



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

Patient Label

NAME: _____

HSN: _____

D.O.B.: _____

COMMUNITY PARAMEDICINE PHLEBOTOMY REQUISITION

Site/location: _____

Approved fax number (required): _____

Date: _____ Time: _____

Requesting Physician: _____

Physician **Emergency** Contact: _____

Sex: Male Female

CBC <input type="checkbox"/> CBC (&diff) [Lav tube]		HMA1C <input type="checkbox"/> Hemoglobin A1C [Lav tube]
PT <input type="checkbox"/> PT (INR) [one full light blue tube]		
APTT <input type="checkbox"/> PTT (APTT)		
<i>[Mint green tube]</i>	UREA <input type="checkbox"/> Urea	BACTERIOLOGY
ALP <input type="checkbox"/> Alkaline Phosphatase	CREAT <input type="checkbox"/> Creatinine & eGFR	URINE <input type="checkbox"/> Urine C&S
ALT <input type="checkbox"/> Alanine Transaminase	LYTE4 <input type="checkbox"/> Electrolytes (Na, K, Cl, CO ₂)	Source:
AST <input type="checkbox"/> Aspartate Transaminase	URIC <input type="checkbox"/> Uric Acid	<input type="checkbox"/> Midstream OR
BILIT <input type="checkbox"/> Bilirubin (total)	CA <input type="checkbox"/> Calcium	<input type="checkbox"/> Catheter & Type _____
GGT <input type="checkbox"/> Gamma Glutamyl Transferase	PHOS <input type="checkbox"/> Phosphate	<input type="checkbox"/> Blood Cultures
LIP <input type="checkbox"/> Lipase	MG <input type="checkbox"/> Magnesium	Site #1 & Time
CK <input type="checkbox"/> CK Total	PBNT <input type="checkbox"/> NT-ProBNP	<input type="checkbox"/> Aerobic
TNTHS <input type="checkbox"/> Troponin	UA <input type="checkbox"/> Urinalysis (Urine tube)	<input type="checkbox"/> Anaerobic
CRP <input type="checkbox"/> C Reactive Protein	Other _____	Site #2 & Time
TP <input type="checkbox"/> Protein - Total	_____	<input type="checkbox"/> Aerobic
ALB <input type="checkbox"/> Albumin	_____	Antibiotics: _____
GLUCR <input type="checkbox"/> Glucose - Random		_____

Form completed by: _____

Contact Number: _____