

**ON SITE LAB TESTING**

Specimen Received Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

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

<b>SPECIMEN COLLECTION</b>			
LAST NAME _____		FIRST NAME _____	
DATE OF BIRTH (dd/mm/yy) _____		HEALTH CARE # _____	PROV. _____
ADDRESS _____		CITY _____	PHONE NUMBER _____
SUBMITTING DOCTOR/PROVIDER _____		CLINIC/ HEALTH CENTER _____	SIGNATURE _____
COPY OF REPORT TO: _____		Diagnosis: _____	
		DATE: _____ dd/mm/yy	
		TIME: _____ AM / PM	
		BY: _____	
		Expected Serv. Date: _____ (dd/mm/yy)	
		<input type="checkbox"/> <b>Standing Order</b>	
		Expires: _____	
		<b>Fasting Required:</b>	
		<input type="checkbox"/> Y	
		<input type="checkbox"/> 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
- 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

**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

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>