

All grey areas are required / Toutes les sections grises sont requises

The Moncton Hospital  
**Laboratory Requisition**

Patient's Last Name/ Nom de Famille										
First Name/ Prénom										
Medicare No./ Numéro d'assurance maladie										
Medicare Expiry Date/ Date d'expiration d'assurance maladie										
Birth Date/ De Naissance	D	J	M	M	Y	A	Sex - Sexe			
Ordering Provider (full name) Fournisseur prescripteur (Plein nom)										
<input type="checkbox"/> Non-Insured: Horizon Staff <input type="checkbox"/> Non-Insured: Private Practice										
Copies To (full name): / Copies à (Plein nom):										
<input type="checkbox"/> If recurring visit check here / S'il s'agit d'une visite périodique, cochez ici Frequency _____ Expiry _____ Fasting Required/Jeûne nécessaire: <input type="checkbox"/> _____ hrs/heures										
Account # / # de compte		Unit # / # Unité		Room # / # Chambre						
Diagnosis/Diagnostic				Medication/Médicaments						
<b>SPECIMEN COLLECTED/ ÉCHANTILLON PRÉLEVÉ</b>										
D		J		M		M	Y	A	Time/Heure	Signature

\*\*\*\*\*NOTE: Specimens MUST be labelled with patient's full name and Medicare number\*\*\*\*\*  
 \*\*\*\*\*NOTA: Les échantillons DOIVENT être étiquetés avec le nom complet du patient et son numéro d'assurance-maladie\*\*\*\*\*

HAEMATOLOGY	ROUTINE		SPECIAL HEMOSTASIS - List Anticoagulants	
	CBC and DIFF	CBC	Anti-Thrombin III	AT
	ESR	ESR	APCR (FV Leiden) / PT Mutation Panel	APCR
	Reticulocyte Count	RET	Closure Time	CLOSETIME
	Mono Screen	MONO	Cryofibrinogen	CRYOFIB
	PT/INR (List Anticoagulants)	PT	Factor Assay (please specify):	
	PTT (List Anticoagulants)	PTT	Factor Inhibitor	FINH
	Fibrinogen (List Anticoagulants)	FIB	Lupus anticoagulant (Cannot perform if patient on anticoagulant)	LUPUS
	D Dimer	DD	Protein C (Affected by anticoagulants)	PROTC
	<b>AUTO-IMMUNE ANTIBODIES</b>		Protein S (Affected by anticoagulants)	PROTS
ANA (Antinuclear Antibody)	ANA	Platelet Aggregation (Must book in advance with Haematology Lab)	PLTA	
cANCA (PR3) & pANCA (MPO)	ANCA	Von Willebrand's Panel (Clinical history/diagnosis required)	VWF	
DNA (Anti DNA Antibody)	DNA			
ENA (Anti-ENA Antibodies)	ENA			
<b>FLOWCYTOMETRY:</b> Yellow Flowcytometry req must be completed (Avail Mon-Fri)				
		<b>OTHER</b>		
		Malaria (Deliver to lab ASAP)	MAL	

BLOOD BANK	Type + Screen	TS	Neonatal Group + DAT	NEOGPDAT	Product Required:
	Direct Combs	DAT	Cord Blood	CGPDAT	
	Kleihauer	KB	Antibody Titration	ABTIT	
	Antibody ID	ABID	Cold Agglutinins	CAG	Number of Units:
	HLA B27 (Collect Monday, Tuesday, Wednesday BEFORE NOON)			HLAB	
	HLA Typing (Dr's office to book in advance with Blood Bank Lab) (Clinical history / Capitol Health req required)			HLATYP	
HLA DQ2 DQ8 (Monday, Tuesday, Wednesday BEFORE NOON) (Clinical history / Capitol Health req required)			HLADQ2DQ8		

**THIS REQUISITION AND SPECIMEN MUST BE SIGNED BY PHLEBOTOMIST.**

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\***Fasting** – Consume nothing by mouth during the fasting period. A small sip of water or ice is permissible.

\***Jeûne** – ne rien consommer oralement durant la période de jeûne. Une petite gorgée d'eau ou de glace est permise.

