

**LONDON HEALTH SCIENCES CENTRE
GENERAL LABORATORY REQUISITION**

Patient Location: _____

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

Clinical Data: _____

Ordering Physician: _____
(INCLUDE FIRST AND LAST NAME)

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)

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>) (G)
<input type="checkbox"/> Iron Overload Screen (G)
(<i>iron, ferritin, UIBC</i>)
<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 (L) * on ice
<input type="checkbox"/> Amylase - Total (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 T (G)
<input type="checkbox"/> TSH (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
