yukon hospitals

ON SITE LAB TESTING

Phone: (867) 393-8739 Fax: (867) 393-8946

(Two matching unique patient identifiers on specimen container and requisition are required for specimen processing)

Laboratory Use Only

Specimen Received Date: _____ Time: _____

LAST NAME FIRST NAME

/ / M ☐ F ☐ U ☐

DATE OF BIRTH (dd/mm/yy) HEALTH CARE # PROV.

ADDRESS CITY POSTAL CODE PHONE NUMBER

SUBMITTING DOCTOR/PROVIDER CLINIC/ HEALTH CENTER SIGNATURE

COPY OF REPORT TO:

Diagnosis:

SPECIMEN COLLECTION

DATE: _____ dd/mm/yy

TIME: _____ AM / PM

BY:

Expected Serv. Date: _____ (dd/mm/yy)

☐ **Standing Order**

Expires: _____

Fasting Required:

☐ **Y**

☐ **N**

HEMATOLOGY

- ☐ CBC
- ☐ ANC/AGC
- ☐ Reticulocyte Count
- ☐ Mono Spot Test
- ☐ Malaria Screen
  - Country Visited: _____
  - Date: _____
  - Is Patient Symptomatic: ☐ YES ☐ NO
- ☐ INR (PT)
  - Is Patient on Coumadin? ☐ YES ☐ NO
- ☐ PTT
  - Is Patient on Heparin? ☐ YES ☐ NO
- ☐ Dimer Test
- ☐ Fib-C

TRANSFUSION MEDICINE

- ☐ ABO/RH Blood Type
  - REASON: _____
  - **Prenatal ABO/RH requires CBS Requisition
- ☐ Pre-Op Group & Screen
  - OR Date: _____
  - **Ensure valid Blood Consent on file.
- ☐ Out-Patient Transfusion
  - **Ensure valid Blood Consent on file.
  - # of Units: _____
  - Transfusion Date: _____

CHEMISTRY

- ☐ Sodium
- ☐ Potassium
- ☐ Chloride
- ☐ Bicarbonate
- ☐ Creatinine & eGFR
- ☐ Urea
- ☐ Glucose ☐ Fasting ☐ Random
- ☐ Gestational Screen (50 gm Load)
- ☐ ALP
- ☐ ALT
- ☐ AST
- ☐ GGT
- ☐ Lipase
- ☐ Total Bilirubin
- ☐ Direct Bilirubin
- ☐ LDH (Room Temp Transport)
- ☐ Ionized Calcium **WGH collection*
- ☐ Calcium
- ☐ Phosphorus
- ☐ Magnesium
- ☐ CK
- ☐ Total Protein
- ☐ Albumin
- ☐ CRP
- ☐ BNP
- ☐ Troponin
- ☐ Ferritin
- ☐ Uric Acid
- ☐ Ammonia **WGH collection*
- ☐ HCG
- ☐ Serum Osmolality
- ☐ Cholesterol
- ☐ Triglyceride
- ☐ HDL Panel (Chol,Trig, HDL/LDL)
- ☐ HbA1C

Booked Procedures

Date: Time:

- ☐ 2 hr. GTT
- ☐ 2 hr. GTT (Gestational)
- ☐ ECG
- ☐ Holter Monitor
  *Requires Holter Monitor Requisition

- ☐ TSH
  - ☐ On thyroid replacement therapy
  - ☐ Suspected thyroid disease, not yet diagnosed

OTHER: _____

Therapeutic Drugs

Indicate Last Dose

Date: Time:

- ☐ Carbamazepine (Tegretol)
- ☐ Phenytoin (Dilantin)
- ☐ Digoxin
- ☐ Lithium
- ☐ Vancomycin
- ☐ Gentamicin

Urine:

- ☐ Albumin/Creatinine Ratio
- ☐ Protein/Creatinine Ratio
- ☐ Pregnancy Test
- ☐ Urinalysis
- ☐ Other: _____

Other:

- ☐ C. *difficile* (stool)
- ☐ Urea Breath Test
  *Requires LifeLabs Requisition
- ☐ FIT (stool)
  *Requires Colon Check Yukon Screening Requisition

Semen Analysis (Mon-Fri 0800-1500) – give patient instructions

- ☐ Post Vasectomy
- ☐ Infertility Time of Collection: _____ Partner of: _____

24 Hour Urine Testing

Collection Start

Date: Time:

Collection End

Date: Time:

Total Volume: _____ mL

- ☐ Albumin-Creatinine Ratio
- ☐ Creatinine
- ☐ Protein
- ☐ Magnesium
- ☐ Calcium
- ☐ Sodium
- ☐ Potassium
- ☐ Chloride
- ☐ Phosphorus
- ☐ Uric Acid
- ☐ Creatinine Clearance

*Must order serum Creatinine

Patient Ht. _____ cm

Patient Wt. _____ kg

PATIENT INSTRUCTIONS

FASTING (8 HOURS):

Do not eat or drink for 8 hours prior to the test. Water and prescription drugs are permitted.

Onsite Testing

- Glucose (fasting)

Referral Testing (*Use referral test requisition)

- Cryoglobulins
- Gastrin
- Testosterone (preferred)
- Insulin (preferred)
- C-peptide (preferred)

FASTING (12 HOURS):

Do not eat or drink for 12 hours prior to the test. Water and prescription drugs are permitted.

- Amino Acid Chromatography (adults only)

DRUG LEVELS:

Take drug regularly the week before the test. Blood should be collected PRIOR to the next dose. (If there are any problems, check with the laboratory or your doctor.)

TIMED TESTS:

- Testosterone - prior to 1000 hrs.
- AM Cortisol - 0600 to 1000 hrs.
- PM Cortisol - 1400 to 1600 hrs.
- Gestational Diabetes Screen – prior to 1400 hrs.

BOOKED PROCEDURES:

- Please arrive 15 minutes before appointment time.
- If you are not able to come for your appointment, please call 867-393-8739 option 1.
- Late arrivals will be re-booked for a later date.

RESOURCE INFORMATION:

For specific information on specimen type, transport requirements or patient instructions; please refer to the **Laboratory Guide to Service** on the hospital website or at the link below.
https://yukonhospitals.ca/en/document/180