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Laboratory Requisition
ON-SITE TESTING

PLEASE ENSURE THAT ALL AREAS OF THIS FORM ARE COMPLETED

Ordering Physician:

Patient Location:

Report To:
☐ North Pod ☐ ER ☐ South Pod ☐ Maternity
☐ Prenatal Clinic ☐ HAC ☐ Ext Care ☐ Apt Clinic - PHCU
☐ Com Care ☐ **Nursing Station**_____ ☐ Other: _____

Date Collected:	Time Collected:	Collected By:

Clinical Information:

Prenatal: : ☐ YES ☐ NO

REQUIRED INFORMATION:

Name:

Date of Birth:

Health Card Number:

Gender: MALE ☐ FEMALE ☐

CHEMISTRY

- ☐ Glucose, Fasting
- ☐ Glucose, random
- ☐ Glucose, 2 hr pc
- ☐ Glucose, 1 hr post 50g
- ☐ Glucose, 75g GTT Pregnancy (Fstg, 1hr, 2hr)
- ☐ Glucose, 75g GTT (Fst,2hr)
- ☐ BUN/Urea
- ☐ Creatinine (eGFR)
- ☐ Lytes
  - ☐ Sodium
  - ☐ Potassium
  - ☐ Chloride
  - ☐ Carbon Dioxide/Bicarb
- ☐ CK
- ☐ LDH
- ☐ AST
- ☐ ALT
- ☐ Alk Phos
- ☐ GGT
- ☐ Bilirubin
- ☐ Bilirubin (newborn)
- ☐ Total Protein
- ☐ Albumin
- ☐ Calcium
- ☐ Ionized Calcium**(Gold top, spun, unopened)**
- ☐ Phosphorus
- ☐ Magnesium
- ☐ Lipase
- ☐ Uric Acid
- ☐ CRP
- ☐ Osmolality: Serum
- ☐ Osmolality: Urine
- ☐ Osmolar Gap
- ☐ Lactate (Lactic Acid) (On-Site Only)
- ☐ FFE (Fetal Fibronectin) (On-Site Only)
- ☐ Vancomycin trough
- ☐ Gentamicin ☐Trough ☐Peak ☐ Random

DRUGS

- ☐ Digoxin
- ☐ Ethanol
- ☐ Salicylate
- ☐ Acetaminophen
- ☐ Urine Drug Screen (Overdoses Only)

BLOOD GASES (On-Site Only)

- ☐ Cord Arterial pH
- ☐ Cord Venous pH
- ☐ Arterial (collected by physician)
- ☐ Venous
- ☐ Capillary

CARDIAC MARKERS

- ☐ Troponin

PREGNANCY TEST

- ☐ Preg Test (Pos or Neg) Urine
- ☐ Preg Test (Pos or Neg) Serum
- ☐ Quantitative (Total BHCG)

BODY FLUIDS (On-Site Only)

Source: _____

- ☐ Cell Count
- ☐ Glucose (CSF only)
- ☐ Protein (CSF only)

TRANSFUSION MEDICINE

- ☐ Routine ☐ Stat
- ☐ Prenatal ☐ 1st Visit
  - ☐ 28 Week
  - ☐ Other

Estimated Date of Confinement:
_____

- ☐ Win Rho
- ☐ Albumin, dosage _____
- ☐ IGG, dosage _____
- ☐ ABO and Rh Type
- ☐ Antibody Screen
- ☐ Direct Coombs
- ☐ Cross Match (On-Site Only)

# of units _____
Reason for transfusion: _____
Previous Transfusion: ☐YES ☐ NO
# of Previous Pregnancies: _____

HEMATOLOGY

- ☐ CBC/DIFF (No DIFF if specimen > 24hrs)
- ☐ RETIC

COAGULATION

Is patient on anti-coagulant therapy?
- ☐ Yes, specify _____
- ☐ No

- ☐ PT/INR
- ☐ APTT
- ☐ D-DIMER
- ☐ Anti-XA

SEROLOGY

- ☐ Monospot
- ☐ RSV (On-Site Only)
- ☐ Influenza A+B (On-Site Only)

SEMINAL FLUID
By Appointment with lab only

- ☐ Fertility
- ☐ Post Vasectomy
- ☐ Date and Time Collected:

_____

URINE CHEMISTRY

- ☐ Volume: _____(Required)
- ☐ Creatinine Clearance (Requires Serum Sample)

☐ Urine Protein	☐ Random	☐ 24hr
☐ Urine Creatinine	☐ Random	☐ 24 hr
☐ Urine Sodium	☐ Random	☐ 24 hr
☐ Urine Potassium	☐ Random	☐ 24 hr

URINALYSIS

- ☐ Occult Blood (Stool)
- ☐ Routine Urinalysis (On-Site Only)
- ☐ Date and Time Collected:

_____

AF:29 Revised: Feb. 8/05; Nov 06, Nov 10, Apr 13, Sept 13, Jan 14, Sept 14; Sept 15; Feb 16