

**LONDON HEALTH SCIENCES CENTRE
GENERAL LABORATORY REQUISITION - RESEARCH**

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

Name: _____

DOB: _____

Screen #: _____

CRIC #: R-01-001(SELECT) Dr. J. Chin

SAMPLE TYPE:

- Blood Other (specify): _____

HEMATOLOGY

- | | | |
|---|---|---|
| <input type="checkbox"/> CBC (L) | <input type="checkbox"/> Hemoglobinopathy Screen (L&GD) | <input type="checkbox"/> Malaria Film (L) |
| <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> Hereditary Spherocytosis Screen (L) | <input type="checkbox"/> Reticulocyte Count (L) |
| Biopsy for Pathology <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Infectious Mono Screen (L) | <input type="checkbox"/> Semen Analysis |
| <input type="checkbox"/> Fluid Cell Count & Differential | <input type="checkbox"/> Iron Deficiency Screen (<i>ferritin</i>) (G) | - Post Vasectomy/Reversal only |
| <input type="checkbox"/> Fluid Crystals | <input type="checkbox"/> Iron Overload Screen (G) | <input type="checkbox"/> Sickle Cell Screen (L) |
| <input type="checkbox"/> Folate (<i>red cell</i>) (L) | (<i>iron, ferritin, UIBC</i>) | <input type="checkbox"/> Vitamin B12 (GD) |

COAGULATION

- | | | |
|---|---|---|
| <input type="checkbox"/> INR (B) (Circle Therapy) | <input type="checkbox"/> D-Dimer for DVT/PE (B) | <input type="checkbox"/> Heparin (Anti-Xa) Assay (B) |
| <input type="checkbox"/> PTT (B) (Circle Therapy) | <input type="checkbox"/> DIC Screen (L&B) | Specify Heparin: _____ |
| Heparin S/C Heparin IV Warfarin | <input type="checkbox"/> Factor Assays (B) | <input type="checkbox"/> Hypercoagulation Screen (5B, 2L) |
| Other: _____ | Specify: _____ | (AT3, APA, PCF, PSF, APCR) |

GENERAL CHEMISTRY

- | | | |
|--|--|---|
| <input type="checkbox"/> Electrolytes (G) (Na, K, Cl, CO ₂) | <input type="checkbox"/> Bilirubin - Total (G) | Lipid Profile (G) <input type="checkbox"/> Cholesterol |
| <input type="checkbox"/> Glucose (G) | <input type="checkbox"/> Bilirubin - Direct (G) | <input type="checkbox"/> Triglyceride |
| <input type="checkbox"/> Random <input type="checkbox"/> Fasting <input type="checkbox"/> PC | <input type="checkbox"/> Calcium (G) | <input type="checkbox"/> HDLc / LDLc |
| <input type="checkbox"/> Creatinine (G) | <input type="checkbox"/> Creatine Kinase (<i>Total CK</i>) (G) | <input type="checkbox"/> Magnesium (G) |
| <input type="checkbox"/> Urea (G) | <input type="checkbox"/> Gamma Glutamyl Transferase (<i>GGT</i>) (G) | <input type="checkbox"/> Oligoclonal Banding (3mL CSF + GD) |
| <input type="checkbox"/> Alanine Transaminase (<i>ALT</i>) (G) | <input type="checkbox"/> Glycated Hemoglobin (L) | <input type="checkbox"/> Osmolality (G) |
| <input type="checkbox"/> Albumin (G) | <input type="checkbox"/> HCG - Quantitative (G) | <input type="checkbox"/> Phosphate (G) |
| <input type="checkbox"/> Alkaline Phosphatase (<i>ALP</i>) (G) | <input type="checkbox"/> Intact PTH (P) | <input type="checkbox"/> Pregnancy Test - Qualitative (GD) |
| <input type="checkbox"/> Amino Acids (G) | <input type="checkbox"/> Ionized Calcium (G) | <input type="checkbox"/> Protein - Total (G) |
| <input type="checkbox"/> Ammonia (L) *on ice | <input type="checkbox"/> Lactate (Gy) | <input type="checkbox"/> hs-Troponin T (G) |
| <input type="checkbox"/> Amylase - Total (G) | <input type="checkbox"/> Lactate Dehydrogenase (<i>LD</i>) (G) | <input type="checkbox"/> TSH (G) |
| <input type="checkbox"/> Aspartate Transaminase (<i>AST</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"/> Room Air <input type="checkbox"/> Oxygen | <input type="checkbox"/> Mechanical Ventilation: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Mask: _____ | Peep: _____ IMV: _____ CPAP: _____ |
| <input type="checkbox"/> Pt. Temp: _____ °C | <input type="checkbox"/> Nasal Prongs: _____ | <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"/> Blood/Body Fluid Expos. - Source Pt. (G) | <input type="checkbox"/> Hepatitis B Surface Antibody (HBsAb) (G) |
| <input type="checkbox"/> Chronic - Hepatitis B, C (G) | <input type="checkbox"/> Blood/Body Fluid Exposure - Exposed Individual (G) | <input type="checkbox"/> Hepatitis B Core Antibody (HBcAb) (G) |
| <input type="checkbox"/> Transplant Screen (G) (HEP, HIV, CMV) | <input type="checkbox"/> HIV (Transplant Only) (G) | <input type="checkbox"/> Hepatitis Be Antigen (HBeAg) (G) |
| <input type="checkbox"/> Donor <input type="checkbox"/> Recipient (<i>check ONE only</i>) | <input type="checkbox"/> Hepatitis B Surface Antigen (HBsAg) (G) | <input type="checkbox"/> Hepatitis A Antibody (HAAb) (G) |
| <input type="checkbox"/> Immune Status/Previous Exposure (G) | | <input type="checkbox"/> Hepatitis C Antibody (HCAb) (G) |

