

Benefits of providing COMPLETE and LEGIBLE information:

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

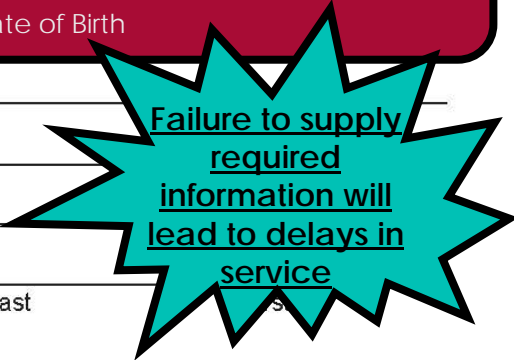
Patient Identification MUST include:

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

SASKATOON HEALTH REGION

ALLERGY TESTING REQUISITION

Clinic name or _____
 PHN# _____
 Name _____ Last _____
 Requesting Physician _____
 Additional Copies of Report to: _____
 Print first and last name
 Patient Information section MUST be FULLY completed
 Date: _____/_____/_____
 Time: _____
 Phone _____



- IGE Total IGE**
- INHAL Inhalant Screen**
(a mixture including pollens, moulds, danders)
- FX5 Food Screen**
(a mixture of eggwhite, milk, cod, peanut, wheat, soy)
- ALLER Allergens and other Allergy Tests: list below**

This requisition must accompany the serum sample and be sent to Room 4900, Royal University Hospital.

Please ensure that all information is complete.

A positive screen will be followed up as appropriate.

Consult with Department of Lab Medicine - Chemistry (655-2164) for specific testing available.