



Ticket Number
 Ticket Time
 Verified By

COMMUNITY GENERAL REQUISITION

SEE PAGE 2 FOR ADDITIONAL INFORMATION

PROVINCE: PERSONAL HEALTH NUMBER (PHN): MEDICAL RECORD NUMBER:

Shaded areas are Required Information

PATIENT LAST NAME: FULL FIRST NAME: MIDDLE NAME:

PATIENT ADDRESS: CITY, PROVINCE: POSTAL CODE:

CHART NUMBER: GENDER: DATE OF BIRTH: PATIENT PHONE NUMBER:

LIST OF COMMUNITY STAT TESTS (SEE PAGE 2 FOR AVAILABILITY)

ORDERING PHYSICIAN (Apply CLS Dr. Office Stamp Here):
 Last Name / Full First Name:
 5 Digit Client #:
 Alpha Suffix Provider #:

IF REQUIRED PHONE (Name):
 FAX RESULTS TO: (Number):

COPY TO:
 1)
 2)
 Last Name Full First Name Office Address/Location

<p>MOST COMMONLY ORDERED TESTS</p> <p>CBC <input type="checkbox"/> CBC includes Diff. PT <input type="checkbox"/> INR (Prothrombin Time) U <input type="checkbox"/> Urinalysis (includes microscopic as per protocol)</p> <p>HBA1C <input type="checkbox"/> Hemoglobin A1c GLU <input type="checkbox"/> Glucose - Random CREA <input type="checkbox"/> Creatinine (serum/plasma) EP <input type="checkbox"/> Electrolytes (Na, K, Cl) LDL <input type="checkbox"/> Lipid profile (see page 2) ALT <input type="checkbox"/> ALT FERR <input type="checkbox"/> Ferritin</p> <p>HEMATOLOGY</p> <p>HH <input type="checkbox"/> Hemoglobin & Hematocrit RET <input type="checkbox"/> Reticulocyte Count SICKLES <input type="checkbox"/> Sickle Cell Screen HBELEC <input type="checkbox"/> Hemoglobinopathy/Thalassemia Screen (includes Hb S quantitation)</p> <p>Ethnic background: _____</p> <p>Prenatal Yes <input type="checkbox"/> No <input type="checkbox"/> CLUMPCIT* <input type="checkbox"/> Platelet Clumping (Citrate only) CLUMPHEPCIT* <input type="checkbox"/> Platelet Clumping (Citrate & Heparin)</p> <p>*must be accompanied by CBC</p> <p>COAGULATION</p> <p>PTT <input type="checkbox"/> PTT FIB <input type="checkbox"/> Fibrinogen CLT <input type="checkbox"/> Closure Time (patient to call Lab Info 403-770-3600 for instructions)</p> <p>FLUID ANALYSIS</p> <p>Fluid Type: _____ Volume: _____ <input type="checkbox"/> Cell Count <input type="checkbox"/> Differential <input type="checkbox"/> Protein & Glucose <input type="checkbox"/> Crystals (synovial fluid only)</p> <p>PREGNANCY / FERTILITY</p> <p>_____ wks gestation</p> <p>UBHCG <input type="checkbox"/> Beta hCG (Urine) BHCG <input type="checkbox"/> Beta hCG (Serum) GESTSC <input type="checkbox"/> Gest. Diabetes Screen (50g) GTTPREG <input type="checkbox"/> Glucose Tolerance (75g) (see page 2) SYP <input type="checkbox"/> Syphilis Ab's PVAS <input type="checkbox"/> Exam for Sperm - Post Vas MATSC <input type="checkbox"/> Triple Screen (2nd trimester)* *Complete CLS Form CH3011</p>	<p>CHEMISTRY (SERUM/PLASMA)</p> <p>ALB <input type="checkbox"/> Albumin ALP <input type="checkbox"/> Alkaline Phosphatase BILTD <input type="checkbox"/> Bilirubin - Total & Direct BILT <input type="checkbox"/> Bilirubin - Total Only CA <input type="checkbox"/> Calcium CL <input type="checkbox"/> Chloride CHOL <input type="checkbox"/> Cholesterol - Total CO2 <input type="checkbox"/> CO2 Content CRP <input type="checkbox"/> C-Reactive Protein CK <input type="checkbox"/> Creatine Kinase GGT <input type="checkbox"/> GGT GLUF <input type="checkbox"/> Glucose - Fasting (see page 2) GLU2H <input type="checkbox"/> Glucose-2 h p.c. (see page 2) GTTNP <input type="checkbox"/> Glucose Tolerance Non-Preg (75g) (see page 2) GLUMR <input type="checkbox"/> Glucose Meter Check</p> <p>IRN <input type="checkbox"/> Iron/TIBC _____ mmol/L LD <input type="checkbox"/> Lactate Dehydrogenase LIP <input type="checkbox"/> Lipase MG <input type="checkbox"/> Magnesium PHOS <input type="checkbox"/> Phosphate K <input type="checkbox"/> Potassium PSE <input type="checkbox"/> Protein Electrophoresis TP <input type="checkbox"/> Protein - Total PSA <input type="checkbox"/> PSA PCHE <input type="checkbox"/> Pseudocholesterase NA <input type="checkbox"/> Sodium TNT <input type="checkbox"/> Troponin URA <input