RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

Miramichi Regional Hospital/ L'Hôpital Régional de Miramichi

LABORATORY REQUISITION

In-house Tests

Patient's Name/Nom de Famille				
First Name/Prénom				
Medicare No D'assurance Maladie				
Birth Date De Naissance	D J	M M	Y A	Sex - Sexe
Unit #/No. Unité			Time Required Temps Requis	
Diagnosis/Diagnostic				
Medication/Médicaments				

❑ **Non-Insured: Horizon Staff** ❑ **Non-Insured: Private Practice**

Date and time SPECIMEN COLLECTED				Physician/Médicin	Location/Lieu
D J	M M	Y A	Time/Heure	By/Par	

CHEMISTRY

❑ Albumin	ALB	❑ Urate (uric acid)	URIC	❑ Glucose Random	GLUR
❑ Alk Phos	ALP	❑ Dialysis Profile	DP	❑ LDH	LDH
❑ ALT	ALT	❑ Iron Panel	IRON	❑ Lipase	LIP
❑ Bilirubin Direct	BILID	❑ Lipid Profile Fasting	LIPID	❑ Magnesium	MG
❑ Bilirubin Total	BILIT	❑ Lipid Nonfasting	LIPIDNF	❑ Osmolality, serum	OSMS
❑ Calcium	CA	❑ Liver Function Profile	LFT	❑ Phosphorus	PHOS
❑ Cholesterol	CHOL	❑ Renal Profile	RP	❑ Protein Total	PROT
❑ CO2 Total	CO2			❑ Triglyceride	TRIG
❑ CPK	CPK	❑ Arterial Blood Gases	ABG		
❑ Creatinine/ EGFR	CR	❑ Venous Blood Gases	VBG		
❑ CRP	CRP	❑ Capillary Blood Gases	CBG		
❑ Electrolytes (Na,K,Cl)	LYTES	❑ Lactate	LACV		
❑ Glucose AC	AC	❑ Ionized Calcium	CAION		
❑ Glucose Tolerance:	GTT75	❑ Carboxyhemoglobin	CARBOXY		
50gm ☐ 75gm ☐	GLU50GM	❑ Methemoglobin	METHGB		

SPECIAL CHEMISTRY

❑ Acetaminophen	ACET	❑ Lithium	LITH
❑ Beta HCG	BHCG	❑ Phenytoin	PHENY
❑ Digoxin	DIG	❑ PSA	PSA
❑ Ethanol	ETOH	❑ Salicylate	SAL
❑ Ferritin	FER	❑ TSH (FT3, FT4 reflexed as needed)	TSH
❑ Folate Serum	FOL	❑ Vancomycin Trough	VANT
❑ Lactose Tolerance:	LACTTOL	❑ Vancomycin Peak	VANP
Weight:_____		❑ Vitamin B12	VB12

CSF

❑ Protein	CSFPR
❑ Glucose	CSFGLUC
❑ Chloride	CSFCHL
❑ LDH	CSFLDH
❑ Cell Count	CSFCOUNT

BODY FLUIDS

Type of Fluid:

- ❑ Synovial
- ❑ Peritoneal
- ❑ Pericardial
- ❑ Pleural
- ❑ Other (specify): _____

Tests Requested:

- ❑ Cell Count
- ❑ Crystals
- ❑ Chemistries (specifiy): _____

URINALYSIS

❑ Routine Urinalysis	URINE
❑ Pregnancy Test	PREG
❑ Drug Screen	DRUGUR
❑ Osmolality, urine	OSMU
❑ Trichomonas –male only	TRICHM
❑ Fentanyl	FENTANYLU
❑ Semen Analysis post-op	SEMVAS
Must be booked - Wednesday only Must have sperm analysis req # 30337	
❑ Semen Analysis fertility	SEMFERT
Must be booked - Wednesday only Must have sperm analysis req # 30337	

URINALYSIS / STOOL

24 HOUR URINE

❑ Albumin	ALBU24
❑ Calcium	CAU24
❑ Creatinine	CRU24
❑ Electrolytes	LYTESU24
❑ Protein	PROTU24
❑ ***Creatinine Clearance***	CRCL

MUST also order/collect serum Creatinine

Height: _____ Weight: _____

RANDOM URINE

❑ Electrolytes	LYTESU
❑ Albumin/Creatinine Ratio	ALBCR
❑ Creatinine	CRU
❑ Calcium	CAU
❑ CA/CR Ratio	CACR
❑ Microalbumin (random)	ALBCR
❑ Protein/Creatinine Ratio	PROCRE

STOOL

❑ Occult Blood	OCCBL

HAEMATOLOGY

❑ CBC	CBC	❑ PT	PT		
		❑ PTT	PTT	❑ Malaria Screen	MAL
❑ ESR	ESR	❑ Thrombin Time	TT		
❑ Retic	RETA	❑ D Dimer	DDIMER	❑ APT Test	APT
❑ Mono Test	MONO	❑ Platelet Function Screen	PFS		
❑ Nasal Smear – Eosinophils	NSE	❑ Fibrinogen-Clauss	FIBC		

SEROLOGY

❑ Cryoglobulin	CRYO
❑ Cold Agglutinin	COLD