



COMMUNITY GENERAL REQUISITION

Accession # (lab only)

Patient	PHN	Alternate Identifier		Date of Birth (yyyy-Mon-dd)	
	Last Name	First Name		Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Address	City/Town	Prov	Postal Code	Location
Requestor (s)	Requestor Name (last, first)		Copy to (last, first)		Copy to (last, first)
	Location/Facility/Address		Location/Facility/Address		Location/Facility/Address
	Phone		Phone		Phone
	Healthcare Provider ID		Healthcare Provider ID		Healthcare Provider ID
Collection	Date (yyyy-Mon-dd)	Time (24 hr)	Location		Collector ID

MOST COMMONLY ORDERED TESTS CBC <input type="checkbox"/> CBC includes Diff. PT <input type="checkbox"/> INR (Prothrombin Time) U <input type="checkbox"/> Urinalysis (Includes Microscopic as per Protocol) HBA1C <input type="checkbox"/> Hemoglobin A1c GLU <input type="checkbox"/> Glucose - Random CREA <input type="checkbox"/> Creatinine (Serum or Plasma) EP <input type="checkbox"/> Electrolytes (Na, K) LDL <input type="checkbox"/> Lipid profile (See Page 2) ALT <input type="checkbox"/> ALT FERR <input type="checkbox"/> Ferritin HEMATOLOGY RET <input type="checkbox"/> Reticulocyte Count SICKLES <input type="checkbox"/> Sick Cell Screen HBELEC <input type="checkbox"/> Hemoglobinopathy/Thalassemia Screen (Includes Hb S Quantitation) Ethnic background: _____ 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) *must be accompanied by CBC COAGULATION 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) FLUID ANALYSIS Fluid Type _____ Volume _____ <input type="checkbox"/> Cell Count <input type="checkbox"/> Differential <input type="checkbox"/> Protein & Glucose <input type="checkbox"/> Crystals (Synovial Fluid Only) PREGNANCY / FERTILITY _____ wks gestation UBHCG <input type="checkbox"/> Beta HCG (Urine) BHCG <input type="checkbox"/> Beta HCG (Plasma or Serum) GESTSC <input type="checkbox"/> Gest. Diabetes Screen (50g) GTTP <input type="checkbox"/> Glucose Tolerance (75g) (see page 2) SYP <input type="checkbox"/> Syphilis Antibodies PVAS <input type="checkbox"/> Exam for Sperm - Post Vas Collection Date: _____ Time: _____ MATSC <input type="checkbox"/> Triple Screen (2 nd Trimester)* *Complete CLS Form CH3011	CHEMISTRY (SERUM OR PLASMA) 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 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) GTTNP <input type="checkbox"/> Glucose Tolerance Non-Preg (75g) (See Page 2) GLUMR <input type="checkbox"/> Glucose Meter Check _____ mmol/L Meter type: _____ IRN <input type="checkbox"/> Iron/TIBC 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 SPE <input type="checkbox"/> Protein Electrophoresis TP <input type="checkbox"/> Protein - Total PSA <input type="checkbox"/> PSA PCHE <input type="checkbox"/> Pseudocholinesterase NA <input type="checkbox"/> Sodium URA <input type="checkbox"/> Urate UREA <input type="checkbox"/> Urea URINE DRUG SCREEN 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) DRSCMISC <input type="checkbox"/> Drugs of Abuse Screen Non-Medical Patient Paid (Chain of Custody) Call 403-770-5136 to book Specify Panel _____ OTHER TESTS NOT LISTED	PROTEINS/SEROLOGY 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) ENDOCRINE 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 HEPATITIS 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 HEPATITIS IMMUNE STATUS AHAVT <input type="checkbox"/> Anti-Hepatitis A Virus, IgG AHBS <input type="checkbox"/> Hepatitis B Surface Antibody CHEMISTRY (URINE) Height and weight required for all Creatinine Clearance orders Start _____ End _____ Time _____:_____:_____ Date _____ Urine Volume _____ mL Height _____ cm Weight _____ kg 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 U24MALB <input type="checkbox"/> Microalbumin (24 hr) UTPD <input type="checkbox"/> Protein (24 hr) UPED <input type="checkbox"/> Protein Electrophoresis (24 hr) CLINICAL DATA	THERAPEUTIC DRUG MONITORING Last Dose: Time _____:_____:_____ 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 _____ CYCLO <input type="checkbox"/> Cyclosporin DIG <input type="checkbox"/> Digoxin (Collect 8 Hours 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 IMMUNOHEMATOLOGY 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 _____ MISCELLANEOUS HIV <input type="checkbox"/> HIV Serology ProvLab (Medical Reasons) HIVDSC <input type="checkbox"/> HIV Serology CLS (Patient Paid: Visa, Insurance, Immigration, Company Use) FIT <input type="checkbox"/> Colorectal Cancer Screening (Asymptomatic 50-74 years of age) UBT <input type="checkbox"/> H.pylori Breath Test (See Page 2) M HPYL <input type="checkbox"/> H. Pylori Antigen (Stool) <input type="checkbox"/> < 6 Years <input type="checkbox"/> Failed or Indeterminate Urea Breath Test ELECTROCARDIOGRAM ECG <input type="checkbox"/> Electrocardiogram (see page 2) To be read by: <input type="checkbox"/> Default reader <input type="checkbox"/> Cardiologist _____ <input type="checkbox"/> Priority Interpretation Requested <input type="checkbox"/> Copy Required, Fax # _____ NB: STAT ECGs are Not Available
--	--	---	--

