Alberta Health Services

Accession #

STAT 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 ☐ ***DynaLIFE****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

Request test below by marking X in appropriate box and column

HEMATOLOGY

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

PT ☐ PT (INR)
PTT ☐ PTT
FIB ☐ fibrinogen
QDDIM ☐ quantitative D-dimer

URINE RANDOM

UMA ☐ urinalysis
UOSM ☐ osmolality
UNAR ☐ sodium
UKR ☐ potassium
UCLR ☐ chloride
PREG ☐ pregnancy test

FLUIDS

SFGLU ☐ CSF glucose
SFTP ☐ CSF protein
SFCT ☐ CSF cell count
FLCT ☐ cell count

Fluid type _____

MISCELLANEOUS

OB ☐ occult blood

GENERAL CHEMISTRY

GLUCF ☐ glucose, fasting
GLUCR ☐ glucose, random

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

CRE ☐ creatinine
Pt. wt. _____ kg
URE ☐ urea
CA ☐ calcium
ALT ☐ ALT
TBIL ☐ bilirubin, total
NBIL ☐ bilirubin, neonatal
CK ☐ CK
TROP ☐ troponin I
LPS ☐ lipase
MG ☐ magnesium
OSM ☐ osmolality
LACT ☐ lactate

IMMUNOLOGY / SEROLOGY

RSV ☐ RSV

ENDOCRINE

HCG ☐ quant hcG

TOXICOLOGY

Reason for request _____
Current meds. _____
_____
Drugs given in Emerg. _____
_____

Quantitative
ACET ☐ acetaminophen
SAL ☐ salicylate
ETOH ☐ ethanol / alcohol
EGLY ☐ ethylene glycol
ALC ☐ isopropanol / acetone
ALC ☐ methanol

Other STAT Tests
(may be performed offsite and may require prior approval)

Other PRIORITY Tests
(may be performed offsite and may require prior approval)

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
DIG ☐ digoxin
LI ☐ lithium
PHB ☐ phenobarbital
PTN ☐ phenytoin
THEO ☐ theophylline
VA ☐ valproate

STOP **Use Routine Requisition For All Other Drug Levels**

Requests Required Routine

For tests which are not analyzed on site, turnaround time may be more than 1 hour.