

****ALL INFORMATION MUST BE LEGIBLE****

Priority: Routine STAT Non-insured: Horizon Staff Non-insured: Private Practice

Mandatory Information	Patient's Last Name:				Other Information	Patient Location:	
	First Name:					Account #:	
	NB Medicare #:		Expiry Date:			Other Provincial Healthcare # & Province or Patient #:	
	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:							

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:	

BLOOD - SANG			CSF - LCR	FLUID
BLOOD GAS	B12	THERAPEUTIC DRUGS DROGUES THERAPEUTIQUE	PROT. TOT.	
Blood Gas Arterial F _{O2} ____ (pH, P _{O2} , PCO ₂ , Bicarb., %SO ₂ , lactate, glucose)	CREATININE		GLUCOSE	
Blood Gas Venous F _{O2} ____ (pH, PCO ₂ , Bicarb, lactate, glucose)	URATE	CARBAMAZEPINE	OLIGOCLONAL BANDING	
Blood Gas Mixed Venous F _{O2} ____ (pH, PCO ₂ , %SO ₂ , Bicarb, lactate) <small>* Mixed venous samples should only be drawn from a pulmonary artery central venous catheter.</small>	PROT. TOT.	DIGOXIN	FOR LABORATORY USE ONLY POUR USAGE PAR LE LABORATOIRE SEULEMENT	
Blood Gas Arterial Plus Electrolytes F _{O2} ____ (pH, P _{O2} , PCO ₂ , Bicarb., %SO ₂ , Na, K, Cl, lactate, glucose)	PROT. ELECTROPHORESIS	LITHIUM		
Blood Gas Venous Plus Electrolytes F _{O2} ____ (pH, PCO ₂ , Bicarb., Na, K, Cl, lactate, glucose)	ALBUMIN	PHENYTOIN		
ROUTINE CHEMISTRY	CALCIUM	VALPROIC ACID		
GLUCOSE (Random)	PHOSPHATE	TOXICOLOGY PANEL RECHERCHE DE DROGUE		
GLUCOSE (fasting)	MAGNESIUM	acetaminophen, ethanol, salicylates, osmolal gap		
UREA	LIPID PROFILE, FASTING	ACETAMINOPHEN		
ELECTROLYTES	LIPID PROFILE, NON-FASTING	ETHANOL		
CO ₂ CONTENT	CRP	OSMOLALITY		
CARBON MONOXIDE	Thyroid Antibodies	SALICYLATES		
BILIRUB. TOT.		VOLATILE SCREEN		
ALT	AFP	methanol, ethanol, acetone, isopropanol		
ALP	HCG	SERUM PROTEINS		
CK	FSH	IMMUNOGLOBULINS (IgG, IgA, IgM)		
TROPONIN T HS	LH	Immunoglobulin E (IgE)		
NT-pro BNP	PSA	SERUM COMPLEMENT (C3, C4)		
LIPASE	Hb A1c	RHEUMATOID FACTOR		
LDH	SERUM FOLATE	C - 1 - ESTERASE INHIBITOR		
TRANSFERRIN	BETA 2 MICROGLOBULIN	HAPTOGLOBIN		
FERRITIN	BETA HYDROXYBUTYRATE	PREALBUMIN		
IRON	TSH	ALPHA 1 ANTITRYPSIN		
TIBC	PTH	CERULOPLASMIN		
	Cryoglobulins			
	Allergy testing			

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Collection Date:	Time:	Collection Location:
Collected by:	Full Signature:	
24-hr Urine Start Time:	End Time:	

URINE: Random	URINE: Random	QUALITATIVE TESTS / EXAMENS QUALITATIFS	
URINALYSIS	ABUSE SCREEN: (Cocaine, metabolite, Benzodiazepines, Amphetamines, Ethanol, Oxycodone, Opiates, Methadone metabolites)	BOC METHADONE PANEL: Methadone metabolite, Benzodiazepine, Opiates, Cocaine	
		COO METHADONE PANEL: Methadone metabolite, Cocaine, Opiates, Oxycodone	
PREG. TEST		FULL METHADONE PANEL: Methadone metabolite, Benzodiazepine, Opiates, Cocaine, Oxycodone, Amphetamines	
		METHADONE PANEL: Methadone metabolite, Benzodiazepine, Opiates, Cocaine, Oxycodone	
CYSTINE SCREEN	URINE: 24hr	QUANTITATIVE TESTS / EXAMENS QUANTITATIFS	
MICROALB / CREAT RATIO	CALCIUM	FOR LABORATORY USE ONLY POUR USAGE PAR LE LABORATOIRE SEULEMENT	
MYOGLOBIN	CATECHOLAMINES		
PROTEIN / CREATININE RATIO	CHLORIDE		
PROTEIN ELECTROPHORESIS (BENCE JONES)	CITRATE		
	CORTISOL		
	CREATININE		
FECES:	CREATININE CLEARANCE		
OCCULT BLOOD	Patients height Patients weight _____cm _____kg		
Collection Date/Time			
Sample 1:	MAGNESIUM		
Sample 2:	METANEPHRINES		
Sample 3:	MICROALBUMIN		
72 h FAT QUANTITATION	<input type="checkbox"/> STONE	ANALYSIS	CALCUL
	WEIGHT:	ORIGIN:	

OTHER TESTS (SPECIFY BELOW) AUTRES TESTS (PRECISER AU DESSOUS)