CHEMISTRY	ROUTINE CHEMISTRY		HORMONES		24 HOUR URINE	
		A1C	A1C	AFP	AFPT	Collection time & date must be on specimen container
	Albumin	ALB	Anti-TPO	ANTITPO	Albumin	ALBU24
	Alkaline Phosphatase	ALK	B2 Microglobulin	B2MIC	Calcium	CAU24
	ALT	ALT	Ca 125	CA125	Citrate	CITU24
	Ammonia (deliver to lab ASAP)	AMM	Ca 15-3	CA153	Cortisol	CORTU24
	B12	B12	Ca 19-9	CA199	Creatinine	CREAU24
	Bicarbonate (CO <sub>2</sub> )	HCO3	CEA	CEA	Magnesium	MGU24
	Bilirubin Total & Direct	BILT	Cortisol (7 - 10am)	CORAM	Oxalate	OXU24
	Calcium	CA	Cortisol (3 - 5pm)	CORPM	Phosphorus	PHOSU24
	Celiac (TTG-IgA)	CELIAC	Cortisol Random	CORRANDOM	Protein Electrophoresis	PEU
	CK	CK	Estradiol	EST	Protein	TPU24
	Creatinine	CREA	Ferritin	FER	Uric Acid	URICU24
	CRP	CRP	FSH	FSH	Urine Na, K, Cl	LYTU24
	Cryoglobulin (12 hour fast*)	CRYO	βHCG	BHCG	<b>Creatinine Clearance:</b> (collect blood and urine) Height: _____ Weight: _____	CRCL
	Electrolytes (Na, K, Cl)	LYT3	LH	LH		
	Folate (8 hour fast*)	FOL	Progesterone	PROG		
	Gastrin (12 hour fast*)	GAS	Prolactin	PROL	<b>RANDOM URINES</b> Collection time and date must be on specimen container	
	Glucometer Accuracy	GAC	PSA	PSA		
	Glucose ac (8 hour fast*)	GLUF	PTH	PTH	Routine Urinalysis	UA
	Glucose Random	GLU	Testosterone	TEST	Albumin/Creatinine Ratio	ALB-CREA
	IgE	IGE	Thyroglobulin (Incl: anti-TG)	THYRO	HCG (Pregnancy Test)	BHCGU
	Immunoglobulin IgG,IgA,IgM	IGQUANT	TSH (Incl: FT3, FT4 if indicated)	TSH	Calcium/Creatinine Ratio	CACRU
	Ionized Calcium	CAIONW	<b>DRUGS</b>		Drug Screen	DRUGU
	Iron (8 hour fast preferred*) (Include: TIBC, %Sat, Ferritin)	IRON	Acetaminophen	ACETO	Methadone Drug Screen	METHADU
	LDH	LDH	Carbamazepine	CARB	Protein/Creatinine Ratio	PROT-CREAU
	Lipase	LIP	Cyclosporine	CYCL	Urine Na, K, Cl	LYTU
	Lipid Fasting Profile (10 hour fast*)	LIPID	Cyclosporine 2 hour post	CYCL2	Stone Analysis	STONE
	Lipid Non-Fasting Profile	LIPIDNF	Digoxin	DIG	<b>Urine C &amp; S</b>	CU
	Magnesium	MG	Ethyl Alcohol	ETOH		
	Phosphate	PHOS	Lithium	LITH	Clean catch/MSU	
	Protein Electrophoresis	PES	Phenobarbital	PHB	Catheter	
	Protein, Total	TP	Phenytoin	PHY	Other	
	Rheumatoid Factor	RF	Primidone	PRIM	Urine – Chlamydia/GC	CHLAMGCUR
	Uric Acid	URIC	Salicylate	SAL	<b>STOOL</b>	
	Vitamin D	VITD	Theophylline	THEO		
			Valproic Acid	VALP	72 Hour Fecal Fat	FF72
			<b>BLOOD GASES</b>		Fat Qualitative	FATST
			Arterial Blood Gases	ABG	Occult Blood	OBST
			Venous Blood Gas	VBG	<b>SPECIAL</b>	
			Capillary Blood Gases	CBG		
			<b>GLUCOSE TOLERANCE TESTING</b>		Patient must fast *for 8 hrs for GTT2MAT & GTT2 Remain inactive during test for all GTTs	
	Sweat Chloride (Appointment required – phone 870-2690)	CLS	Screen for Gestational Diabetes: non-fasting, 50g drink, 1 hr pc		GLU50G	
	1 <sup>st</sup> Trimester Prenatal Serum Screen (Clinical history / IWK req)	MATSCEARLY	Diagnosis for Gestational Diabetes: fasting, 75g drink AC,1, 2 hr pc		GTT2MAT	
	2 <sup>nd</sup> Trimester Prenatal Serum Scern (Clinical history / IWK req)	MATSCR	Diagnosis for Diabetes: fasting, 75g drink, 2hr pc		GTT2	
	Prenatal Screen "Opt in" includes HIV, Rubella IgG, Hepatitis BsAg & Syphilis Screen	PRENHIV				
	Prenatal Screen "Opt out" No HIV includes Rubella IgG, Hepatitis BsAg & Syphilis Screen	PREN				