Sunnybrook
HEALTH SCIENCES CENTRE

Laboratory Requisition

2075 Bayview Avenue, Toronto, Ontario M4N 3M5

Please Print Clearly

DOCTOR'S FULL NAME _____
(Last name and initial)

SERVICE _____ PHONE # _____

CLINIC ACCOUNT # _____

ALL PATIENTS MUST HAVE A SHSC IDENTIFICATION CARD
SPECIMEN COLLECTION UNIT MG202 PHONE: 416.480.4007
HOURS - 8:15 A.M. TO 5:00 P.M. MONDAY TO THURSDAY, FRIDAY 8:15 A.M. TO 4:30 P.M.

BIOCHEMISTRY

- ☐ ACE
- ☐ ALBUMIN
- ☐ ALP
- ☐ ALT
- ☐ AMYLASE
- ☐ AST
- ☐ TOTAL BILIRUBIN
- ☐ DIRECT BILIRUBIN
- ☐ BLOOD GASES
- ☐ CALCIUM
- ☐ CALCIUM IONIZED
- ☐ CHOLESTEROL
- ☐ CHOLESTEROL, HDL
- ☐ CHOLESTEROL, LDL (FASTING)
- ☐ CK
- ☐ CK-MB
- ☐ CREATININE
- ☐ ELECTROLYTES
- ☐ FERRITIN
- ☐ GLUCOSE (FASTING)
- ☐ GLUCOSE (RANDOM)
- ☐ HbA1C
- ☐ GGT
- ☐ LD
- ☐ LIPASE
- ☐ MAGNESIUM
- ☐ OSMOLALITY
- ☐ PHOSPHATE
- ☐ PROTEIN ELECTROPHORESIS
- ☐ PROTEIN (TOTAL)
- ☐ RBC FOLATE + CBC
- ☐ TRIGLYCERIDES (FASTING)
- ☐ UREA
- ☐ URIC ACID
- ☐ VITAMIN B_{12}

URINE TESTS
RANDOM URINE

- ☐ CHLORIDE
- ☐ MYELOMA PROTEIN (BENCE JONES PROTEIN)
- ☐ OSMOLALITY
- ☐ POTASSIUM
- ☐ PREGNANCY
- ☐ SODIUM
- ☐ UROBILINOGEN
- ☐ URINALYSIS BY DIPSTICK
- ☐ URINALYSIS BY MICROSCOPE

STOOL TESTS

- ☐ FECAL FAT (72h)
- ☐ OCCULT BLOOD
- ☐ FECAL WEIGHT

ENDOCRINOLOGY

- ☐ ACTH
- ☐ AVP
- ☐ CORTISOL
- ☐ DHEAS
- ☐ EPO
- ☐ ESTRADIOL
- ☐ FREE TESTOSTERONE
- ☐ FSH
- ☐ FT3
- ☐ FT4
- ☐ GROWTH HORMONE

TUMOUR MARKERS

Site of primary tumour essential for CEA only: _____

- ☐ AFP
- ☐ CA-125
- ☐ CA-153
- ☐ CALCITONIN
- ☐ CEA
- ☐ FREE PSA
- ☐ HCG
- ☐ PSA

24h. URINE

- ☐ CALCIUM
- ☐ CATECHOLAMINES
- ☐ CHLORIDE
- ☐ CREATININE
- ☐ CREATININE CLAERANCE
- ☐ FREE CORTISOL
- ☐ 5-HIAA
- ☐ MAGNESIUM
- ☐ MICROALBUMIN
- ☐ PHOSPHATE
- ☐ POTASSIUM
- ☐ PROTEIN
- ☐ SODIUM
- ☐ UREA
- ☐ URIC ACID
- ☐ OXALATE

- ☐ hCG, QUANTITATIVE
- ☐ INSULIN
- ☐ LH
- ☐ PROGESTERONE
- ☐ PROLACTIN
- ☐ PTH
- ☐ T3
- ☐ TESTOSTERONE
- ☐ THYROGLOBULIN
- ☐ TSH

IMMUNOLOGY

- ☐ ALPHA-1 ANTITRYPSIN
- ☐ ALPHA-2 MACROGLOBULIN
- ☐ ANTI-MICROSOMAL AB
- ☐ C3
- ☐ C4
- ☐ CERULOPLASMIN
- ☐ COMPLEMENT, TOTAL (CH50)
- ☐ CRP
- ☐ IgA
- ☐ IgG
- ☐ IgM
- ☐ IMMUNOELECTROPHORESIS
- ☐ RHEUMATOID FACTOR
- ☐ TRANSFERRIN
- ☐ VISCOSITY

DRUGS

- ☐ ACETAMINOPHEN
- ☐ CARBAMAZEPINE
- ☐ DIGOXIN
- ☐ LITHIUM
- ☐ METHOTREXATE
- ☐ PHENOBARBITAL
- ☐ PHENYTOIN (DILANTIN)
- ☐ SALICYLATE
- ☐ TRICYCLIC ANTIDEPRESSIVES
  SPECIFY TYPE: _____
- ☐ THEOPHYLLINE
- ☐ VALPROIC ACID
  DOSE: _____
  DOSE TIME: _____
- ☐ DRUG SCREEN
  (send HSC-ARF requisition: both serum and urine required)

ANTIBIOTIC ASSAYS

A	TROUGH	PEAK	ONCE DAILY PEAK	8-12HR. LEVEL	RANDOM
AMIKACIN	☐	☐	☐	☐	☐
GENTAMICIN	☐	☐	☐	☐	☐
TOBRAMYCIN	☐	☐	☐	☐	☐
VANCOMYCIN	☐	☐			☐

DOSAGE GIVEN: _____ DOSE TIME: _____

PATIENT NAME _____

HFN _____

HEALTH CARD No. _____

BIRTH DATE _____

PATIENT IDENTIFICATION

DIAGNOSIS AND RELEVANT INFORMATION

PHYSICIANS SIGNATURE _____

COLLECT DATE _____

HAEMATOLOGY

- ☐ CBC
- ☐ CBC AND DIFFERENTIAL
- ☐ BLOOD FILM (DIAGNOSIS ESSENTIAL)
  _____
  _____
- ☐ ESR (SED RATE)
- ☐ RETIC COUNT
- ☐ INR
- ☐ PTT
- ☐ COAG SCREEN
- ☐ FACTOR ASSAY (DIAGNOSIS ESSENTIAL)
- ☐ HYPERCOAG SCREEN
- ☐ CSF CELL COUNT
- ☐ FLUID CELL COUNT (SPECIFY TYPE) _____

- ☐ ANF
- ☐ RBC FOLATE
- ☐ SICKLE CELL SCREEN
- ☐ Hgb ELECTRO
- ☐ G6 PD SCREEN

BLOOD BANK
Complete "REQUEST FOR MATCHED BLOOD FOR TRANSFUSION" form

MICROBIOLOGY

CULTURE AND SENSITIVITY

INDICATE SPECIMEN TYPE AND SITE _____
_____

- ☐ C & S
- ☐ AFB/TB/MAI
- ☐ FUNGUS
- ☐ STOOL FOR C. DIFFICILE
- ☐ STOOL FOR OVA AND PARASITES

HEPATITIS

- ☐ ACUTE (HBsAg, anti-HAV IgM)
- ☐ CHRONIC (HBsAg)
- ☐ IMMUNE Status (anti-HBs)
- ☐ SOURCE of Needlestick Injury (HbsAg)

SEROLOGY

- ☐ MONOSPOT (PAUL BUNNELL)
- ☐ SYPHILIS SEROLOGY (VDRL)

OTHER TESTS - PLEASE PRINT

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____