

Benefits of providing COMPLETE and LEGIBLE information:

- Reduces turn around time when processing patient samples
- Promotes patient safety through reduced transcription errors

Patient Identification MUST include:

- ✓ First and last name
- ✓ PHN or unique identifier
- ✓ Date of Birth

Failure to supply required information will lead to delays in service

Health Authority
Saskatoon Area

COMMUNITY LAB REQUISITION

Requesting physician: _____ (last name)

Additional copies of report: _____

Collection date: _____ Time: _____

Other tests (print or type): _____

Print first and last name (points to Requesting physician)

Collection/Patient Information sections MUST be FULLY completed (points to PHN, Name, D.O.B., Sex, Therapeutic Drug Testing)

Drug dosage information MUST be included when requesting drug levels (points to Therapeutic Drug Testing section)

Therapeutic Drug Testing

- Carbamazepine (Tegretol) _____
- Diazepam _____
- Phenytoin _____
- Valproic Acid _____

Transfusion Medicine form #101058 must be completed by Health Provider

24 Hour Urine – Directions/container available at collection sites

Start Date: _____ Time: _____

End Date: _____ Time: _____

Hepatitis & CMV Serology

✓ one box only. For other Hepatitis markers, please order the 'other tests' section. New reactive results will trigger additional tests.

HEPPA Acute viral hepatitis undefined etiology (Hep A IgM, Hep B S Ag, Hep Bc IgM Ab, Hep C Ab)

Chronic Viral Hepatitis:

- HBCHR Hepatitis B (Hep B S Ab, Hep B S Ag, Hep Bc Tot Ab)
- HCAB Hepatitis C (Hep C Ab)

Hepatitis Immune Status:

- HAABT Hepatitis A (Hep A Total Ab)
- HBABS Hepatitis B (Hep B S Ab)
- CMVA Acute CMV (CMV IgM)
- CMVI Chronic or Past Exposure to CMV (CMV IgG)

Microbiology

(Use alternate requisition for Virology/Comprehensive Microbiology testing)

- BLOOD CULTURE C & S
- CERVIX SWAB G.C.
- SPUTUM C & S TB/AFB
- STOOL C & S O & P CDIFF
- THROAT C & S
- URETHRAL SWAB G.C.
- URINE – CATHETER C & S YEAST
- SOURCE: _____
- URINE – MIDSTREAM C & S YEAST
- VAGINAL BV TRICH
- VAG/RECTAL SWAB GROUP B STREP – PREGNANCY ONLY
- OTHER TEST: _____
- SOURCE: _____

Other Tests:

- CBC
- ARETC Reticulocyte Count
- DDIM D-Dimer
- FIB Fibrinogen Level
- PT PT (INR)
- APTT PTT (APTT)
- LYTE4 Electrolytes – Na, K, Cl, CO₂
- CREAT Creatinine + eGFR
- UREA Urea
- GLUCR Glucose - Random
- GLUFA Glucose - FASTING
- HMA1C Hemoglobin A1C
- CRCLC Est. Creatinine Clearance Weight: _____ kg
- TRIG Triglyceride
- CHOL Cholesterol – Total
- LIPNF Chol, Trig, HDL, LDL, non-HDL
- GES1H Gestational Challenge (50g) – Non Fasting
- GES2H Gestational Tolerance (75g) – FASTING
- GTT2H Glucose Tolerance (75g) – FASTING
- ALB Albumin
- CA Calcium
- PHOS Phosphate
- MG Magnesium
- URIC Uric Acid
- ALP Alkaline Phosphatase
- ALT Alanine Aminotransferase
- AST Aspartate Aminotransferase
- CK CK - Total
- LD Lactate Dehydrogenase
- LIP Lipase
- GGT Gamma Glutamyltransferase
- BILT Bilirubin - Total
- BILFR Bilirubin - Fractionation
- BHCG BHCG (Quantitative – Level)
- IRONB Iron and Total Iron Binding Capacity
- FER Ferritin
- PSA Prostate Specific Antigen
- THYSA Thyroid Stimulating Hormone
- FRT4 Free T4 (Free Thyroxine)
- ATPA Thyroid Peroxidase Antibody
- FSHLH Follicle Stimulating Hormone/Luteinizing Hormone
- EDIOL Estradiol
- PRGE Progesterone
- PRL Prolactin
- WASER Syphilis
- HIV HIV
- CRPH C-Reactive Protein-HS
- RHF Rheumatoid Factor
- TNTHS Troponin T HS
- TP Total Protein
- PES Serum Protein Electrophoresis
- FIT Stool for Fecal Immunochemical Test (Occult Blood)

PHN: _____

Name: _____ (Last)

D.O.B.: _____ (DD/MM/YYYY) Phone: _____

Male Female

CA _____

NU _____

PHN: _____

Name: _____ (Last)

D.O.B.: _____ (DD/MM/YYYY) Phone: _____

Male Female

CA _____

NU _____