



Requête de laboratoire / Laboratory Requisition

Prescripteur·trice / Prescriber

Nom / Name: Meghedi Aghourian Namagerdy
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Clinique / Clinic: **Dialogue** SNDE-SILP: 061159117
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Patient·e / Patient

Nom / Family Name: Martins Arias
Prénom / Given Name: Ana Lia
Genre / Gender: _____
Sexe / Sex: F
Date de naissance / Date of birth: 2011-06-15
No. assurance maladie / Health Card #: MARA11561519
Téléphone / Phone: 5149808771
Adresse / Address: 190 Rue Sénécal, Saint-Jean-sur-Richelieu, QC J2W 1C8, CA

Renseignements cliniques / Clinical Information:

Biochimie / Biochemistry	Hématologie / Hematology	Sérologie / Serology
<input type="checkbox"/> Acide urique / Uric acid <input type="checkbox"/> Albumine / Albumin <input type="checkbox"/> ALP (Phosphatase alkaline / Alkaline phosphatase) <input type="checkbox"/> ALT (Alanine aminotransferase) <input type="checkbox"/> Bilirubine totale / Total bilirubin (direct(e) si abnormal / if abnormal) <input type="checkbox"/> Bilirubine directe / Direct bilirubin <input type="checkbox"/> Calcium Total / Total calcium <input type="checkbox"/> CRP (Protéine C réactive / C-reactive protein) <input type="checkbox"/> CK (Creatine kinase) <input type="checkbox"/> Crétinine / Creatinine (Incl. DFGe eGFR) <input type="checkbox"/> Électrolytes / Electrolytes (K, Na, Cl) <input type="checkbox"/> GGT (Gamma glutamyltransferase) <input type="checkbox"/> Glucose aléatoire / Random glucose <input type="checkbox"/> Glucose à jeun / Fasting glucose * <input type="checkbox"/> HbA1c (Hémoglobine A1c / Hemoglobin A1c) <input type="checkbox"/> LDH (Lactate dehydrogenase) <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphate <input type="checkbox"/> Protéines totales / Total proteins <input type="checkbox"/> Profil lipidique / Lipid profile (Total Cholesterol, Triglycerides, HDL, Non HDL, LDL) <ul style="list-style-type: none"> <input type="checkbox"/> Apo-lipoprotéine B / Apo-lipoprotein B (ApoB) <input type="checkbox"/> Lipoprotéine(a) / Lipoprotein(a) <input type="checkbox"/> À jeun / Fasting * <input type="checkbox"/> Vitamine B12 / Vitamin B12 <input type="checkbox"/> Vitamine D / Vitamin D (25-OH)	<input type="checkbox"/> Acide folique / Folic acid * Note: <input type="checkbox"/> Bilan de fer / Iron profile (Ferritin, TIBC, Fer, TSAT / Ferritin, Iron, TIBC, TSAT) <input type="checkbox"/> Électrophorèse de l'hémoglobine / Hemoglobin electrophoresis <input type="checkbox"/> Ferritine / Ferritin <input type="checkbox"/> Frottis sanguin / Manual differential Note: <input type="checkbox"/> FSC / CBC <input type="checkbox"/> Groupe sanguin + Rh / Blood group + Rh <input type="checkbox"/> Recherche anticorps / Antibodies <input type="checkbox"/> INR (PT) <input type="checkbox"/> PTT <input type="checkbox"/> Réticulocytes / Reticulocytes	<input type="checkbox"/> Anti-CMV IgG + IgM <input type="checkbox"/> Anti-VIH-1/2 / Anti-HIV-1/2 + p24 Ag <input type="checkbox"/> EBV (EBNA IgG + IgM, VCA IgG + IgM) <input type="checkbox"/> Hépatite A / Hepatitis A (Anti-HAV) <input type="checkbox"/> Hépatite B / Hepatitis B (Anti-HBs, HBsAg) <ul style="list-style-type: none"> <input type="checkbox"/> Anti-HBc <input type="checkbox"/> Hépatite C / Hepatitis C (Anti-HCV) (ARN si positif / RNA if positive) <input type="checkbox"/> Lyme (<i>B. burgdorferi</i>) <input type="checkbox"/> Monostest <input type="checkbox"/> Parvovirus B19 IgG + IgM <input type="checkbox"/> Rubéole IgG / Rubella IgG <input type="checkbox"/> Syphilis ELA <input type="checkbox"/> Toxoplasma IgG <input type="checkbox"/> VZV IgG
