

**LONDON HEALTH SCIENCES CENTRE
GENERAL LABORATORY REQUISITION**

- Routine **STAT** (Medical Emergency) A.S.A.P.
 Pre-Op Pre-Dialysis Post-Dialysis

Clinical Data: _____

Ordering Physician: _____

Collected By: _____

Date(YYYY/MM/DD) & Time Collected: _____

LEGEND:
 B = Blue top tube (Sodium Citrate) G = Green top tube
 GD = Gold top tube (Lithium Heparin and Gel)
 R = Red clotted tube Gy = Grey top tube
 L = Lavender top tube (EDTA) DKG = Dark Green tube - (Sodium Heparin)

ADDRESSOGRAPH LABEL HERE

SAMPLE TYPE:

- Blood Other (specify): _____

HEMATOLOGY

- | | | |
|--|--|---|
| <input type="checkbox"/> CBC (L)
<input type="checkbox"/> Bone Marrow
Biopsy for Pathology <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fluid Cell Count & Differential
<input type="checkbox"/> Fluid Crystals
<input type="checkbox"/> Folate (Serum & RBC) (1L, 1R) | <input type="checkbox"/> Hemoglobinopathy Screen (L&GD)
<input type="checkbox"/> Infectious Mono Screen (L)
<input type="checkbox"/> Iron Deficiency Screen (<i>ferritin</i>) (GD)
<input type="checkbox"/> Iron Overload Screen
(<i>ferritin, UIBC</i>) (GD)
<input type="checkbox"/> Malaria Film (L) | <input type="checkbox"/> Reticulocyte Count (L)
<input type="checkbox"/> Semen Analysis
- Post Vasectomy/Reversal only

<input type="checkbox"/> Sickle Cell Screen (L)
<input type="checkbox"/> Vitamin B12 (R) |
|--|--|---|

COAGULATION

- | | | |
|---|--|---|
| <input type="checkbox"/> INR (B) (Circle Therapy)
<input type="checkbox"/> PTT (B) (Circle Therapy)
Heparin S/C Heparin IV Warfarin
Other: _____ | <input type="checkbox"/> D-Dimer for DVT/PE (B)
<input type="checkbox"/> DIC Screen (L&B)
<input type="checkbox"/> Factor Assays (B)
Specify: _____ | <input type="checkbox"/> Heparin (Anti-Xa) Assay (B)
Specify Heparin: _____
<input type="checkbox"/> Hypercoagulation Screen (4B, 2L)
(AT3, APA, PCF, PSF, APCR) |
|---|--|---|

GENERAL CHEMISTRY

- | | | |
|--|--|--|
| <input type="checkbox"/> Electrolytes (G) (Na, K, Cl, CO ₂)
<input type="checkbox"/> Glucose (G)
<input type="checkbox"/> Random <input type="checkbox"/> Fasting <input type="checkbox"/> PC
<input type="checkbox"/> Creatinine (G)
<input type="checkbox"/> Urea (G)
<input type="checkbox"/> Alanine Transaminase (<i>ALT</i>) (G)
<input type="checkbox"/> Albumin (G)
<input type="checkbox"/> Alkaline Phosphatase (<i>ALP</i>) (G)
<input type="checkbox"/> Amino Acids (G)
<input type="checkbox"/> Ammonia (G) *on ice
<input type="checkbox"/> Amylase - Total (G)
<input type="checkbox"/> Amylase - Pancreatic (G) | <input type="checkbox"/> Aspartate Transaminase (<i>AST</i>) (G)
<input type="checkbox"/> Bilirubin - Total (G)
<input type="checkbox"/> Bilirubin - Direct (G)
<input type="checkbox"/> Calcium (G)
<input type="checkbox"/> Creatine Kinase (<i>Total CK</i>) (G)
<input type="checkbox"/> Gamma Glutamyl Transferase (<i>GGT</i>) (G)
<input type="checkbox"/> Glycated Hemoglobin (L)
<input type="checkbox"/> HCG - Quantitative (GD)
<input type="checkbox"/> Ionized Calcium (G)
<input type="checkbox"/> Lactate (Gy)
<input type="checkbox"/> Lactate Dehydrogenase (<i>LD</i>) (G) | Lipid Profile (G) <input type="checkbox"/> Cholesterol
<input type="checkbox"/> Triglyceride
<input type="checkbox"/> HDLc / LDLc

