



Clinic name or billing info: \_\_\_\_\_

PHN: \_\_\_\_\_ Chart #: \_\_\_\_\_

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Male  Female

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

**COMMUNITY LAB REQUISITION**

Requesting physician: \_\_\_\_\_ (first name) \_\_\_\_\_ (last name)

Additional copies of report to: \_\_\_\_\_

Collection date: \_\_\_\_\_ Time: \_\_\_\_\_

Other tests (print clearly):

- CBC  CBC (&diff)
- ARETC  Reticulocyte Count
- DDIM  D-Dimer
- FIB  Fibrinogen Level
- PT  PT (INR)
- APTT  PTT (APTT)

**\*\*SEE BACK OF FORM FOR FASTING INSTRUCTIONS\*\***

- LYTE4  Electrolytes – Na, K, Cl, CO<sub>2</sub>
- CREAT  Creatinine + eGFR
- UREA  Urea
- GLUCR  Glucose - Random
- GLUFA  **Glucose - FASTING**
- HMA1C  Hemoglobin A1C
- CRCLE  Est. Creatinine Clearance Weight: \_\_\_\_\_ kg

- TRIG  **Triglyceride - FASTING**
- CHOL  **Cholesterol – Total - FASTING**
- LIPID  **Chol, Trig, HDL, LDL - FASTING**
- 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
- BILIT  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)  
**(Mark specimen with first & last name, health card #, birthdate, and date of collection)**

**Therapeutic Drug Testing**

- CARBZ  Carbamazepine (Tegretol)
- DIGI  Digoxin
- LITH  Lithium
- PHENB  Phenobarbital
- PTNY  Phenytoin (Dilantin)
- VALPR  Valproic Acid (Epival)
- CYCL  Cyclosporin - Pre
- CY2  Cyclosporin - Post
- TACR  Tacrolimus - Pre
- SIRO  Sirolimus - Pre
- Dosage: \_\_\_\_\_ (Required)
- Date/Time: \_\_\_\_\_ (Required)

**Prenatal Blood Testing**

- PREIM  Prenatal Screen – Includes the following:
  - Rubella, Syphilis, HBV, HCV, HIV
  - Prenatal Group and Screen\*
- PBLGP  Prenatal Group and Screen\*

**\*Canadian Blood Services Request for Perinatal Testing must be completed**

**Transfusion Medicine form #101058 must be completed by Most Responsible Health Provider**

**Random Urine**

- UA  Voided Urinalysis  Catheterized Urinalysis
- HCGU  HCG – Urine
- CLGP  Urine for Chlamydia and G.C. – First stream
- ALBCR  Random Albumin/Creatinine Ratio (Microalbumin)

**24 Hour Urine – Directions/container available at collection sites**

- Start Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 End Date: \_\_\_\_\_ Time: \_\_\_\_\_
- CAUD  Calcium
  - CREUD  Creatinine
  - CRCL  Creatinine Clearance **\*Must do blood creatinine as well\***
  - CRCLC  Creatinine Clearance (BSA Corrected) Ht: \_\_\_\_\_ cm Wt: \_\_\_\_\_ kg
  - PO4UD  Phosphate
  - TPUD  Protein
  - PEU  Protein Electrophoresis
  - NAKUD  Sodium / Potassium
  - UREUD  Urea
  - URAUD  Uric Acid

**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)
- HCBAB  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: \_\_\_\_\_

**Booking online is quick and easy. Simply choose the date, time, and location that works for you! Visit <https://booking.lifelabs.com/LLBooking/default.aspx/> to book now! Booking at St Paul's Hospital and Royal University Hospital is currently unavailable.**  
 LifeLabs Administrative Office (306) 655-4020

	<b>LOCATION</b>	<b>DAYS AND HOURS OF OPERATION</b>
<b>EAST</b>	134-2325 Preston Avenue Market Mall (306) 655-4031	Monday to Friday 7:00 a.m. - 6:00 p.m. Saturday 7:00am-3:00pm Sunday Closed
<b>NORTH EAST</b>	#4 – 419 Ludlow Street (306) 655-4034 (306) 655-4043	Monday to Friday 7:30 a.m. - 4:30 p.m. Saturday Closed Sunday Closed
<b>DOWNTOWN</b>	#5-39 – 23 <sup>rd</sup> Street Midtown Medical Center (306) 655-4030	Monday to Friday 7:30 a.m. - 4:30 p.m. Saturday Closed Sunday Closed
<b>WEST</b>	#59-300 Confederation Drive Confederation Park Mall (306) 655-4032 (Laurier Dr. access)	Monday to Friday 7:00 a.m. - 5:00 p.m. Saturday 8:00 a.m. - 2:00 p.m. (Closed Saturdays in July and August) Sunday Closed Statutory Holidays Closed
<b>NORTH</b>	#3-123 Lenore Drive (306) 655-4033	Monday to Friday 7:00 a.m. - 6:00 p.m. Saturday and Sunday 9:00 a.m. - 3:00 p.m. Statutory Holidays 9:00am-3:00pm
<b>WEST</b>	St. Paul's Hospital Selective Test Center (access via front door) (306) 655-5970	Monday to Friday* 08:00 - 14:30 *Friday hours vary, please call
<b>EAST</b>	Royal University Hospital Selective Test Center (access via Mall area) (306) 655-2519	Monday to Friday* 08:00 - 16:30 *Friday hours vary, please call

**Laboratory Test Results:** Most results are complete and back to the physician's office in 24 – 72 hours. Critical results will be phoned to clinician directly involved with patient care. Completed laboratory test results are reviewed and followed up by the physician. Lab staff is not permitted to release test results to a patient.

**FASTING - means you should not have anything to eat or drink for a minimum of 10 hours before you go to the laboratory.**  
**LACTOSE AND D-XYLOSE TOLERANCES – Call Midtown location at (306) 655-4030 to book an appointment.**

<b>QUESTION</b>	<b>ANSWER</b>
May I drink water?	Yes, small amounts.
Should I take my medications?	Yes, unless your doctor tells you not to.
May I drink juice?	No.
May I drink coffee or tea?	No, not even black without sugar.
May I chew gum?	No, sorry, not even sugarless.
During a tolerance test, may I smoke or exercise?	No, smoking or exercising can influence the tolerance test results.
What time should I come to the lab?	Most people find it convenient to stop eating and drinking after 8 p.m. and to arrive at the laboratory early the next morning.
May I take high dose vitamins and Biotin supplements?	No, high dose vitamins, supplements and biotin preparations interfere with common lab tests (such as thyroid tests).

**By following these simple steps you can avoid unnecessary repeat visits to the laboratory and help us make better use of scarce health-care resources.**