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)
GD = Gold top tube
R = Red clotted tube
L = Lavender top tube (EDTA)
P = Pink top tube
G = Green top tube (Lithium Heparin and Gel)
Gy = Grey top tube
DKB = Dark Blue tube

SAMPLE TYPE:
☐ Blood ☐ Other (specify): _____

HEMATOLOGY

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

COAGULATION

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

GENERAL CHEMISTRY

- ☐ Electrolytes (G) (Na, K, Cl, CO_2)
- ☐ Glucose (G)
  ☐ Random ☐ Fasting ☐ PC
- ☐ Creatinine (G)
- ☐ Urea (G)
- ☐ Alanine Transaminase *(ALT)* (G)
- ☐ Albumin (G)
- ☐ Alkaline Phosphatase *(ALP)* (G)
- ☐ Amino Acids (G)
- ☐ Ammonia (L) ***on ice**
- ☐ Amylase - Total (G)
- ☐ Aspartate Transaminase *(AST)* (G)
- ☐ Bilirubin - Total (G)
- ☐ Bilirubin - Direct (G)
- ☐ Calcium (G)
- ☐ Creatine Kinase *(Total CK)* (G)
- ☐ Gamma Glutamyl Transferase *(GGT)* (G)
- ☐ Glycated Hemoglobin (L)
- ☐ HCG - Quantitative (G)
- ☐ Intact PTH (P)
- ☐ Ionized Calcium (G)
- ☐ Lactate (Gy)
- ☐ Lactate Dehydrogenase *(LD)* (G)

Lipid Profile (G) ☐ Cholesterol ☐ Triglyceride ☐ HDLc / LDLc

- ☐ Magnesium (G)
- ☐ Oligoclonal Banding (3mL CSF + GD)
- ☐ Osmolality (G)
- ☐ Phosphate (G)
- ☐ Pregnancy Test - Qualitative (GD)
- ☐ Protein - Total (G)
- ☐ hs-Troponin T (G)
- ☐ TSH (G)
- ☐ Uric Acid (G)

BLOOD GASES

- ☐ Arterial ☐ Capillary ☐ Venous
- ☐ Other: _____
- ☐ Pt. Temp: _____°C
- ☐ Room Air ☐ Oxygen
- ☐ Mask: _____
- ☐ Nasal Prongs: _____
- ☐ Mechanical Ventilation: _____
  Peep: _____ IMV: _____ CPAP: _____
- ☐ T Piece ☐ T Collar ☐ Other: _____

HEPATITIS AND DONOR HIV (SEND SEPARATE TUBE)

HEPATITIS SEROLOGY

- ☐ Hepatitis B Diagnostic Panel (HpBsAg, HpBsAB, HpCoreAb) (GD)
- ☐ Hepatitis B Surface Antigen (HpBsAg) (GD)
- ☐ Hepatitis B Surface Antibody (HpBsAb) (GD)
- ☐ Hepatitis B Core Antibody (HBcAb) (GD)
- ☐ Hepatitis BE Antigen (HBeAg) (GD)
- ☐ Hepatitis A Antibody (HAAb) (GD)
- ☐ Hepatitis C Antibody (HCAb) (GD)

TRANSPLANT SEROLOGY

- ☐ Transplant Screen (HEP, HIV, CMV) (GD)
  - ☐ Donor
  - ☐ Recipient

NEEDLESTICK INJURY

- ☐ Blood/Body Fluid Expos. Source Pt. (GD)
- ☐ Blood/Body Fluid Expos. Individual (GD)

URINE TESTS

- ☐ **Random Urine**
- ☐ **24 hr Urine**
  Collection Date
  Start:_____ Time:_____h
  Finish: _____ Time:_____h
- ☐ Urinalysis
- ☐ Aldosterone (24 hr urine only)
- ☐ Calcium*
- ☐ Catecholamines (24 hr urine)
- ☐ Citrate (24 hr. urine only)*
- ☐ Creatinine
- ☐ Creatinine Clearance (G) + 24 hr urine
- ☐ Cortisol (24 hr urine only)
- ☐ Hydroxyproline*
- ☐ Metanephrines (fractionated)* (24 hr urine only)
- ☐ Microalbumin
- ☐ Monoclonal Light Chains
- ☐ Osmolality
- ☐ Oxalate (24 hr. urine only)*
- ☐ PBG/ALA Porphyrin Precursors (dark)
- ☐ Porphyrins (dark) (random or 24 hr. urine*)
- ☐ Protein
- ☐ Protein Electrophoresis
- ☐ VMA / HVA / HIAA by HPLC* (24 hr urine only)

***PRESERVATIVE REQUIRED**
OBTAIN CONTAINER FROM LAB

PLEASE WRITE IN ADDITIONAL TESTS BELOW

_____

_____

_____

SEE REVERSE FOR DRUG MONITORING, FLOW CYTOMETRY, TOXICOLOGY, HORMONES & IMMUNOLOGY

DRUG MONITORING - THERAPEUTIC

- ☐ **Pre-dose**
  Collection Time:_____
- ☐ **Post-dose**
  Collection Time:_____
  Infusion Time (with flush): _____ to _____
- ☐ **Random**
- ☐ Carbamazepine (GD)
- ☐ Cyclosporin
- ☐ Digoxin (G)
- ☐ Gentamicin (G)
- ☐ Lithium (GD)
- ☐ Methotrexate (G)
- ☐ Mycophenolic Acid (L)
- ☐ Phenobarbital (G)
- ☐ Phenytoin (G)
  - ☐ Free Phenytoin (G)
- ☐ Sirolimus (L)
- ☐ Tacrolimus *(FK506)* (L)
- ☐ Tobramycin (G)
- ☐ Valproic Acid (G)
  - ☐ Free Valproic Acid (GD)
- ☐ Vancomycin (L)

TOXICOLOGY

Current Medications:

_____
_____
_____
_____
_____
_____
_____
_____

Urine Drug Screen

- ☐ Amphetamines/Ecstacy
- ☐ 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)
- ☐ Anti-Acetylcholine Receptor (GD)
- ☐ C-Peptide (GD)
- ☐ Calcitonin (R)
- ☐ 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-Cyclic Citrullinated Peptide (R)
- ☐ Anti-DNA (GD)
- ☐ Anti-ENA Screen and ID (GD)
- ☐ Anti-GM1 (GD)
- ☐ Anti-Histone (GD)
- ☐ Anti-Nuclear Antibody (GD)
- ☐ B2 Microglobulin (GD)
- ☐ Ceruloplasmin (GD)
- ☐ Complement C2 (R) ***on ice**
- ☐ Complement C3/C4 (GD)
- ☐ Complement CH50 (Total) (GD)
- ☐ 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)
- ☐ 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 (GD)
- ☐ CA 125 (GD)
- ☐ CEA (GD)
- ☐ PSA (R)