

# WARNING

**DND 4773-E - Laboratory requisition** is categorized as "**CAN PROTECTED B**" information once completed.

In accordance with the National Defence Security Orders and Directives (NDSOD), Chapter 6: Security of Information and Standard 6: Security of Information Standards, DND and CAF information must be appropriately protected from unauthorized access, use, disclosure, modification, transmission, disposal or destruction throughout its lifecycle.

When completed, "**CAN PROTECTED B**" forms **MUST NOT BE SAVED UNENCRYPTED** on any network, workstation drive or storage media, and **MUST BE ENCRYPTED USING THE DND ISSUED PKI SMARTCARD**.

Failure to respect these requirements is a security incident that must be reported to the local ISSO, and may result in administrative or disciplinary measures.



## Laboratory requisition

Date ordered (yyyy-mm-dd):	Clinician: <b>Capt Young C, CCPA</b>	<i>Place demographic label here</i>			
Date of collection (yyyy-mm-dd):	License no:				
Time of collection:	Province: <b>NS</b>				
Collected by:	Signature:	SN:	Rank: <b>Capt</b>		
CC:	CC:	Last name:			
Rationale for STAT/ASAP priority or frequency for standing order and/or Diagnosis					
Priority: <input type="checkbox"/> Routine <input type="checkbox"/> ASAP* <input type="checkbox"/> STAT* <input type="checkbox"/> Standing order*		DOB (yyyy-mm-dd):			
BIOCHEMISTRY		HEMATOLOGY/COAGULATION		REFERRED ANALYTES	
<input type="checkbox"/> Lytes panel	<input type="checkbox"/> NA <input type="checkbox"/> K <input type="checkbox"/> CL	<input type="checkbox"/> Complete blood count/differential <input type="checkbox"/> ESR <input type="checkbox"/> Reticulocytes	<input type="checkbox"/> ABO/RH** <input type="checkbox"/> Antibodies screen <input type="checkbox"/> ANA/anti-nuclear Ab <input type="checkbox"/> Anti-Helicobacter Pylori (serum)** <input type="checkbox"/> Anti-transglutaminase (IgA) <input type="checkbox"/> Immunoglobulins: <input type="checkbox"/> IgA <input type="checkbox"/> IgM <input type="checkbox"/> IgG <input type="checkbox"/> β-HCG quantitative <input type="checkbox"/> Cortisol: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Rheumatoid factor (RF) <input type="checkbox"/> Folate <input type="checkbox"/> IRON, TIBC, SAT % <input type="checkbox"/> Ferritin <input type="checkbox"/> Transferrin <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> HS-CRP** or <input type="checkbox"/> CRP** <input type="checkbox"/> Anti-TPO <input type="checkbox"/> TSH (FT4/T3 only tested if TSH is abnormal) <input type="checkbox"/> Estradiol <input type="checkbox"/> LH <input type="checkbox"/> FSH <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin <input type="checkbox"/> PTH <input type="checkbox"/> PSA		
<input type="checkbox"/> Liver panel	<input type="checkbox"/> ALKP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> GGT <input type="checkbox"/> Total bilirubin or <input type="checkbox"/> BUBC**	<input type="checkbox"/> Anticoagulation therapy: <input type="checkbox"/> None <input type="checkbox"/> Coumadin <input type="checkbox"/> Heparin std <input type="checkbox"/> Other: _____	<input type="checkbox"/> Prothrombin time (INR/PT)** <input type="checkbox"/> Partial thromboplastin time (PTT)** <input type="checkbox"/> D-Dimer**		
<input type="checkbox"/> Lipid panel	<input type="checkbox"/> Cholesterol <input type="checkbox"/> Triglyceride <input type="checkbox"/> HDL <input type="checkbox"/> LDL	<input type="checkbox"/> URINE	<input type="checkbox"/> Urinalysis (mid-stream) <input type="checkbox"/> Urine toxicology** <input type="checkbox"/> Microalbumin random <input type="checkbox"/> Creatinine clearance weight: _____ Kg; height: _____ cm; volume: _____ mL <input type="checkbox"/> 24 hrs urine: <input type="checkbox"/> Urine cytology # of rep/testing reason:		
<input type="checkbox"/> Renal panel	<input type="checkbox"/> CREAT/eGFR <input type="checkbox"/> BUN/Urea	<input type="checkbox"/> VIROLOGY	<input type="checkbox"/> Virus: _____ <input type="checkbox"/> Site: _____ <input type="checkbox"/> Covid-19: _____ <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Glucose	<input type="checkbox"/> Fasting glucose (Fast 8-10 hrs) <input type="checkbox"/> Random glucose <input type="checkbox"/> Glucose tolerance test, 2 hrs (75 g) (Fast 8-10 hrs) <input type="checkbox"/> Gestational glucose tolerance test, 1 hr (50 g) <input type="checkbox"/> Gestational glucose tolerance test, 2 hrs (75 g) (Fast 8-10 hrs) <input type="checkbox"/> Lactose tolerance test** (Fast 8-10 hrs)	<input type="checkbox"/> MICROBIOLOGY/STOOL	<input type="checkbox"/> Testosterone bioavailable <input type="checkbox"/> Free testosterone** <input type="checkbox"/> Total testosterone: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Random <input type="checkbox"/> SHBG <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D25OH <input type="checkbox"/> Herpes Simplex I & II <input type="checkbox"/> Hepatitis A: <input type="checkbox"/> IgM <input type="checkbox"/> IgG <input type="checkbox"/> HBs Ag <input type="checkbox"/> HBs AB <input type="checkbox"/> HBcAB <input type="checkbox"/> HCV <input type="checkbox"/> VDRL/Syphilis <input type="checkbox"/> HIV <input type="checkbox"/> Gono/Chlamydia <input type="checkbox"/> Urine <input type="checkbox"/> Endocervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Throat <input type="checkbox"/> Rectal <input type="checkbox"/> Other:		
SEROLOGY		<input type="checkbox"/> Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Deep wound/site: _____ <input type="checkbox"/> Mycology/site: _____ <input type="checkbox"/> Stool culture # of rep: _____ <input type="checkbox"/> Parasitology # of rep: _____ <input type="checkbox"/> C. difficile <input type="checkbox"/> Fecal calprotectin <input type="checkbox"/> FIT**		
SEMEN ANALYSIS		<input type="checkbox"/> Post-Vasectomy** <input type="checkbox"/> Fertility	<input type="checkbox"/> Helicobacter pylori: <input type="checkbox"/> Breath test** <input type="checkbox"/> Stool**	Others tests not listed	Signature

\*\* This test may be offered in-house or referred out depending on the laboratory.