

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									
Date and time SPECIMEN COLLECTED									
D	J	M	M	Y	A	Time/Heure		By/Par	

Schedule your
Bloodwork online



Reservez votre prélèvement
de sang en ligne

HorizonNB.ca/laboratory 506-623-3180

Ø - Please call to book/ Téléphoner pour réserver

* - Fasting/jeûne

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

Physician/Médecin					Location/Lieu				
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CHEMISTRY				SPECIAL CHEMISTRY			
<input type="checkbox"/> Albumin	ALB	<input type="checkbox"/> Iron Panel	* IRON	<input type="checkbox"/> Acetaminophen	ACET	CSF	
<input type="checkbox"/> Alk Phos	ALP	<input type="checkbox"/> Lactate	LACV	<input type="checkbox"/> Beta HCG	BHCG	<input type="checkbox"/> Ø Protein	CSFPR
<input type="checkbox"/> ALT	ALT	<input type="checkbox"/> LDH	LDH	<input type="checkbox"/> Blood ketones	KET	<input type="checkbox"/> Ø Glucose	CSFGLUC
<input type="checkbox"/> Ø Arterial Blood Gases	ABG	<input type="checkbox"/> Lipase	LIP	<input type="checkbox"/> BNP	BNP	<input type="checkbox"/> Ø Chloride	CSFCHL
<input type="checkbox"/> Bilirubin Direct	BILID	<input type="checkbox"/> Lipid Nonfasting	LIPIDNF	<input type="checkbox"/> Digoxin	DIG	<input type="checkbox"/> Ø LDH	CSFLDH
<input type="checkbox"/> Bilirubin Total	BILIT	<input type="checkbox"/> Lipid Profile Fasting	* LIPID	<input type="checkbox"/> Ethanol	ETOH	<input type="checkbox"/> Ø Cell Count	CSFCOUNT
<input type="checkbox"/> Calcium	CA	<input type="checkbox"/> Liver Function Profile	LFT	<input type="checkbox"/> Ferritin	FER	BODY FLUIDS	
<input type="checkbox"/> Capillary Blood Gases	CBG	<input type="checkbox"/> Magnesium	MG	<input type="checkbox"/> Ø Lactose Tolerance:	* LACTTOL	<i>Type of Fluid:</i>	
<input type="checkbox"/> Carboxyhemoglobin	CARBOXY	<input type="checkbox"/> Methemoglobin	METHGB	Weight: _____		<input type="checkbox"/> Ø Synovial	
<input type="checkbox"/> Chemo Profile SJRH	CHEMOSJ	<input type="checkbox"/> Osmolality, serum	OSMS	<input type="checkbox"/> Lithium	LITH	<input type="checkbox"/> Ø Peritoneal	
<input type="checkbox"/> Chemo Profile TMH	CHEMO	<input type="checkbox"/> Phosphorus	PHOS	<input type="checkbox"/> Phenytoin	PHENY	<input type="checkbox"/> Ø Pericardial	
<input type="checkbox"/> Cholesterol	* CHOL	<input type="checkbox"/> Protein Total	PROT	<input type="checkbox"/> PSA	PSA	<input type="checkbox"/> Ø Pleural	
<input type="checkbox"/> CO2 Total	CO2	<input type="checkbox"/> Renal Profile	RENAL	<input type="checkbox"/> Salicylate	SAL	<input type="checkbox"/> Ø Other (specify): _____	
<input type="checkbox"/> CPK	CPK	<input type="checkbox"/> Triglyceride	* TRIG	<input type="checkbox"/> Troponin	TROP		
<input type="checkbox"/> Creatinine/ EGFR	CR	<input type="checkbox"/> Urate (uric acid)	URIC	<input type="checkbox"/> TSH (FT3, FT4 reflexed as needed)	TSH	Tests Requested:	
<input type="checkbox"/> CRP	CRP	<input type="checkbox"/> Venous Blood Gases	VBG	<input type="checkbox"/> Ø Vancomycin Peak	VANP	<input type="checkbox"/> Ø Cell Count	
<input type="checkbox"/> Dialysis Profile	DIALYSIS			<input type="checkbox"/> Ø Vancomycin Trough	VANT	<input type="checkbox"/> Ø Crystals	
<input type="checkbox"/> Electrolytes (Na,K,Cl)	LYTES			<input type="checkbox"/> Vitamin B12	VB12	<input type="checkbox"/> Ø Chemistries (specify): _____	
<input type="checkbox"/> Glucose AC	* AC						
<input type="checkbox"/> Ø Glucose Tolerance:	* GTT75						
50gm <input type="checkbox"/> 75gm <input type="checkbox"/>	GLU50GM						
<input type="checkbox"/> Glucose Random	GLUR						
<input type="checkbox"/> Ionized Calcium	CAION						

URINALYSIS		URINALYSIS / STOOL					
<input type="checkbox"/> Routine Urinalysis	URINE	24 HOUR URINE		RANDOM URINE	STOOL		
<input type="checkbox"/> Pregnancy Test	PREG	<input type="checkbox"/> Albumin	ALBU24	<input type="checkbox"/> Electrolytes	LYTESU	<input type="checkbox"/> Occult Blood	OCCBL
<input type="checkbox"/> Drug Screen	DRUGUR	<input type="checkbox"/> Calcium	CAU24	<input type="checkbox"/> Albumin/Creatinine Ratio	ALBCR	<input type="checkbox"/> Gastric Occult Blood	GASTRICOB
<input type="checkbox"/> Osmolality, urine	OSMU	<input type="checkbox"/> Creatinine	CRU24	<input type="checkbox"/> Creatinine	CRU		
<input type="checkbox"/> Trichomonas -male only	TRICHM	<input type="checkbox"/> Electrolytes	LYTESU24	<input type="checkbox"/> Calcium	CAU		
<input type="checkbox"/> Fentanyl	FENTANYLU	<input type="checkbox"/> Protein	PROTU24	<input type="checkbox"/> CA/CR Ratio	CACR		
<input type="checkbox"/> Ø Semen Analysis post-op	SEMVAS			<input type="checkbox"/> Microalbumin (random)	ALBCR		
Must be booked - Wednesday only Must have sperm analysis req # 30337		<input type="checkbox"/> *Creatinine Clearance	CRCL	<input type="checkbox"/> Protein/Creatinine Ratio	PROCRE		
<input type="checkbox"/> Ø Semen Analysis fertility	SEMFERT	Height: _____ Weight: _____					
Must be booked - Wednesday only Must have sperm analysis req # 30337							

HAEMATOLOGY				SEROLOGY	
<input type="checkbox"/> CBC	CBC	<input type="checkbox"/> PT	PT	<input type="checkbox"/> Cryoglobulin	CRYO
		<input type="checkbox"/> PTT	PTT	<input type="checkbox"/> Malaria Screen	MAL
<input type="checkbox"/> ESR	ESR	<input type="checkbox"/> Thrombin Time	TT		
<input type="checkbox"/> Retic	RETA	<input type="checkbox"/> D Dimer	DDIMER	<input type="checkbox"/> APT Test	APT
<input type="checkbox"/> Mono Test	MONO	<input type="checkbox"/> Platelet Function Screen	PFS		
<input type="checkbox"/> Ø Nasal Smear - Eosinophils	NSE	<input type="checkbox"/> Fibrinogen-Clauss	FIBC		