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

DATE OF BIRTH (dd/mm/yy) / HEALTH CARE # / PROV. / M ☐ F ☐ U ☐

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
- ☐ Calcium
- ☐ Phosphorus
- ☐ Magnesium
- ☐ CK
- ☐ Total Protein
- ☐ TSH ☐ On thyroid replacement therapy ☐ Suspected thyroid disease, not yet diagnosed
- ☐ ALB
- ☐ CRP
- ☐ BNP
- ☐ Troponin
- ☐ Ferritin
- ☐ Uric Acid
- ☐ Ammonia
- ☐ 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

### *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

### *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

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

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

OTHER: _____

# 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