

Hematology Specialty Requisition

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)		Date Stamp (for lab use only)	
	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	

Bill Type	Specimen Event Type
CPL <input type="checkbox"/> Alberta Health Care CCO <input type="checkbox"/> Alberta Health Care Third Party CO <input type="checkbox"/> DynaLIFE _{dx}	IA <input type="checkbox"/> AUXILIARY IP <input type="checkbox"/> IN PT OP <input type="checkbox"/> OUT PT AP <input type="checkbox"/> AMBUL HC <input type="checkbox"/> HMCARE ST <input type="checkbox"/> STAFF EN <input type="checkbox"/> ENVIRON WCB <input type="checkbox"/> WORKER'S COMP
OT <input type="checkbox"/> Out of Prov XX <input type="checkbox"/> Pre-paid PB <input type="checkbox"/> Patient Bill	
Co. name _____ Address _____ Client # _____	

HISTORY
History and object of examination: _____

HISTORY

Pertinent drug history:

on Coumadin on Heparin
 on other anticoagulants (specify) _____
 on Estrogen (e.g. OCP)
 on G-CSF
Other _____

Physical findings:

	No	Yes
Splenomegaly	<input type="checkbox"/>	<input type="checkbox"/>
Hepatomegaly	<input type="checkbox"/>	<input type="checkbox"/>
Lymphadenopathy	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Recent Transfusions _____

SPECIAL COAGULATION

MUST specify anticoagulation usage

F8 Factor VIII
 Other coagulation factors (specify) _____

VWFAG Von Willebrand Factor Antigen
RISTO Ristocetin cofactor
F8INH Factor VIII inhibitor titre
AT3 Antithrombin III
PROTC Protein C
 on Coumadin

PROTS Protein S
 on Coumadin

APCE APC Resistance (clot-based)
APCGN APC Resistance (Factor V Leiden)
PROM Prothrombin G20210A
LUP Lupus Anticoagulant
APA Antiphospholipid Antibodies
DHCYS Homocysteine (fasting _____ hr)
TT Thrombin time
PTTIN PTT Inhibitor
PLAGG Platelet Aggregation (book at 780-407-7484)

Blood Smear & Bone Marrow Aspirate

Examination Required

PC Peripheral blood film
BMPRO Bone marrow aspiration / biopsy (pre-book at 780-407-7484 for UAH patients or through laboratory at other hospitals)

Routine Culture (C&S)
 T.B. Viral Fungal

(Microbiology Requisition must be completed)

Complete During Procedure

Site Posterior Iliac Crest Right Left
 Sternum
 Other _____

Performed by (name) _____

Trephine biopsy length _____

Cytogenetics

Cancer Specimens – Specimen Type

BM (AP) Karyotype, bone marrow aspirate
B (AP) Karyotype, unstimulated blood

Other Karyotype _____

Indications for test _____

Special Hematology

G6PD Glucose 6 Phosphate Dehydrogenase

FETAL Fetal cell stain (Kleihauer-Betke)

Flow Cytometry – Immunophenotyping

Specimen Type

Blood
 Bone Marrow
 Other (specify) _____

XFACS Lymphoma / Lymphoproliferative disorder
FACS Acute Leukemia
LMRD Lymphoblastic Minimal Residual Disease

TLYM T-Lymph subsets (CD3 / 4 / 8)
BTNK B, T and NK Lymphocyte Enumeration
EMAB EMA / Osmotic Fragility (Pre-book at 780-407-7484)
PNHF PNH Screen

Indication _____

Hemoglobinopathy / Malaria Investigation

HBFS Hb F/S quantitation
THAL Hemoglobinopathy investigation
SHBS HgB S Ethnic origin _____
MAL Malaria film Travel history _____

HIT

HIT Heparin-induced thrombocytopenia
Previous heparin exposure (past 3 months)?
 No Yes – if Yes, indicate UNFH or specific LMWH brand

Start Date _____
Stop Date _____

Thrombosis while on heparin? No Yes

Other Tests