Alberta Health Services

Accession #

Hematology Specialty 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)*	**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

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

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	☐	☐	_____
Hepatomegaly	☐	☐	_____
Lymphadenopathy	☐	☐	_____
Pregnant	☐	☐	_____

Other _____

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)

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

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 _____

Other Tests