* À jeun / Fasting (8-12h)	Immunologie / Immunology <ul style="list-style-type: none"> <input type="checkbox"/> Anti-CCP <input type="checkbox"/> Anti-TPO <input type="checkbox"/> Complement C3 + C4 <input type="checkbox"/> Électrophorèse des protéines / Protein electrophoresis Note: <input type="checkbox"/> Protéines sériques / Serum proteins <input type="checkbox"/> RF (Facteur rhumatoïde / Rheumatoid factor) <input type="checkbox"/> tTG screen (Tissue transglutaminase IgA Ab + total IgA) <input type="checkbox"/> TRAb (Thyroid receptor antibody)	Urine / Urine <ul style="list-style-type: none"> <input type="checkbox"/> protéine-urine ratio <input type="checkbox"/> Protein-creatinine ratio <input type="checkbox"/> Analyse d'urine / Urinalysis <input type="checkbox"/> β-hCG qualitative
Endocrinologie / Endocrinology <ul style="list-style-type: none"> <input type="checkbox"/> β-hCG quantitative <input type="checkbox"/> Cortisol AM (8:00-10:00 AM) <input type="checkbox"/> Cortisol PM <input type="checkbox"/> Estrogène / Estrogen (Estradiol, E2) <input type="checkbox"/> FSH <input type="checkbox"/> Hyperglycémie orale provoquée / Oral glucose tolerance test * <ul style="list-style-type: none"> <input type="checkbox"/> 50 g <input type="checkbox"/> Grossesse / Pregnancy <input type="checkbox"/> 75 g <input type="checkbox"/> LH <input type="checkbox"/> PTH <input type="checkbox"/> Prolactine / Prolactin <input type="checkbox"/> SHBG <input type="checkbox"/> Testostérone totale / Total testosterone <input type="checkbox"/> Testostérone libre / Free testosterone <input type="checkbox"/> TSH (T3 + T4 si abnormal / if abnormal) <ul style="list-style-type: none"> <input type="checkbox"/> T3 + T4 <input type="checkbox"/> T4 Note: <input type="checkbox"/> 17-OH-progesterone <input type="checkbox"/> Progestérone / Progesterone	Microbiologie / Microbiology <ul style="list-style-type: none"> <input type="checkbox"/> Chlam / gono PCR anal (self-swab) <input type="checkbox"/> Chlam / gono PCR gorge / throat <input type="checkbox"/> Chlam / gono PCR urine <input type="checkbox"/> Chlam / gono PCR vaginal (self-swab) <input type="checkbox"/> Culture de gorge / Throat culture Culture: <input type="checkbox"/> Auto-prélèvement / Self-swab <input type="checkbox"/> Culture d'urine / Urine culture Oeufs et parasites selles / Stool ova & parasites (PCR si disponible, sinon culture / PCR if available, otherwise culture x) <input type="checkbox"/> Strep B vaginal-anal (self-swab) <input type="checkbox"/> Allergie pénicilline / Penicillin allergy? <input type="checkbox"/> Strep test rapide / Rapid Strep test <input type="checkbox"/> Culture de gorge si négatif / Throat culture if negative 	 Signature Date (AAYY/MM/JD): <u>2025/12/15</u>

Date et heure du prélèvement / Date & time of collection (AAYY/MM/JD):

EXPIRE dans 12 mois / EXPIRES in 12 months

Prélevé par / collected by:

This requisition is single use only. No additional laboratory tests may be added by any person other than the prescriber.

Cette requête est pour usage unique. Aucun test de laboratoire supplémentaire ne peut être ajouté par toute personne autre que la ou le prescripteur·trice.