SEE PAGE 2 FOR ADDITIONAL INFORMATION, A LIST OF TESTS AVAILABLE STAT, AND PATIENT SERVICE CENTRE HOURS

FASTING HOURS (PC):	PATIENT COLLECTED SPECIMENS:	# OF TUBES COLLECTED:	TUBE TYPE:
	DATE OF COLLECTION: _____ YYYY-MM-DD		
	TIME OF COLLECTION: _____:_____:_____ AM / PM (circle one)		

Calgary Laboratory Services www.calgarylabservices.com

Mailing address: Diagnostic & Scientific Centre #9, 3535 Research Road N.W. • Calgary, Alberta • T2L 2K8 • Main Reception 403-770-3500
Laboratory Information Centre 403-770-3600

PATIENT SERVICE CENTRES – APPOINTMENTS AVAILABLE 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


☐ **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 Drive 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 Patient Service 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 AND one 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. Appointments must be booked with the PSC of choice by calling the appointment line at 403-770-5136. Staff will call your name to check in. 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 10:00 am.
- **Cortisol** – Appointment must be booked by calling the appointment line at 403-770-5136.

ECG (Electrocardiogram): Only routine (not STAT) ECGs are available. A priority interpretation (2 hour turn around time) is available from our default readers Mon - Fri from 7:00 am to 4:30 pm. On weekends and holidays, within 3 hours from 7:00 am to 3:00 pm. A copy of "priority interpretation requested" ECGs will be faxed to the ordering physician immediately 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: Test is not recommended for patients less than 6 years of age. An alternate H. pylori Stool Antigen test is available for this age group, as well as for a failed or indeterminate urea breath test. Appointment must be booked 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)
Beta HCG (Qualitative Urine)
Beta HCG (Quantitative Serum)
Bilirubin, Neonatal, Total
Calcium
CBC
Chloride

Creatine Kinase
Creatinine
Glucose
Lipase
Magnesium
Potassium
Pseudocholinesterase

Prothrombin Time/INR
PTT
Sodium
Urinalysis

Acetaminophen
Carbamazepine
Digoxin
Phenytoin
Lithium

Phenobarbital
Primidone
Salicylate
Theophylline
Valproate