

Patient	PHN		Alternate Identifier		Date of Birth (dd-Mon-yyyy)			
	Last Name			First Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Phone	
	Address			City/Town	Prov	Postal Code	Location	
Requester(s)	Requester Name (last, first)		Copy to (last, first)		Diagnosis			
	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 <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 ^{ox} Co. name _____ Address _____ Client # _____		OT <input type="checkbox"/> Out of Prov XX <input type="checkbox"/> Pre-paid PB <input type="checkbox"/> Patient Bill	Specimen Event Type IA <input type="checkbox"/> AUXILIARY HC <input type="checkbox"/> HMCARE IP <input type="checkbox"/> IN PT ST <input type="checkbox"/> STAFF OP <input type="checkbox"/> OUT PT EN <input type="checkbox"/> ENVIRON AP <input type="checkbox"/> AMBUL WCB <input type="checkbox"/> WORKER'S COMP

VITAMIN D	BIOCHEMICAL GENETICS	TRACE ELEMENTS																																																																												
25VD <input type="checkbox"/> 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) <input type="checkbox"/> Metabolic bone diseases <input type="checkbox"/> Abnormal blood calcium <input type="checkbox"/> Malabsorption syndromes (celiac disease, small intestine surgery, anticonvulsant agents) <input type="checkbox"/> Chronic renal disease <input type="checkbox"/> Chronic liver disease	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) <input type="checkbox"/> Yes <input type="checkbox"/> No Transfusion (last 90 days) <input type="checkbox"/> Yes <input type="checkbox"/> No Plasma AAQ <input type="checkbox"/> Amino Acid Quantitation BTDQ <input type="checkbox"/> Biotinidase Blood ACBS <input type="checkbox"/> Acylcarnitine, Blood Spot LCARA <input type="checkbox"/> Arylsulfatase A LCARB <input type="checkbox"/> Arylsulfatase B FABRY <input type="checkbox"/> Fabry GALSC <input type="checkbox"/> Galactosemia Screen GAUCH <input type="checkbox"/> Gaucher BGALA <input type="checkbox"/> GM1 Gangliosidosis POMPE <input type="checkbox"/> Pompe KRABBE <input type="checkbox"/> Krabbe Urine UAAQ <input type="checkbox"/> Amino Acid Quantitation UCYST <input type="checkbox"/> Cystinuria Screen MPSCS <input type="checkbox"/> Mucopolysaccharide Screen OLIGO <input type="checkbox"/> Oligosaccharide Screen ORGLC <input type="checkbox"/> Organic Acids SUGID <input type="checkbox"/> Sugar Screen USULF <input type="checkbox"/> Sulfite Screen Stool FRED <input type="checkbox"/> Reducing Substances CSF SFAAQ <input type="checkbox"/> Amino Acid Quantitation	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 <input type="checkbox"/> Yes <input type="checkbox"/> No Date of exposure _____ Time of exposure _____ Trace elements suspected _____																																																																												
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ANA <input type="checkbox"/> 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. <input type="checkbox"/> Photosensitive ("lupus") rash <input type="checkbox"/> Arthritis <input type="checkbox"/> Myositis <input type="checkbox"/> Oral ulcers <input type="checkbox"/> Pleurisy or pericarditis <input type="checkbox"/> Glomerulonephritis <input type="checkbox"/> Hemolytic anemia, thrombocytopenia, neutropenia or lymphopenia <input type="checkbox"/> Seizures or psychosis <input type="checkbox"/> Raynaud's phenomenon <input type="checkbox"/> Scleroderma skin changes <input type="checkbox"/> Alopecia Areata <input type="checkbox"/> Sicca (dry mouth/dry eyes) <input type="checkbox"/> Suspected Juvenile Arthritis		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:center;">Serum</th> <th style="text-align:center;">Whole Blood</th> <th style="text-align:center;">Urine</th> </tr> </thead> <tbody> <tr> <td>Aluminium</td> <td 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