LABORATORY REQUISITION

This Requisition Form When Completed Constitutes A Referral

This Area Is For Lab Use Only

COMPLETE AND ACCURATE INFORMATION IS REQUIRED

Patient Details

Patient Last Name | Patient First Name | Patient Initial(s) | Date of Birth | Sex F M

Bill to: Third Party Insurance Patient Other | Chart Number | Room#(LTC use only)

Patient Email | Health ID Number | Patient Address | City,Province/State | Postal Code/Zip Code

Patient Telephone Number | ✔ Fasting | Hours prior to test | Pregnant Yes No

Physician Details

Physician Last Name | Physician First Name | Physician Address | Physician telephone number

Physician Email Address | CO Number | Date/Time of Medication | Date/time of collection

MSC# | Phlebotomist | Date Entry | Phone Fax

copy to: Address, Use Physician License number | Diagnosis & indicators for guideline protocol and special tests

For Test indicated with the ☐ shaded tick box consult guidelines and protocols

HEMATOLOGY

- Hematology profile
- INR
- Ferritin (query iron deficiency)

HFE – Hemochromatosis *(check ONE box only)*

- Confirm diagnosis (ferritin est., % TS, DNA testing)
- Sibling/parent is C282Y/C282Y homozygote (DNA testing)

On Anticoagulant? Yes No Specify:

CHEMISTRY

- Glucose – fasting (see reverse for patient instructions)
- Glucose – random
- GTT – gestational diabetes screen (50 g load, 1 hour post-load)
- GTT – gestational diabetes confirmation (75g load, fasting,1 hour & 2 hours)
- GTT – non-gestational diabetes
- Hemoglobin A1C
- Albumin/creatinine ratio (ACR) – Urine

LIPIDS

✓ One box only

Note: Fasting is not required for any of the panels but clinician may specify instruct patient to fast for 10 hours in select circumstances (e.g. history of triglycerides > 4.5 mmol/L, independent of laboratory requirements).

- Full Lipid Profile – Total, HDL, non-HDL, LDL cholesterol & triglycerides*(Baseline or follow-up of complex dyslipidemia)*
- Follow-up Lipid Profile – Total, HDL & non-HDL cholesterol only
- Apo B (not available with lipid profiles unless diagnosis of complex dyslipidemia is indicated)

THYROID FUNCTION

For other thyroid investigations, please order specific test below and provide diagnosis.

- Monitor thyroid replacement therapy (TSH only)
- Suspected hypothyroidism (TSH, fT4 if indicated)
- Suspected hyperthyroidism (TSH first, fT4 & fT3 if indicated)

OTHER CHEMISTRY TESTS

For other thyroid investigations, please order specific test below and provide diagnosis.

- Sodium
- Potassium
- Albumin
- Alk phos
- ALT
- B12
- Bilirubin
- GGT
- T. Protein
- Creatinine/eGFR
- Calcium
- Creatine kinase (CK)
- PSA – known or suspected prostate cancer (MSP billable)
- PSA screening (self-pay)
- Pregnancy Test
- β-hCG – quantitative

MICROBIOLOGY

ROUTINE CULTURE

On Antibiotics? Yes No Specify: _____

- Throat
- Sputum
- Blood
- Urine
- Superficial wound, site:
- Deep wound, site:

Other:

VAGINITIS

- Initial (smear for BV & yeast only)
- Chronic/recurrent (smear, culture, trichomonas)
- Trichomonas testing

GROUP B STREP SCREEN (Pregnancy only)

- Vagino-anorectal swab
- Penicillin allergy

CHLAMYDIA (CT) & GONORRHEA (GC) by NAAT

Source/site:

- Urethra
- Cervix
- Urine
- Vagina
- Throat
- Rectum
- Other:

GONORRHEA (GC) CULTURE

Source/site:

- Cervix
- Urethra
- Throat
- Rectum
- Other: _____

STOOL SPECIMENS

History of bloody stools? Yes

- C. Difficile testing
- Stool culture
- Stool ova & parasite exam
- Stool ova & parasite (high risk, submit 2 samples)

DERMATOPHYTES

- Dermatophyte culture
- KOH prep (direct exam)

Specimen:

- Skin
- Nail
- Hair
- Other:

MYCOLOGY

- Yeast
- Fungus
- Site:

This requisition is valid or 90 days

URINE TESTS

ROUTINE CULTURE

- Macroscopic → microscopic if dipstick positive
- Macroscopic → urine culture if pyuria or nitrite present
- Macroscopic (dipstick)
- Microscopic*
- Clinical information for microscopic required

HEPATITIS SEROLOGY

- **Acute viral hepatitis undefined etiology**
  Hepatitis A (anti-HAV IgM)
  Hepatitis B (HBsAg, anti-HBc)
  Hepatitis C (anti-HCV)
- **Chronic viral hepatitis undefined etiology**
  Hepatitis B (HBsAg, anti-HBc, anti-HBs)
  Hepatitis C (anti-HCV)

Investigation of hepatitis immune status

- Hepatitis A (anti-HAV, total)
- Hepatitis B (anti-HBs)

Hepatitis marker(s)

- Hepatitis A (anti-HAV, total)

(For other hepatitis markers, please order specific test(s) below)

HIV SEROLOGY

- HIV Serology

patient has the legal right to choose not to have their name and address reported to public health – non-nominal reporting)

- Non-nominal reporting

OTHER TESTS

Standing Orders include expiry & frequency

- ECG
- FIT (Age 50–74 asymptomatic only)– Copy to Colon Screening Program
- FIT – No copy to Colon Screening Program

Sending Order | Expiry

Frequency | physician license number

Physician signature

Note