URINE TESTS

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

PLEASE WRITE IN ADDITIONAL TESTS BELOW

PSA

DRUG MONITORING - THERAPEUTIC

- Pre-dose**
Collection Time: _____
- Post-dose**
Collection Time: _____
Infusion Time (with flush): _____ to _____
- Random**
- 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 (except Oxycodone)
 Other (*Specify*): _____

Serum Drug Screen

- Acetaminophen (G)
 Ethanol (G)
 Glycol (GD)
 Salicylates (G)
 Tricyclics (G)
 Volatiles (methanol, etc) (G)

TRACE ELEMENTS

- Aluminum (DKB)
 Copper (DKB)

- Lead (DKB)
 Mercury (DKB)

- Zinc (DKB)
 Other (*Specify*): _____

HORMONES

- ACTH (L) *on ice
 Aldosterone - standing (L)
 Aldosterone - supine (L)
 B2 Microglobulin (GD)
 C-Peptide (GD)
 Calcitonin (R)
 Catecholamines (L)
 Cortisol (GD) AM PM

- DHEA Sulphate (GD)
 Estradiol (GD)
 FSH / LH (GD)
 Gastrin (R)
 Growth Hormone (GD)
 17-Hydroxyprogesterone (R)
 Insulin (GD)
 Progesterone (GD)

- Prolactin (GD)
 Renin (L)
 Testosterone - Total (GD)
 Testosterone Index (FAI) (GD)
 Thyroglobulin (R)

IMMUNOLOGY

- Allergic Alveolitis (GD)
 Alpha 1 Antitrypsin (GD)
 Anti-Acetylcholine Receptor (GD)
 Anti-Cyclic Citrullinated Peptide (R)
 Anti-DNA (GD)
 Anti-ENA Screen and ID (GD)
 Anti-GM1 (GD)
 Anti-Histone (GD)
 Anti-Nuclear Antibody (GD)
 Ceruloplasmin (GD)

- Complement C2 (R) *on ice
 Complement C3/C4 (GD)
 Complement CH50 (Total) (GD) *on ice
 Cryofibrinogen (4B, 2R) *keep at 37°C
 Cryoglobulin (2R) *keep at 37°C
 Haptoglobin (GD)
 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)
 Transferrin (GD)
 Trypsin (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 (GD)

- CA 125 (GD)
 CEA (GD)

- PSA (R)