



ON SITE

TESTING REQUISITION

Ph: (867) 393-8739 fax: (867) 393-8772

Laboratory Use Only

LAST NAME _____		FIRST NAME _____		M <input type="checkbox"/> F <input type="checkbox"/>	
DATE OF BIRTH (dd/mm/yy) _____ / _____ / _____		HEALTH CARE # _____ (Prov) _____			
SUBMITTING DOCTOR _____		CLINIC/HEALTH CENTRE _____		DIAGNOSIS _____	
COPY OF REPORT TO: _____		Patient fasting: <input type="checkbox"/> Y <input type="checkbox"/> N		Specimen Collection Date: _____ Time: _____ By: _____	

HEMATOLOGY

<input type="checkbox"/> CBC	<input type="checkbox"/> RA	<input type="checkbox"/> MALARIAL SMEARS	<input type="checkbox"/> ABO/Rh Blood Type
<input type="checkbox"/> ANC/AGC	<input type="checkbox"/> MONO	COUNTRY VISITED _____	Reason: _____
(WGH Pharmacy requires pre-chemo patient height and weight)	<input type="checkbox"/> RETIC	DATE _____	<i>Prenatals require CBS Req</i>
<input type="checkbox"/> INR (PT)	IS PATIENT SYMPTOMATIC? <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Pre-Op Group & Screen
PATIENT ON COUMADIN <input type="checkbox"/> Y <input type="checkbox"/> N	HFE - Hemochromatosis (Check ONE box only)		OR Date: _____
<input type="checkbox"/> PTT	<input type="checkbox"/> Confirm Diagnosis (ferritin first ± TS ± DNA testing)	<input type="checkbox"/> Out-Pt Transfusion	# of Units: _____
<input type="checkbox"/> DIMER TEST	<input type="checkbox"/> Sibling/Parent is C282Y/C282Y homozygote (DNA testing)	Tx Date: _____	

URINE <input type="checkbox"/> URINALYSIS <input type="checkbox"/> ALBUMIN/CREATININE RATIO (ACR)	STOOL <input type="checkbox"/> OCCULT BLOOD	UREA BREATH TEST	Weekdays 12:30 - 15:00
<input type="checkbox"/> PREG TEST	Routine Screen for Colon Ca? <input type="checkbox"/> Y <input type="checkbox"/> N	for H. pylori : require LifeLabs req	Give pt instruction sheet

CHEMISTRY

SODIUM	HDL CHOLESTEROL / LDL - fasting	24 HOUR URINE TESTING	
POTASSIUM	CHOLESTEROL		Collection Time & Date
CHLORIDE	TRIGLYCERIDE - fasting		Total Volume _____ mL
BICARBONATE	HCG		CREATININE
GLUCOSE - fasting	FERRITIN		PROTEIN
- random	LDH (Room Temp transport)		MAGNESIUM
50 gm LOAD (Gestational Screen)	Hgb A1C		CALCIUM
UREA	LIPASE		SODIUM
CREATININE and eGFR	IONIZED CALCIUM		POTASSIUM
CK	AMMONIA		CHLORIDE
TROPONIN	CRP	PHOSPHORUS	
TOTAL PROTEIN	ORAL GLUCOSE TOLERANCE (please book)	OTHER: _____	
ALBUMIN	2 hr GTT		
BILIRUBIN - TOTAL	2 hr GTT (GESTATIONAL)		
ALP	THERAPEUTIC DRUGS		
AST	INDICATE DATE / TIME OF LAST DOSE		
ALT	CARBAMEZAPINE (TEGRETOL)		
GGT	PHENYTOIN (DILANTIN)		
CALCIUM	DIGOXIN		
PHOSPHORUS	VANCOMYCIN		
MAGNESIUM	LITHIUM		
URIC ACID	TSH		
	on thyroid replacement therapy		
	suspected thyroid disease, not yet diagnosed		

CREATININE CLEARANCE (must order serum creatinine)	
Patient Ht. _____ cm	
Patient Wt. _____ kg	

BOOKED PROCEDURES

ECG

Date _____ Time _____

SEMEN (Monday -Thursday 0800-1200 only)
Give pt instruction sheet

POST VASECTOMY

INFERTILITY

TIME OF COL: _____

PARTNER OF: _____

OTHER

LABORATORY REQ# _____

LABORATORY HOURS

MONDAY through FRIDAY excluding HOLIDAYS

~~ 07:00 a.m. To 11:30 a.m. ~~

and

~~ 12:30 p.m. To 04:00 p.m. ~~

Children after 08:00 a.m.

PATIENT INSTRUCTIONS

FASTING (8 HOURS):

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

C-peptide
Cryoglobulins

Gastrin
Glucose (fasting)

Insulin
Amino Acid Chromatography

FASTING (12 HOURS):

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

LDL Cholesterol
Triglycerides

(Fasting not required for Cholesterol or HDL Cholesterol)

(Fasting not required when used for pancreatitis risk assessment)

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 - 1000 hrs
- pm cortisol - 1400 - 1600 hrs
- GDS - prior to 1400 hrs

BOOKED PROCEDURES:

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