<input type="checkbox"/> Magnesium (G)
<input type="checkbox"/> Oligoclonal Banding (3mL CSF + GD)
<input type="checkbox"/> Osmolality (G)
<input type="checkbox"/> Phosphate (G)
<input type="checkbox"/> Pregnancy Test - Qualitative (GD)
<input type="checkbox"/> Protein - Total (G)
<input type="checkbox"/> Troponin I (G)
<input type="checkbox"/> Uric Acid (G) |
|--|--|--|

BLOOD GASES

- | | | |
|--|---|--|
| <input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Pt. Temp: _____ °C | <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen
<input type="checkbox"/> Mask: _____
<input type="checkbox"/> Nasal Prongs: _____ | <input type="checkbox"/> Mechanical Ventilation: _____
Peep: _____ IMV: _____ CPAP: _____
<input type="checkbox"/> T Piece <input type="checkbox"/> T Collar <input type="checkbox"/> Other: _____ |
|--|---|--|

HEPATITIS AND DONOR HIV (SEND SEPARATE TUBE)

- | | | |
|---|---|--|
| <input type="checkbox"/> Acute - Hepatitis A, B (G)
<input type="checkbox"/> Chronic - Hepatitis B, C (G)
<input type="checkbox"/> Transplant Screen (G) (HEP, HIV, CMV)
<input type="checkbox"/> Donor <input type="checkbox"/> Recipient (<i>check ONE only</i>)
<input type="checkbox"/> Immune Status/Previous Exposure (G) | <input type="checkbox"/> Blood/Body Fluid Expos. - Source Pt. (G)
<input type="checkbox"/> Blood/Body Fluid Exposure - Exposed
Individual (G)
<input type="checkbox"/> HIV (Transplant Only) (G)
<input type="checkbox"/> Hepatitis B Surface Antigen (HBsAg) (G) | <input type="checkbox"/> Hepatitis B Surface Antibody (HBsAb) (G)
<input type="checkbox"/> Hepatitis B Core Antibody (HBcAb) (G)
<input type="checkbox"/> Hepatitis Be Antigen (HBeAg) (G)
<input type="checkbox"/> Hepatitis A Antibody (HAAb) (G)
<input type="checkbox"/> Hepatitis C Antibody (HCAb) (G) |
|---|---|--|

URINE TESTS

- | | | |
|--|---|---|
| <input type="checkbox"/> Random Urine
<input type="checkbox"/> 24 hr Urine
Collection Date
Start: _____ Time: _____ h
Finish: _____ Time: _____ h
<input type="checkbox"/> Urinalysis
<input type="checkbox"/> Aldosterone (24 hr urine only)
<input type="checkbox"/> Calcium* | <input type="checkbox"/> Citrate (24 hr. urine only)*
<input type="checkbox"/> Creatinine
<input type="checkbox"/> Creatinine Clearance (G) + 24 hr urine
<input type="checkbox"/> Cortisol (24 hr urine only)
<input type="checkbox"/> Hydroxyproline*
<input type="checkbox"/> Metanephrines (fractionated)* (24 hr urine only)
<input type="checkbox"/> Microalbumin
<input type="checkbox"/> Monoclonal Light Chains (Bence Jones) | <input type="checkbox"/> Osmolality
<input type="checkbox"/> Oxalate (24 hr. urine only)*
<input type="checkbox"/> Porphyrin Screen (dark)
<input type="checkbox"/> Porphyrins - Quant (dark) (24 hr. urine only)*
<input type="checkbox"/> Protein
<input type="checkbox"/> Protein Electrophoresis
<input type="checkbox"/> VMA / HVA / HIAA by HPLC* (24 hr urine only)
*PRESERVATIVE REQUIRED
OBTAIN CONTAINER FROM LAB |
|--|---|---|

