Horizon Health Network / Réseau de santé Horizon

FRONT

Fredericton and Upper River Valley Area
Haematology / Chemistry Requisition

ALL INFORMATION MUST BE LEGIBLE

Appointment priority ☐ Routine ☐ Urgent ☐ STAT ☐ Non-insured: Horizon Staff ☐ Non-insured: Private Practice

Mandatory Information

- Patient's Last Name:
- First Name:
- NB Medicare #: Expiry Date:
  If no NB Medicare # is present, Other Patient # and Address is required
- DOB: D M Y Sex:
- Ordering Provider: (First & last name, specialty)
- Copies To: (First & last name, specialty)
- Relevant Clinical/ Medication Information:

Other Information

- Patient Location:
- Account #:
- Other Provincial Healthcare # & Province or Patient #:
- Address:
- Province: Postal Code:
- Recurring Frequency:

NOTE: Specimens MUST be labelled with patient's full name, Medicare number, date and time, Phlebotomist Identification

Collection Date: Time: Collection Location:

Collected by: Full Signature:

ROUTINE HAEMATOLOGY	
☐ CBC and DIFF	CBC
☐ Reticulocyte Count	RET
☐ ESR	ESR
☐ Mono Test	MONOTEST

HEMOSTASIS	
☐ PT/INR (List Anticoagulants)	PT
☐ APTT (List Anticoagulants)	APTT
☐ Fibrinogen (List Anticoagulants)	FIB
☐ D-Dimer	DDIMER
☐ Platelet Function Screen	PFS

HAEMATOLOGY OTHER	
☐ Malaria	MAL

Malaria – Has the patient been to an endemic area?

☐ No ☐ **Yes**, specify where?

Malaria sample must be delivered to the Lab **IMMEDIATELY**

Other (specify):

SPECIAL HEMOSTASIS	
Anticoagulant therapy:	
☐ Lupus Anticoagulant (Cannot perform if patient on any Anticoagulants)	LUP
☐ Anti Thrombin III	ATIII
☐ Protein C (Affected by Anticoagulants)	PROC
☐ Protein S (Affected by Anticoagulants)	PROS
☐ Factor V Leiden Mutation & Prothrombin Gene Mutation (Monday to Wednesday)	FVMUT
☐ Bethesda (Factor) Inhibitor Assay	BETH
☐ Von Willebrand's Investigation	VWI
☐ HIT Assay (Anti-Heparin Antibody)	AHEP
☐ Heparin Assay (Anti-Xa)	HEPASSY

Factor Assay (specify):

AUTOIMMUNE ANTIBODIES	
☐ ANA (Antinuclear Antibody)	ANA
☐ DNA (dsDNA Antibody)	DSDNA
☐ Cytoplasmic antibodies (AMA, APCA, ASMA)	CYTOPLASAB
☐ ENA (SSA RO52, SSA RO60, SSB, Sm,Sm/RNP, SCL-70, JO- 1)	ENA
☐ CCP (Anti–Citrullinated Protein Ab)	CCP
☐ ANCA IBD/Hepatitis (by IFA)	ANCAIBDHEP
☐ ANCA Vasculitis (MPO, PR3)	ANCAVAS
☐ ACA (Anti-Cardiolipin Antibodies)	ACA
☐ Celiac Profile (tTG IgA, Serum IgA)	CELIAC
☐ Beta-2 Glycoprotein 1	B2GP1

FLOW CYTOMETRY:	
☐ Immunocompetence Profile (Monday to Thursday AM ONLY)	ICP
☐ Leukemia/Lymphoma Profile - Relevant Clinical History required	LPFC
☐ HLA-B27 (Monday to Thursday AM ONLY)	HLAB27
☐ PNH (Monday to Thursday AM ONLY)	PNH

PRENATAL WORKUP					
☐ 1st Trimester Prenatal - includes CBC, Hep B Ag, Syphilis, Rubella IgG	PN1	☐ HIV	HIV	☐ Urine Culture	UR (Micro)
☐ 2nd Trimester Prenatal - includes CBC, GDS	PN2	☐ TSH	TSH	☐ A1C	HA1C
☐ Prenatal Blood Group and Antibody Screen	PN (BBK)	☐ VZ	VZ		

CHEMISTRY DRUG TESTING & THERAPEUTIC MONITORING							
☐ Acetaminophen	ACETA	☐ Cyclosporin	CYCLO	☐ Lamotrigine	LAMI	☐ Salicylate	SAL
☐ Carbamazepine	CARB	☐ Cyclosporin 2h post dose	CYCL2	☐ Lithium	LI	☐ Tacrolimus	FK506
☐ Clobazam	CLO	☐ Digoxin	DIG	☐ Methotrexate	METHX	☐ Theophylline	THEO
☐ Clonazepam	CLON	☐ Gentamicin Peak & Trough	GENTA	☐ Mycophenolate	MYCOP	☐ Valproate	VALP
☐ Clozapine	CLOZ	☐ Gentamicin Trough	GENTA-T	☐ Phenobarbital	PHENO	☐ Vancomycin	VANCO
		☐ Gentamicin Random	GENTA-R	☐ Phenytoin	PTN		

RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

Fredericton and Upper River Valley Area

Haematology / Chemistry Requisition

BACK

ALL INFORMATION MUST BE LEGIBLE

Mandatory Information

Patient's Last Name:

First Name:

If faxing, complete all Mandatory information

NB Medicare #: **Expiry Date:**

If no NB Medicare # is present, Other Patient # and Address is required

Relevant Clinical / Medication Information:

DOB: D M Y **Sex:**

Ordering Provider: (First & last name, specialty)

