

Benefits of providing COMPLETE and LEGIBLE information:

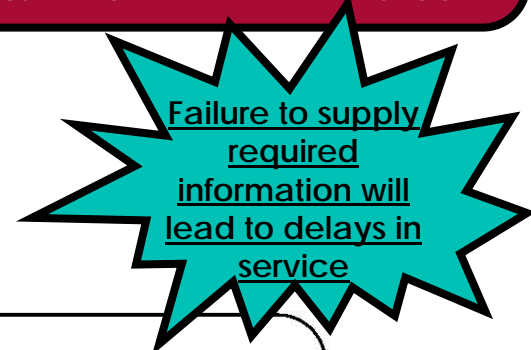
- Reduces turn around time when processing patient samples
- Promotes patient safety through reduced transcription errors

Patient Identification MUST include:

- ✓ First and last name
- ✓ PHN or unique identifier
- ✓ Date of Birth
- ✓ MUST INDICATE WARD PATIENT IS LOCATED

**DEPARTMENT OF
LABORATORY MEDICINE**

**CANCER CENTRE
REQUISITION
STEM CELL PROGRAM**



Print first
and last
name

Clinical Diagnosis:
 Requesting Physician:
 Additional Copies of Report to: 1. 2.
 Collection (Date & Time)

Priority:

ROUTINE **URGENT**

STAT **TIMED (specify):**(hours)

Collection/Patient
Information sections
MUST be FULLY
completed

Stem Cell Package One

- SCP1**
 CBC, LYTE4, CREAT, UREA, ALP, ALB, ALT, AST, BILIT, MG

Stem Cell Package Two

- SCP2**
 CBC, LYTE4, CREAT, UREA, ALP, ALB, ALT, AST, BILIT, MG, CA, GGT, GLUCR,
 PHOS
- CC LD**
- Tacrolimus/FK506**
- PT (INR)**
- Cyclosporin A**

Other Tests (specify):

IF YOU CHOOSE TO PRINT THIS DOCUMENT, IT IS VALID ONLY ON DAY OF PRINT.

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