

## Add-On/Order Modification Laboratory Test Requisition

### Specimen in Lab

The Department of Laboratory Medicine and Pathology is required to have written documentation of add-on laboratory tests. For Research/Clinical Trials request, please use research requisition provided.

Complete the following information in full and fax during normal lab hours to:

- |   |  |
|---|--|
| <input type="checkbox"/> UAH Core Laboratory at 780.407.1689  | <input type="checkbox"/> RAH Specimen Control Department at 780.735.5946 |
| <input type="checkbox"/> GNH Specimen Control Department at 57259   | <input type="checkbox"/> MCH Specimen Control Department at 59133        |
| <input type="checkbox"/> SCH Specimen Control Station 6 ( <i>pneumatic tube</i> )   | <input type="checkbox"/> NEC Hand deliver to Lab                         |
| <input type="checkbox"/> STCH Specimen Control Station 110 ( <i>pneumatic tube</i> )  |  |
| <input type="checkbox"/> CCI Specimen Control Department at 780.432.8259 ( <i>during normal lab hours, after hours fax to UAH</i> ) |  |

Date ( <i>dd-mon-yyyy</i> )		Time ( <i>hh:mm</i> )		Location	
Requestor				Phone	
Personal Healthcare Number				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Patient Legal Name ( <i>print</i> )		<i>(Last)</i>		<i>(First)</i>	
				<i>(Initial)</i>	
				Date of Birth	
				<i>dd mon yyyy</i>	
Ordering Physician/Practitioner				Physician Code	
Ordering Address/Location				Report Location Code	
Report Address if Different					
Date Original Specimen Collected		Therapeutic Drug Monitoring Information ( <i>required if adding drug level</i> )			
<i>dd mon yyyy</i>		Time last dose ( <i>hh:mm</i> ) Started _____			
		Completed _____			
Time (24h) ( <i>hh:mm</i> )		Time of next dose ( <i>hh:mm</i> ) _____			
		How long on dose regimen _____			
<b>Test(s) to be</b>		<input type="checkbox"/> Added <input type="checkbox"/> Cancelled		<b>Priority</b>	
1.				<input type="checkbox"/> Routine <input type="checkbox"/> Priority <input type="checkbox"/> STAT	
2.				<input type="checkbox"/> Routine <input type="checkbox"/> Priority <input type="checkbox"/> STAT	
3.				<input type="checkbox"/> Routine <input type="checkbox"/> Priority <input type="checkbox"/> STAT	
4.				<input type="checkbox"/> Routine <input type="checkbox"/> Priority <input type="checkbox"/> STAT	
5.				<input type="checkbox"/> Routine <input type="checkbox"/> Priority <input type="checkbox"/> STAT	

### For Lab Use ONLY

Original Accession # \_\_\_\_\_ Assigned Accession # \_\_\_\_\_ Tech Code \_\_\_\_\_

Original sample currently located

- On Site  UAH Fax 780.407.1689  DynaLIFE<sub>dx</sub> (*no entry*) Phone 780.451.3702, ext 7100  
Fax 780.453.9426

**Add-on Request Complete** Tech Code \_\_\_\_\_ Date (*dd-mon-yyyy*) \_\_\_\_\_ Time (*hh:mm*) \_\_\_\_\_

**Unable to Perform**  No sample available  Inappropriate sample type available  
 Sample too old  Inappropriate collection time

**Test Credited** Tech Code \_\_\_\_\_ Date (*dd-mon-yyyy*) \_\_\_\_\_ Time (*hh:mm*) \_\_\_\_\_