Calgary ® Laboratory Services

ALL AREAS MUST BE COMPLETED

MOBILE SERVICES COLLECTION REQUISITION

PERSONAL HEALTH NUMBER (PHN)	REGIONAL HEALTH RECORD NUMBER
___ ___ ___ ___ ___ – ___ ___ ___ ___	

ORDERING PHYSICIAN (Apply CLS Dr. Office Stamp Here):

Last Name / Full First Name:

5 Digit Client #:

Alpha Suffix Provider #:

COPY TO:

1) _____ (Last Name) _____ (Full First Name) _____ (Office Address/Location)

2) _____ (Last Name) _____ (Full First Name) _____ (Office Address/Location)

PATIENT LAST NAME	FULL FIRST NAME	MIDDLE NAME

PATIENT ADDRESS	CITY, PROVINCE	POSTAL CODE

CHART NUMBER	GENDER	DATE OF BIRTH	PATIENT PHONE NUMBER
		__ __ __ __ / __ __ / __ __ (Y Y Y Y M M M D D)	(__ __ __) __ __ __ - __ __ __ __

CLINICAL DATA

FAX COMPLETED FORM TO CLS MOBILE OFFICE @ 403 - 777 - 5222

Mobile Collection Service is collection services provided to patients outside of lab collection centres. To be considered eligible for this service, patients must meet at least one of the following criteria (subject to review):

- ☐ Patient has had recent hospitalization and/or surgery that ***temporarily*** restrict their travel outside the home (duration 4 weeks max).
  Discharge date: _____ **Specify reason**:_____
- ☐ Patient has a medical restriction and is unable to attend appointments or other activities outside the home.
  Specify reason that impedes mobility _____
- ☐ Patient resides in a secured or safe living environment (e.g. Remand Centre, SL4D unit)

Frequency/Duration

☐	**Once only***	
☐	**Daily**	Maximum 5 weekdays (M-F)
☐	**2x / week***	Maximum 2 weeks (M/Th or Tu/F)
☐	**3x / week**	Maximum 2 weeks (M/W/F)
☐	**Weekly**	Maximum 3 months
☐	**Every 2 weeks**	Maximum 6 months
☐	**Every 4 weeks**	Maximum 1 year
☐	**Every 3 months**	Maximum 1 year

Start week of: _____
(* service date will be determined by patient address)

Does patient have existing Mobile order? ☐ Yes ☐ No
If yes:
- ☐ replacing all existing orders
- ☐ add to next scheduled collection
- ☐ schedule extra collection: _____

All testing will be non-fasting unless indicated. All future/reoccurring requests are considered routine. Incomplete requisition will result in delay in scheduling collection.

HEMATOLOGY
CBC ☐ CBC includes Differential

COAGULATION
PT ☐ INR (Prothrombin Time)

URINALYSIS
U ☐ Urinalysis (includes microscopic as per protocol)
UMALB ☐ Random Microalbumin

ENDOCRINE
TSH ☐ TSH (max once every 3 months)

LIPIDS
LDL ☐ Lipid Profile

OTHER TESTS NOT LISTED

CHEMISTRY
EP ☐ Electrolytes (Na, K)
ALB ☐ Albumin
ALP ☐ Alkaline Phosphatase
ALT ☐ ALT
BILT ☐ Bilirubin – Total Only
CA ☐ Calcium
CK ☐ Creatine Kinase
CREA ☐ Creatinine (Serum or Plasma)
GLU ☐ Glucose – Random
GGT ☐ GGT
HBA1C ☐ Hemoglobin A1c (max once every 3 months)
MG ☐ Magnesium
TNT ☐ Troponin
UREA ☐ Urea

DRUG LEVELS
Last Dose: Time _____ : _____
Date _____
Dose _____

CYCLO ☐ Cyclosporin
DIG ☐ Digoxin
CARB ☐ Carbamazepine
GENR ☐ Gentamicin
LI ☐ Lithium
PHENO ☐ Phenobarbital
PTN ☐ Phenytoin (Dilantin) - Total
FPTN ☐ Phenytoin (Dilantin) - Free
SIRO ☐ Sirolimus
TACRO ☐ Tacrolimus
VALP ☐ Valproate
VANCR ☐ Vancomycin

ELECTROCARDIOGRAM
ECG ☐ Electrocardiogram

More details on Mobile Collection Service can be found on our web site: http://www.calgarylabservices.com/lab-patient/mobile-labs.aspx

COLLECTED BY	FASTING HOURS (PC)	FOR LABORATORY USE ONLY	ACCESSION NUMBER
DATE COLLECTED	TIME COLLECTED		