

Trace Elements Laboratory Requisition



London Health Sciences Centre

Patient Information Patient Name: _____ Date of Birth: _____ Sex: _____ Clinical Data: _____ Date and Time Collected: _____	Ordering Site: _____ Business Name: _____ Address: _____ _____ Phone Number: _____ Fax Number: _____
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For all tests except Antimony and Erythrocyte Potassium, use Royal Blue Vacutainer: BD Potassium K2-EDTA Ref# 368381

For Erythrocyte Total Panel including Potassium, use Greiner Royal Blue Sodium Heparin Ref# 456275

Mark off vacutainer drawn: BD EDTA Greiner Na Hep Other: _____ If not marked ERC Potassium will not be done.

Erythrocytes	Whole Blood	Plasma
<input type="checkbox"/> Total Panel (collect two tubes) <input type="checkbox"/> Essential Panel <input type="checkbox"/> Toxic Panel <input type="checkbox"/> Calcium <input type="checkbox"/> Arsenic <input type="checkbox"/> Chromium <input type="checkbox"/> Cadmium <input type="checkbox"/> Cobalt <input type="checkbox"/> Lead <input type="checkbox"/> Copper <input type="checkbox"/> Mercury <input type="checkbox"/> Potassium (Greiner) <input type="checkbox"/> Nickel <input type="checkbox"/> Magnesium <input type="checkbox"/> Thallium <input type="checkbox"/> Manganese <input type="checkbox"/> Molybdenum <input type="checkbox"/> Selenium Individual Orderable <input type="checkbox"/> Vanadium <input type="checkbox"/> Titanium <input type="checkbox"/> Zinc Royal Blue: BD EDTA or Greiner NaHeparin	<input type="checkbox"/> Toxic Panel Individual Orderable <input type="checkbox"/> Arsenic <input type="checkbox"/> Chromium <input type="checkbox"/> Cadmium <input type="checkbox"/> Cobalt <input type="checkbox"/> Lead <input type="checkbox"/> Copper <input type="checkbox"/> Mercury <input type="checkbox"/> Manganese <input type="checkbox"/> Nickel <input type="checkbox"/> Molybdenum <input type="checkbox"/> Thallium <input type="checkbox"/> Selenium <input type="checkbox"/> <input type="checkbox"/> Titanium <input type="checkbox"/> <input type="checkbox"/> Vanadium Royal Blue: BD EDTA or Greiner NaHeparin <input type="checkbox"/> Zinc Protoporphyrin Royal Blue: BD EDTA or Greiner NaHeparin	<input type="checkbox"/> Total Panel <input type="checkbox"/> Essential Panel Toxic Panel <input type="checkbox"/> Chromium <input type="checkbox"/> Aluminum <input type="checkbox"/> Cobalt <input type="checkbox"/> Nickel <input type="checkbox"/> Copper <input type="checkbox"/> Manganese <input type="checkbox"/> Molybdenum <input type="checkbox"/> Selenium <input type="checkbox"/> Vanadium Individual Orderable <input type="checkbox"/> Zinc <input type="checkbox"/> Titanium Royal Blue: BD EDTA <input type="checkbox"/> Iodine Indicate if patient is on any Iodine treatment: _____ Royal Blue: BD EDTA

<input type="checkbox"/> Antimony - Glass BD Green NaHeparin Ref. # 366480	<input type="checkbox"/> Antimony - Glass BD Green NaHeparin Ref. # 366480	Royal Blue: BD EDTA
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Urine	Miscellaneous	Hair
<input type="checkbox"/> Random Urine <input type="checkbox"/> 24 Hour Urine Collection Date Start _____ Time _____ Finish _____ Time _____ Total Volume: _____ <input type="checkbox"/> Total Panel <input type="checkbox"/> Essential Panel <input type="checkbox"/> Toxic Panel <input type="checkbox"/> Boron <input type="checkbox"/> Aluminum <input type="checkbox"/> Calcium <input type="checkbox"/> Antimony <input type="checkbox"/> Chromium <input type="checkbox"/> Arsenic (Total) <input type="checkbox"/> Cobalt <input type="checkbox"/> Barium <input type="checkbox"/> Copper <input type="checkbox"/> Beryllium <input type="checkbox"/> Iron <input type="checkbox"/> Bismuth <input type="checkbox"/> Magnesium <input type="checkbox"/> Cadmium <input type="checkbox"/> Manganese <input type="checkbox"/> Lead <input type="checkbox"/> Molybdenum <input type="checkbox"/> Mercury <input type="checkbox"/> Potassium <input type="checkbox"/> Nickel <input type="checkbox"/> Selenium <input type="checkbox"/> Silver <input type="checkbox"/> Sodium <input type="checkbox"/> Thallium <input type="checkbox"/> Strontium <input type="checkbox"/> Uranium <input type="checkbox"/> Sulfur <input type="checkbox"/> Tin <input type="checkbox"/> Vanadium <input type="checkbox"/> Zinc	Matrix Type: _____ Test Requested: _____ _____ _____ _____ _____ _____ _____ Check lab test guide for full list of tests. www.lhsc.on.ca/cgibin/view_labtest.pl Tissue <input type="checkbox"/> Copper Liver Tissue <input type="checkbox"/> Iron Liver Tissue Miscellaneous test Tissue Type: _____ Test Requested: _____ _____ _____ _____ Contact Lab to ensure miscellaneous testing is offered before sending specimen.	Shampoo Used: _____ Conditioner Used: _____ Bleached, Permed or Dyed: _____ _____ <input type="checkbox"/> Total Panel <input type="checkbox"/> Essential Panel <input type="checkbox"/> Toxic Panel <input type="checkbox"/> Boron <input type="checkbox"/> Aluminum <input type="checkbox"/> Calcium <input type="checkbox"/> Antimony <input type="checkbox"/> Chromium <input type="checkbox"/> Arsenic <input type="checkbox"/> Cobalt <input type="checkbox"/> Barium <input type="checkbox"/> Copper <input type="checkbox"/> Bismuth <input type="checkbox"/> Iodine <input type="checkbox"/> Cadmium <input type="checkbox"/> Iron <input type="checkbox"/> Lead <input type="checkbox"/> Magnesium <input type="checkbox"/> Mercury <input type="checkbox"/> Manganese <input type="checkbox"/> Nickel <input type="checkbox"/> Molybdenum <input type="checkbox"/> Palladium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Silver <input type="checkbox"/> Potassium <input type="checkbox"/> Thallium <input type="checkbox"/> Selenium <input type="checkbox"/> Titanium <input type="checkbox"/> Sodium <input type="checkbox"/> Uranium <input type="checkbox"/> Strontium <input type="checkbox"/> Sulfur <input type="checkbox"/> Tin <input type="checkbox"/> Vanadium <input type="checkbox"/> Zinc

Urine Iodine	Inorganic Arsenic Urine	Nail
<input type="checkbox"/> Random Urine <input type="checkbox"/> 24 Hour Urine Collection Date Start _____ Time _____ Finish _____ Time _____ Total Volume: _____ Indicate if patient is on any Iodine treatment: _____	<input type="checkbox"/> Random Urine <input type="checkbox"/> 24 Hour Urine Collection Date Start _____ Time _____ Finish _____ Time _____ Total Volume: _____	<input type="checkbox"/> Arsenic <input type="checkbox"/> Lead

Individual Orderables are not part of the panel. For a full list of available tests check www.lhsc.on.ca/cgibin/view_labtest.pl
 Place orders under Miscellaneous.