type="checkbox"/> Urate UREA <input type="checkbox"/> Urea</p> <p>URINE DRUG SCREEN</p> <p>UDSR <input type="checkbox"/> Drugs of Abuse Screen (see CLS website for details) FDSU <input type="checkbox"/> Drug Screen Comprehensive Requires history form DS3601 (see CLS website for details) DRSCM <input type="checkbox"/> Drugs of Abuse Screen Non-Medical Patient Paid (Chain of Custody) Call 403-770-5136 to book Specify Panel _____</p> <p>OTHER TESTS NOT LISTED</p> <p><input type="text"/></p>	<p>PROTEINS / SEROLOGY</p> <p>ANA <input type="checkbox"/> Anti-Nuclear Antibodies C3 <input type="checkbox"/> Complement C3 C4 <input type="checkbox"/> Complement C4 CELIAC <input type="checkbox"/> Celiac Disease Screen IMMIGLOB <input type="checkbox"/> IgG, IgA, IgM MONOT <input type="checkbox"/> Monotest RF <input type="checkbox"/> Rheumatoid Factor RUBG <input type="checkbox"/> Rubella Immune Status IgG (Non-Pregnant)</p> <p>ENDOCRINE</p> <p>ESTRAD <input type="checkbox"/> Estradiol (Non-Pregnant) FSH <input type="checkbox"/> FSH LH <input type="checkbox"/> LH PROG <input type="checkbox"/> Progesterone PROL <input type="checkbox"/> Prolactin TESTO <input type="checkbox"/> Testosterone TSH <input type="checkbox"/> TSH</p> <p>HEPATITIS</p> <p>HEPSC <input type="checkbox"/> Acute Hepatitis Screen (ALT, Anti-HAV, IGM, HBsAg) HBSAG <input type="checkbox"/> Hepatitis B Surface Antigen AHAVM <input type="checkbox"/> Anti-HAV IgM</p> <p>HEPATITIS IMMUNE STATUS</p> <p>AHAVT <input type="checkbox"/> Anti-Hepatitis A Virus, IgG AHBS <input type="checkbox"/> Hepatitis B Surface Antibody</p> <p>CHEMISTRY (URINE)</p> <p>Specify height/weight for all Creatinine Clearance orders</p> <p>Time Start _____ h End _____ h Date _____ Urine Volume _____ mL Height _____ cm Weight _____ kg</p> <p>UCAD <input type="checkbox"/> Calcium UCORD <input type="checkbox"/> Cortisol U24H <input type="checkbox"/> Creatinine CREA CL <input type="checkbox"/> Creatinine Clearance UMALB <input type="checkbox"/> Random Microalbumin UTPD <input type="checkbox"/> Protein (24 hr) UPED <input type="checkbox"/> Protein Electrophoresis (24 hr)</p> <p>CLINICAL DATA</p> <p><input type="text"/></p>	<p>THERAPEUTIC DRUG MONITORING</p> <p>Last Dose: Time _____ hr Date _____ <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Random Route: <input type="checkbox"/> Oral <input type="checkbox"/> IV <input type="checkbox"/> Other Dose Regimen _____ Dose Duration _____</p> <p>CYCLO <input type="checkbox"/> Cyclosporin DIG <input type="checkbox"/> Digoxin (collect 8 hrs after last dose) CARB <input type="checkbox"/> Carbamazepine LI <input type="checkbox"/> Lithium PTN <input type="checkbox"/> Phenytoin SIRO <input type="checkbox"/> Sirolimus TACRO <input type="checkbox"/> Tacrolimus VALP <input type="checkbox"/> Valproate</p> <p>IMMUNOHEMATOLOGY</p> <p>DAT <input type="checkbox"/> Direct Antiglobulin Test, Coombs ABS <input type="checkbox"/> Antibody Screen-not Prenatal RH <input type="checkbox"/> Rh Typing TYPE <input type="checkbox"/> ABO & Rh Typing <input type="checkbox"/> Other _____</p> <p>MISCELLANEOUS</p> <p>HIV <input type="checkbox"/> HIV Serology ProvLab (medical reasons) HIVDSC <input type="checkbox"/> HIV Serology CLS (patient paid for visa, immigration, insurance, company use)</p> <p>Occult Blood <input type="checkbox"/> OBH1 <input type="checkbox"/> OBH2 <input type="checkbox"/> OBH3</p> <p>Date: _____ Time: _____</p> <p>UBT <input type="checkbox"/> H.pylori Breath test (see page 2)</p> <p>ELECTROCARDIOGRAM</p> <p>ECG <input checked="" type="checkbox"/> Electrocardiogram (see page 2) NB: "STAT" ECGs are not available</p> <p>To be read by: Default reader <input checked="" type="checkbox"/> Dr. TotalCardiology Priority interpretation requested (available from Default readers 8:30 to 16:00 business days only; provide your fax number: _____)</p>
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PLEASE SEE PAGE 2 FOR ADDITIONAL INFORMATION, INCLUDING PATIENT SERVICE CENTRE HOURS