Copies To: (First & last name, specialty)

General Chemistry - Blood

Test	Code	Test	Code
☐ A1C (Glycosylated Hemoglobin)	HA1C	☐ Homocysteine	THCY
☐ ACTH	ACTH	☐ IgA	IGA
☐ AFP	AFP	☐ IgE	IGE
☐ Albumin	ALB	☐ IgG	IGG
☐ Aldosterone	ALDO	☐ IgM	IGM
☐ Alkaline Phosphatase	ALK	☐ IGF-1 (Somatomedin)	SOMAT
☐ Alpha-1 Antitrypsin	A1AT	☐ Insulin Antibodies	INSAB
☐ ALT	ALT	☐ Insulin✳	INS
☐ Ammonia	AMMON	☐ Iron Studies (Iron, Transferrin TIBC, Transferrin Saturation) ✳	IRON STUDIES
☐ Amylase	AMYL		
☐ Angiotensin Converting Enzyme	ACE	☐ LDH	LDH
☐ B12	B12	☐ Lead (whole blood)	LEAD
☐ β-HCG (Quantitative)	BHCG	☐ LH	LH
☐ Bicarbonate (CO2)	CO2	☐ Lipid Profile-Fasting✳✳	LIPIDP
☐ Bilirubin Total	TBIL	☐ Lipid Profile-Non-Fasting	NONLIP
☐ C3 Complement	C3	☐ Magnesium	MG
☐ C4 Complement	C4	☐ Mercury (whole blood)	MER
☐ CA 125	CA125	☐ Phosphate	PHOS
☐ CA 15-3	CA 15-3	☐ Progesterone	PROG
☐ CA 19-9	CA 19-9	☐ Prolactin	PROL
☐ Calcium	CA	☐ Protein Electrophoresis Serum	PE
☐ Calcium Ionized	ICA	☐ Protein Total	TP
☐ CEA	CEA	☐ PSA Total	PSA
☐ CK	CK	☐ PTH	PTH
☐ Copper	CU	☐ Renin	RENIN
☐ Cortisol (Random)	CORT-R	☐ Rheumatoid Factor	RF
☐ Cortisol AM & PM	CORT	☐ Testosterone	TEST
☐ C-Peptide✳	CPEP	☐ Testosterone Bioavailable	TESTB
☐ Creatinine	CREAT	☐ Thyroglobulin	THYRO
☐ CRP	CRP	☐ Total Bile Acids✳	TBA
☐ Cryoglobulin✳✳	CRYO	☐ TSH with FT4, FT3 reflex	TSH
☐ DHEAs	DHEAS	☐ TSH with anti-TPO reflex	TSHPREG
☐ Electrolytes (Na, K, Cl)	LYTE	☐ Urea	UREA
☐ Estradiol	ESTRA	☐ Uric Acid	UA
☐ Ferritin	FER		
☐ Folate✳	FOL		
☐ FSH	FSH		
☐ Gastrin✳	GASTRIN		
☐ Glucose Fasting✳	FGLU		
☐ Glucose Random	GLU-R		
☐ Growth Hormone	GH		

STOOL

Test	Code
☐ 72 Hour Fecal Fat	FAT-72H
☐ Occult Blood	OCC-FE

☐ Other (please specify)

GLUCOSE TOLERANCE TESTING

Patient must remain inactive during testing

Test	Code
☐ Gestational Diabetes-Screen: Non-Fasting 50g drink (1hr post)	GDS
☐ Gestational Diabetes-Diagnosis: 75g drink (AC 1h & 2hr) ✳	GTTP
☐ Diabetes Diagnosis: 75 g drink (AC & 2 hr)✳	GTT2

URINE RANDOM

Collection time & date must be on specimen container

Test	Code
☐ Bence Jones Protein	BJP
☐ β-HCG (qualitative)	PREGUR
☐ Drug Screen (Abuse)	DRUG-ADD
☐ Drug Screen (MTD Treatment)	DRUG-METH
☐ Microalbumin/Creatinine Ratio	MICROALB-R
☐ Protein/Creatinine Ratio	PRO-CR RATIO
☐ Protein Electrophoresis	PE-U
☐ Urine Electrolytes (Na, K, Cl)	LYTE-U
☐ Urinalysis Routine	U/A
☐ Urine C&S-separate bottle required	UR

24 HOUR URINE

Collection time & date must be on specimen container

Test	Code
☐ Bence Jones Protein	BJP-24H
☐ Calcium	CA-24H
☐ Citrate	CIT-24H
☐ Cortisol	CORT-24H
☐ Creatinine	CREAT-24H
☐ Creatinine Clearance Collect blood & urine Height: (cm): _____ Weight: (kg): _____	CRCL
☐ Heavy Metals Screen (Includes Arsenic, Cadmium, Lead, Mercury)	HEAVY
☐ Oxalate	OXA-24H
☐ Phosphorus	PHOS-24H
☐ Protein Total	TP-24H
☐ Protein Electrophoresis	PE-U 24H
☐ Urate (Uric Acid)	UA-24H
☐ Urine Electrolytes (Na, K, Cl)	LYTE-24H

OTHER

Test	Code
☐ Renal Calculi (Stone Analysis)	STONE-RENAL
☐ Sweat Chloride	CL-SWEAT

✳8hrs fasting / ✳8h jeune

✳✳12hrs fasting – Consume nothing by mouth during the fasting period. A small sip of water or ice is permissible. /
✳✳12h jeune – Ne rien consommer oralement durant la période de jeune. Une petite gorge d'eau ou de glace est permise.