PLEASE WRITE IN ADDITIONAL TESTS BELOW

DRUG MONITORING - THERAPEUTIC

- Pre-dose**
Collection Time: _____
- Post-dose**
Collection Time: _____
Infusion Time (with flush): _____ to _____
- Random**
- Carbamazepine (GD)
 Free Carbamazepine (GD)
- Cyclosporin
 2 hr post dose (L)
 Trough (L)

- Digoxin (G)
 Gentamicin (G)
 Lithium (GD)
 Methotrexate (G)
 Mycophenolic Acid (L)
 Phenobarbital (G)
 Phenytoin (G)
 Free Phenytoin (G)
 Primidone (G)
 Sirolimus (L)
 Tacrolimus (*FK506*) (L)

- Theophylline (G)
 Tobramycin (G)
 Valproic Acid (G)
 Free Valproic Acid (GD)
 Vancomycin (G)

TOXICOLOGY

- Current Medications:**

- Drug or poisons suspected:**

- Urine Drug Screen**
- Amphetamines/Ecstasy
 Barbiturates
 Benzodiazepine
 Cannabinoids
 Cocaine Metabolites
 Opiates
 Other (*Specify*): _____

- Serum Drug Screen**
- Acetaminophen (G)
 Barbiturates (G)
 Benzodiazepine (G)
 Ethanol (G)
 Glycol (GD)
 Salicylates (G)
 Tricyclics (G)
 Volatiles (methanol, etc) (G)

TRACE ELEMENTS

- Aluminum (DKG)
 Copper (DKG)

- Lead (DKG)
 Mercury (DKG)

- Zinc (DKG)
 Panels (*Specify*): _____

HORMONES

- ACTH (L) ***on ice**
 Aldosterone - standing (L)
 Aldosterone - supine (L)
 B2 Microglobulin (R)
 C-Peptide (R) ***on ice**
 Calcitonin (R) ***on ice**
 Catecholamines - special preservative, call lab ***on ice**
 Cortisol (R) AM PM

- DHEA Sulphate (R)
 Estradiol (R)
 FSH / LH (R)
 Gastrin (R) ***on ice**
 Growth Hormone (R)
 17-Hydroxyprogesterone (R)
 Insulin (R) ***on ice**
 Intact PTH (R) ***on ice**

- Progesterone (R)
 Prolactin (R)
 Renin (L)
 Testosterone - Free (R)
 Testosterone - Total (R)
 Thyroglobulin (R)
 TSH (R) *FT3 & FT4 done if indicated

IMMUNOLOGY

- Allergic Alveolitis (GD)
 Alpha 1 Antitrypsin (GD)
 Anti-Acetylcholine Receptor (GD)
 Anti-DNA (GD)
 Anti-ENA Screen and ID (GD)
 Anti-GM1 (GD)
 Anti-Histone (GD)
 Anti-Nuclear Antibody (GD)
 Anti-Thyroglobulin (R)
 Anti-Thyroid Peroxidase (R)

- C1 Inhibitor Protein (GD)
 Ceruloplasmin (GD)
 Complement C3/C4 (GD)
 Complement CH50 (Total) (GD) ***on ice**
 Cryofibrinogen (4B, 2R) *keep at 37°C
 Cryoglobulin (2R) *keep at 37°C
 Immune Complexes
(*CIQ Binding Assay*) (R) ***on ice**
 Immunoglobulins - IgA, IgG, IgM (GD)

- Neuropathy Associated Antibodies
Please specify antibody: _____
- Phadiatop (*Atopy Screen*) (GD)
 Prealbumin (GD)
 Protein Electrophoresis (GD)
 Rheumatoid Factor (GD)
 Specific IgE (GD) *attach RAST requisition
 Total IgE (R)
 Tryptase (GD)

FLOW CYTOMETRY

- Check Specimen Type:**
 Blood Bone Marrow Other
 Biopsy Type: _____
 Other Sample Type: _____

- CD4/CD8
 Leukemia
 Lymphoma

- CD34 (Check one)
 Peripheral Blood
 Apheresis Pack

TUMOR MARKERS

- Alpha Fetoprotein (R) *non-pregnant
(special reqn. for pregnant patients)
 CA 19 (R)

- CA 125 (R)
 CEA (R) *send authorization form

- Prostatic Acid Phos; Mass. (R)
 PSA (R)