COLLECTED BY: _____	FASTING HOURS (PC): _____	PATIENT COLLECTED SPECIMENS: _____	ACCESSION NUMBER: _____
DATE COLLECTED: _____	TIME COLLECTED: _____	DATE OF COLLECTION: _____ YYYY-MMM-DD	
		TIME OF COLLECTION: _____: _____ AM / PM (circle one)	

PATIENT SERVICE CENTRES – APPOINTMENTS ARE STRONGLY RECOMMENDED.
WEBSITE BOOKING: www.calgarylabservices.com OR CALL 403-770-5136

General Information or Inquiries: www.calgarylabservices.com or call Lab Information Centre 403-770-3600

Medical Staff: For test information, specimen collection instructions, etc. see www.calgarylabservices.com
Physicians may contact the Laboratory Information Centre (L.I.C.) for test results and related inquiries

HOURS AND LOCATION ARE SUBJECT TO CHANGE. For current information, visit our website at www.calgarylabservices.com


CENTRAL (Downtown) CALGARY


Gulf Canada Square
344 – 401 – 9 Avenue SW
Fax: 403-777-5148
Mon - Fri 7:00 am - 4:30 pm

Sheldon Chumir Health Centre
1213 – 4 Street SW
Fax: 403-955-6199
 **Mon - Fri 7:00 am - 4:30 pm**

SOUTHWEST CALGARY

Glenmore Landing
D264 – 1600 – 90 Avenue SW
Fax: 403-777-5166
Mon - Fri 7:00 am - 4:30 pm


Glenbrook Plaza
154 – 3715 – 51 Street SW
Fax: 403-777-5182
 **Mon - Fri 6:30 am - 6:00 pm**
Sat 7:00 am - 3:00 pm

Sloane Square
210 – 5920 – 1A Street SW
Fax: 403-777-5162
 **Mon - Fri 7:00 am - 4:30 pm**
Sat 7:00 am - 3:00 pm

NORTHWEST CALGARY

Beddington Towne Centre
209 – 8120 Beddington Blvd NW
Fax: 403-777-5137
 **Mon - Fri 6:30 am - 6:00 pm**
Sat 7:00 am - 3:00 pm


Ranchlands
150 - 1829 Ranchlands Blvd NW
Fax: 403-777-5140
Mon - Fri 6:30 am - 4:00 pm
Sat 7:00 am - 3:00 pm


Stadium
Foothills Professional Building
160 - 1620 - 29 Street NW
Fax: 403-777-5134
 **Mon - Fri 7:00 am - 4:30 pm**


Market Mall Prof. Centre
300 – 4935 – 40 Avenue NW
Fax: 403-247-6672
Mon - Fri 6:30 am - 6:00 pm
Sat/Sun 7:00 am - 3:00 pm

North Hill
#254 North Hill Shopping Centre
1632 – 14 Avenue NW
Fax: 403-777-5127
Mon - Fri 7:00 am - 4:30 pm

SOUTHEAST CALGARY

Avenida Village
Bay 517 - 12445 Lake Fraser Drive SE
Fax: 403-777-5176
 **Mon - Fri 6:30 am - 4:00 pm**


