

Trace Elements 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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Red Cell	Whole Blood	Plasma/Serum
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<input type="checkbox"/> Total Panel <input type="checkbox"/> Essential Panel <input type="checkbox"/> Toxic Panel <table style="width:100%;"> <tr> <th style="text-align: left;">Essential Panel</th> <th style="text-align: left;">Toxic Panel</th> </tr> <tr> <td><input type="checkbox"/> Calcium</td> <td><input type="checkbox"/> Antimony</td> </tr> <tr> <td><input type="checkbox"/> Chromium</td> <td><input type="checkbox"/> Arsenic</td> </tr> <tr> <td><input type="checkbox"/> Cobalt</td> <td><input type="checkbox"/> Cadmium</td> </tr> <tr> <td><input type="checkbox"/> Copper</td> <td><input type="checkbox"/> Lead</td> </tr> <tr> <td><input type="checkbox"/> Magnesium</td> <td><input type="checkbox"/> Mercury</td> </tr> <tr> <td><input type="checkbox"/> Manganese</td> <td><input type="checkbox"/> Nickel</td> </tr> <tr> <td><input type="checkbox"/> Molybdenum</td> <td><input type="checkbox"/> Thallium</td> </tr> <tr> <td><input type="checkbox"/> Potassium</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Selenium</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Vanadium</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Zinc</td> <td></td> </tr> </table>	Essential Panel	Toxic Panel	<input type="checkbox"/> Calcium	<input type="checkbox"/> Antimony	<input type="checkbox"/> Chromium	<input type="checkbox"/> Arsenic	<input type="checkbox"/> Cobalt	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Copper	<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"/> Thallium	<input type="checkbox"/> Potassium		<input type="checkbox"/> Selenium		<input type="checkbox"/> Vanadium		<input type="checkbox"/> Zinc		<input type="checkbox"/> Toxic Panel <table style="width:100%;"> <tr> <th style="text-align: left;">Toxic Panel</th> </tr> <tr> <td><input type="checkbox"/> Antimony</td> </tr> <tr> <td><input type="checkbox"/> Arsenic</td> </tr> <tr> <td><input type="checkbox"/> Cadmium</td> </tr> <tr> <td><input type="checkbox"/> Lead</td> </tr> <tr> <td><input type="checkbox"/> Mercury</td> </tr> <tr> <td><input type="checkbox"/> Nickel</td> </tr> <tr> <td><input type="checkbox"/> Thallium</td> </tr> </table> <input type="checkbox"/> Zinc Protoporphyrin	Toxic Panel	<input type="checkbox"/> Antimony	<input type="checkbox"/> Arsenic	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Lead	<input type="checkbox"/> Mercury	<input type="checkbox"/> Nickel	<input type="checkbox"/> Thallium	<input type="checkbox"/> Total Panel <input type="checkbox"/> Plasma <input type="checkbox"/> Serum <table style="width:100%;"> <tr> <th style="text-align: left;">Essential Panel</th> <th style="text-align: left;">Toxic Panel</th> </tr> <tr> <td><input type="checkbox"/> Chromium</td> <td><input type="checkbox"/> Aluminum</td> </tr> <tr> <td><input type="checkbox"/> Cobalt</td> <td><input type="checkbox"/> Antimony</td> </tr> <tr> <td><input type="checkbox"/> Copper</td> <td><input type="checkbox"/> Nickel</td> </tr> <tr> <td><input type="checkbox"/> Iodine</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Manganese</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Molybdenum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Selenium</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Vanadium</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Zinc</td> <td></td> </tr> </table>	Essential Panel	Toxic Panel	<input type="checkbox"/> Chromium	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Cobalt	<input type="checkbox"/> Antimony	<input type="checkbox"/> Copper	<input type="checkbox"/> Nickel	<input type="checkbox"/> Iodine		<input type="checkbox"/> Manganese		<input type="checkbox"/> Molybdenum		<input type="checkbox"/> Selenium		<input type="checkbox"/> Vanadium		<input type="checkbox"/> Zinc	
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Inorganic Arsenic Urine	Urine	Hair
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<input type="checkbox"/> Inorganic Arsenic <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"/> 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 Shampoo Used: _____ Conditioner Used: _____ Bleached, Permed or Dyed: _____
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Tissue	Urine	Hair
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Miscellaneous	Urine	Hair
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<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Palladium																																																																																					
<input type="checkbox"/> Phosphorus	<input type="checkbox"/> Platinum																																																																																					
<input type="checkbox"/> Potassium	<input type="checkbox"/> Silver																																																																																					
<input type="checkbox"/> Selenium	<input type="checkbox"/> Thallium																																																																																					
<input type="checkbox"/> Sodium	<input type="checkbox"/> Thorium																																																																																					
<input type="checkbox"/> Strontium	<input type="checkbox"/> Titanium																																																																																					
<input type="checkbox"/> Sulfur	<input type="checkbox"/> Uranium																																																																																					
<input type="checkbox"/> Tin																																																																																						
<input type="checkbox"/> Vanadium																																																																																						
<input type="checkbox"/> Zinc																																																																																						