatal requisition required**
HB ☐ hemoglobin
UMA ☐ urinalysis
GDS ☐ GDS (Gestational Diabetic Screen)
GTTPR ☐ 2 h GTT (pregnancy) fasting – 8 h†

FECAL

FIT ☐ Colorectal Cancer Screen (Asymptomatic 50–74y)
OB ☐ Occult Blood

† Special collection instructions – see Guide to Lab Services
*Serum Ca will be determined if not provided.
Circle Tests required on a Priority basis

HEPATITIS

HAVM ☐ Hep A Virus Ab IgM
HAVG ☐ Hep A Virus Ab IgG
HSAG ☐ Hep B Surface Ag
HSAB ☐ Hep B Surface Ab
HCVAB ☐ Hep C Virus Ab (provide clinical information)

DIABETES MONITORING

HBA1C ☐ hemoglobin A_{1C}
UALBR ☐ urine albumin: creatinine

IMMUNOLOGY / SEROLOGY

ATTG ☐ Anti-transglutaminase IgA
RA ☐ Rheumatoid Factor
ASOT ☐ ASO titre
SYPH ☐ syphilis EIA
HIVAB ☐ IV (Prov Lab) (separate req required)
RUBG ☐ rubella IgG
MONOS ☐ mono test
EBM ☐ EB virus (IgM)
TPO ☐ thyroid antibodies

ENDOCRINE

CORA ☐ cortisol AM (0800–1000 h)†
CORP ☐ cortisol PM (1500–1700 h)†
DHEAS ☐ DHEAS
E2 ☐ estradiol
FSH ☐ FSH
LH ☐ LH
PROG ☐ progesterone
PRL ☐ prolactin
PTH ☐ PTH* calcium _____
HCG ☐ quant hCG
TSHBO ☐ TSH (only)
TSHB ☐ TSH (progressive testing)
TESTA ☐ testosterone AM (0800–1000 h)†
TESTP ☐ testosterone PM (1500–1700 h)†

OTHER TEST NOT LISTED

DO NOT USE for Anatomical Pathology, Cytology, Transfusion Medicine

TOXICOLOGY

Reason for request _____
Current meds. _____
Drugs given in Emerg. _____
OR
To mother during delivery (newborn)
_____

QUANTITATIVE (Blood only)
ACET ☐ acetaminophen
SAL ☐ salicylate
ETOH ☐ ethanol

QUALITATIVE (Urine Only)
UODP ☐ Opioid Dependency Panel
What is Treatment Regimen?
☐ Buprenorphine
☐ Methadone
☐ Morphine
☐ Hydromorphone
☐ Other _____

UGTP ☐ General Toxicology Panel

(For listing of drugs in each panel refer to http://www.ahsweb.ca/lab/ToxicologyDrugTestingPanel)

THERAPEUTIC DRUG MONITORING

Drug to be monitored _____ _____
Dose regimen / route _____ _____
Time last dose STARTED _____ _____
COMPLETED _____ _____
Time of next dose _____ _____
How long on this dose regimen _____ _____

CARB ☐ carbamazepine
CYCLO ☐ cyclosporine predose
CYCL2 ☐ cyclosporine 2h post
DIG ☐ digoxin
LI ☐ lithium
PHB ☐ phenobarbital
PTN ☐ phenytoin
SIRO ☐ sirolimus
TAC ☐ tacrolimus
THEO ☐ theophylline
VA ☐ valproate

ANTIBIOTICS (select ONE BOX)	Conventional Dose PRE (trough) T	Conventional Dose POST (0.5–1.0 h after dose end) P	Extended Interval Dose (7 mg/kg) INTERVAL (8 h after dose start) 8	Other O
GENT. gentamicin				
TOBR. tobramycin				
VANC. vancomycin				
AMIK. amikacin				