South Calgary Health Centre
211 – 31 Sunpark Plaza SE
South Entrance
Fax: 403-777-5186
 **Mon - Fri 6:30 am - 6:00 pm Sat/Sun/
Holidays 7:00 am - 3:00 pm**

Riverbend
180 – 200 Rivercrest Road SE
(Riverbend Atrium)
Fax: 403-777-5156
 **Mon - Fri 7:00 am - 4:30 pm**

NORTHEAST CALGARY

Marlborough
#455 – Marlborough Mall Prof. Tower
433 Marlborough Way NE
Fax: 403-777-5146
 **Mon - Fri 6:30 am - 4:00 pm**
Sat 7:00 am - 3:00 pm

McKnight Village
5426 Falsbridge Drive NE
Fax: 403-777-5183
 **Mon - Fri 6:30 am - 4:00 pm**
Sat 7:00 am - 3:00 pm

Sunridge
3 - 2681 - 36 Street NE
Fax: 403-777-5155
 **Mon - Fri 6:30 am - 6:00 pm**
Sat/Sun 7:00 am - 3:00 pm

Airdrie Community Health Centre
103 – 217 Centre Avenue SW
Airdrie, AB
Fax: 403-948-4064
 **Mon - Fri 7:00 am - 4:30 pm**

Cochrane Community Health Centre
60 Grande Blvd
Cochrane, AB
Fax: 403-932-5441
Mon - Fri 7:00 am - 4:30 pm

Alberta Health Care card or other form of government issued I.D. must be presented at each visit

SPECIAL INSTRUCTIONS

Fasting Test Instructions:

Have nothing to eat, chew (including gum or candy), or drink (except water) for the period specified below, according to the test you are having performed. Prescription drugs are permitted.

Fasting Glucose – Requires a fast of at least 8 hours.

Glucose or Lactose Tolerance Tests – Requires a fast of at least 8 hours. Patients must also book tolerance tests by appointment with the PSC of choice by calling the appointment line at 403-770-5136. Do not take a number when you arrive and come directly to the desk to inform staff that you have an appointment. You cannot leave the laboratory during the test. You can expect this test to take approximately 2-3 hours. You will be given a drink and then several blood samples will be taken at different times.

LDL Cholesterol or Triglyceride Tests – Requires a fast of at least 12 hours.

ACTH and Renin Collection – Must be collected before 10:00am.

Cortisol – Appointment must be booked through appointment line (403-770-5136).

2 hr. PC Glucose test: Start timing the 2 hour period when you start to eat a good, balanced meal. Have nothing else to eat, chew (including gum or candy), or drink (except water) until after your blood sample has been collected EXACTLY 2 hours after the start of the meal. Be at the laboratory 15 minutes before the time your sample is to be collected. Come directly to the desk and tell us you are there for a 2 hr. PC Glucose Test.

ECG (Electrocardiogram): Only "routine" (not "STAT") ECGs are available. A priority interpretation (2 hour turn around time) is available from our default readers from 8:30am to 4:00pm business days. A copy of "priority interpretation requested" ECGs will be faxed to the ordering physician if a fax number is provided. Avoid oily or greasy skin creams and lotions the day of the test as they interfere with the electrode-skin contact. Avoid full length hosiery, because electrodes need to be placed directly on the legs.

Helicobacter pylori Breath Test: Make an appointment in advance by calling the appointment line at 403-770-5136. Have nothing to eat, chew or drink (including water) for at least 4 hours before coming to the laboratory. Avoid smoking during the fast and test. The test takes about 1 hour to complete. Discuss prescription drug discontinuation with your physician (e.g. up to 4 weeks for antibiotics and 2 weeks for bismuth; up to 3 days for stomach acid inhibitors).

Community Stat Tests: Only the following tests are available with same day results

A stat test should only be requested in an emergency medical circumstance

Alanine Aminotransferase (ALT)
Lipase
Bilirubin, Neonatal, Total
Calcium
CBC
Chloride
Creatine Kinase
Creatinine

Glucose
Beta hCG (Qualitative Urine)
Beta hCG (Quantitative Serum)
Magnesium
Pseudocholinesterase
PTT
Potassium
Prothrombin Time/INR

Sodium
Troponin
Urinalysis

Acetaminophen
Carbamazepine
Digoxin
Phenytoin
Lithium
Phenobarbital
Primidone

Salicylate
Theophylline
Valproate