



## COMMUNITY GENERAL REQUISITION

Accession # (lab only)

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

|  |   |   |  |
|--|---|---|--|
| <b>MOST COMMONLY ORDERED TESTS</b><br>CBC <input type="checkbox"/> CBC includes Diff.<br>PT <input type="checkbox"/> INR (Prothrombin Time)<br>U <input type="checkbox"/> Urinalysis (Includes Microscopic as per Protocol)<br>HBA1C <input type="checkbox"/> Hemoglobin A1c<br>GLU <input type="checkbox"/> Glucose - Random<br>CREA <input type="checkbox"/> Creatinine (Serum or Plasma)<br>EP <input type="checkbox"/> Electrolytes (Na, K)<br>LDL <input type="checkbox"/> Lipid profile (See Page 2)<br>ALT <input type="checkbox"/> ALT<br>FERR <input type="checkbox"/> Ferritin<br><br><b>HEMATOLOGY</b><br>RET <input type="checkbox"/> Reticulocyte Count<br>SICKLES <input type="checkbox"/> Sick Cell Screen<br>HBELEC <input type="checkbox"/> Hemoglobinopathy/Thalassemia Screen (Includes Hb S Quantitation)<br>Ethnic background: _____<br>Prenatal Yes <input type="checkbox"/> No <input type="checkbox"/><br>CLUMPCIT* <input type="checkbox"/> Platelet Clumping (Citrate Only)<br>CLUMPHEPCIT* <input type="checkbox"/> Platelet Clumping (Citrate & Heparin)<br>*must be accompanied by CBC<br><br><b>COAGULATION</b><br>PTT <input type="checkbox"/> PTT<br>FIB <input type="checkbox"/> Fibrinogen<br>CLT <input type="checkbox"/> Closure Time (Patient to Call Lab Info 403-770-3600 for Instructions)<br><br><b>FLUID ANALYSIS</b><br>Fluid Type _____<br>Volume _____<br><input type="checkbox"/> Cell Count<br><input type="checkbox"/> Differential<br><input type="checkbox"/> Protein & Glucose<br><input type="checkbox"/> Crystals (Synovial Fluid Only)<br><br><b>PREGNANCY / FERTILITY</b><br>_____ wks gestation<br>UBHCG <input type="checkbox"/> Beta HCG (Urine)<br>BHCG <input type="checkbox"/> Beta HCG (Plasma or Serum)<br>GESTSC <input type="checkbox"/> Gest. Diabetes Screen (50g)<br>GTTP <input type="checkbox"/> Glucose Tolerance (75g) (see page 2)<br>SYP <input type="checkbox"/> Syphilis Antibodies<br>PVAS <input type="checkbox"/> Exam for Sperm - Post Vas<br>Collection Date: _____ Time: _____<br>MATSC <input type="checkbox"/> Triple Screen (2 <sup>nd</sup> Trimester)*<br>*Complete CLS Form CH3011 | <b>CHEMISTRY (SERUM OR PLASMA)</b><br>ALB <input type="checkbox"/> Albumin<br>ALP <input type="checkbox"/> Alkaline Phosphatase<br>BILTD <input type="checkbox"/> Bilirubin - Total & Direct<br>BILT <input type="checkbox"/> Bilirubin - Total Only<br>CA <input type="checkbox"/> Calcium<br>CL <input type="checkbox"/> Chloride<br>CHOL <input type="checkbox"/> Cholesterol - Total<br>CRP <input type="checkbox"/> C-Reactive Protein<br>CK <input type="checkbox"/> Creatine Kinase<br>GGT <input type="checkbox"/> GGT<br>GLUF <input type="checkbox"/> Glucose - Fasting (See Page 2)<br>GTTNP <input type="checkbox"/> Glucose Tolerance Non-Preg (75g) (See Page 2)<br>GLUMR <input type="checkbox"/> Glucose Meter Check _____ mmol/L<br>Meter type: _____<br>IRN <input type="checkbox"/> Iron/TIBC<br>LD <input type="checkbox"/> Lactate Dehydrogenase<br>LIP <input type="checkbox"/> Lipase<br>MG <input type="checkbox"/> Magnesium<br>PHOS <input type="checkbox"/> Phosphate<br>K <input type="checkbox"/> Potassium<br>SPE <input type="checkbox"/> Protein Electrophoresis<br>TP <input type="checkbox"/> Protein - Total<br>PSA <input type="checkbox"/> PSA<br>PCHE <input type="checkbox"/> Pseudocholinesterase<br>NA <input type="checkbox"/> Sodium<br>URA <input type="checkbox"/> Urate<br>UREA <input type="checkbox"/> Urea<br><br><b>URINE DRUG SCREEN</b><br>UDSR <input type="checkbox"/> Drugs of Abuse Screen (See CLS Website for Details)<br>FDSU <input type="checkbox"/> Drug Screen Comprehensive Requires History Form DS3601 (See CLS Website for Details)<br>DRSCMISC <input type="checkbox"/> Drugs of Abuse Screen Non-Medical Patient Paid (Chain of Custody) Call 403-770-5136 to book<br>Specify Panel _____<br><br><b>OTHER TESTS NOT LISTED</b> | <b>PROTEINS/SEROLOGY</b><br>ANA <input type="checkbox"/> Anti-Nuclear Antibodies<br>C3 <input type="checkbox"/> Complement C3<br>C4 <input type="checkbox"/> Complement C4<br>CELIAC <input type="checkbox"/> Celiac Disease Screen<br>IMMIGLOB <input type="checkbox"/> IgG, IgA, IgM<br>MONOT <input type="checkbox"/> Monotest<br>RF <input type="checkbox"/> Rheumatoid Factor<br>RUBG <input type="checkbox"/> Rubella Immune Status IgG (Non-Pregnant)<br><br><b>ENDOCRINE</b><br>ESTRAD <input type="checkbox"/> Estradiol (Non-Pregnant)<br>FSH <input type="checkbox"/> FSH<br>LH <input type="checkbox"/> LH<br>PROG <input type="checkbox"/> Progesterone<br>PROL <input type="checkbox"/> Prolactin<br>TESTO <input type="checkbox"/> Testosterone<br>TSH <input type="checkbox"/> TSH<br><br><b>HEPATITIS</b><br>HEPSC <input type="checkbox"/> Acute Hepatitis Screen (ALT, Anti-HAV, IGM, HBsAg)<br>HBSAG <input type="checkbox"/> Hepatitis B Surface Antigen<br>AHAVM <input type="checkbox"/> Anti-HAV IgM<br><br><b>HEPATITIS IMMUNE STATUS</b><br>AHAVT <input type="checkbox"/> Anti-Hepatitis A Virus, IgG<br>AHBS <input type="checkbox"/> Hepatitis B Surface Antibody<br><br><b>CHEMISTRY (URINE)</b><br>Height and weight required for all Creatinine Clearance orders<br>Start _____ End _____<br>Time _____:_____:_____<br>Date _____<br>Urine Volume _____ mL<br>Height _____ cm Weight _____ kg<br>UCAD <input type="checkbox"/> Calcium<br>UCORD <input type="checkbox"/> Cortisol<br>U24H <input type="checkbox"/> Creatinine<br>CREA CL <input type="checkbox"/> Creatinine Clearance<br>UMALB <input type="checkbox"/> Random Microalbumin<br>U24MALB <input type="checkbox"/> Microalbumin (24 hr)<br>UTPD <input type="checkbox"/> Protein (24 hr)<br>UPED <input type="checkbox"/> Protein Electrophoresis (24 hr)<br><br><b>CLINICAL DATA</b> | <b>THERAPEUTIC DRUG MONITORING</b><br>Last Dose: Time _____:_____:_____ Date _____<br><input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Random<br>Route: <input type="checkbox"/> Oral <input type="checkbox"/> IV <input type="checkbox"/> Other _____<br>Dose Regimen _____<br>Dose Duration _____<br>CYCLO <input type="checkbox"/> Cyclosporin<br>DIG <input type="checkbox"/> Digoxin (Collect 8 Hours After Last Dose)<br>CARB <input type="checkbox"/> Carbamazepine<br>LI <input type="checkbox"/> Lithium<br>PTN <input type="checkbox"/> Phenytoin<br>SIRO <input type="checkbox"/> Sirolimus<br>TACRO <input type="checkbox"/> Tacrolimus<br>VALP <input type="checkbox"/> Valproate<br><br><b>IMMUNOHEMATOLOGY</b><br>DAT <input type="checkbox"/> Direct Antiglobulin Test, Coombs<br>ABS <input type="checkbox"/> Antibody Screen-Not Prenatal<br>RH <input type="checkbox"/> Rh Typing<br>TYPE <input type="checkbox"/> ABO & Rh Typing<br><input type="checkbox"/> Other _____<br><br><b>MISCELLANEOUS</b><br>HIV <input type="checkbox"/> HIV Serology ProvLab (Medical Reasons)<br>HIVDSC <input type="checkbox"/> HIV Serology CLS (Patient Paid: Visa, Insurance, Immigration, Company Use)<br>FIT <input type="checkbox"/> Colorectal Cancer Screening (Asymptomatic 50-74 years of age)<br>UBT <input type="checkbox"/> H.pylori Breath Test (See Page 2)<br>M HPYL <input type="checkbox"/> H. Pylori Antigen (Stool)<br><input type="checkbox"/> < 6 Years<br><input type="checkbox"/> Failed or Indeterminate Urea Breath Test<br><br><b>ELECTROCARDIOGRAM</b><br>ECG <input type="checkbox"/> Electrocardiogram (see page 2)<br>To be read by:<br><input type="checkbox"/> Default reader<br><input type="checkbox"/> Cardiologist _____<br><input type="checkbox"/> Priority Interpretation Requested<br><input type="checkbox"/> Copy Required, Fax # _____<br>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: _____<br>YYYY-MM-DD                    |                       |            |
|                     | TIME OF COLLECTION: _____:_____:_____ AM / PM (circle one) |                       |            |

# Calgary Laboratory Services [www.calgarylabservices.com](http://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](http://www.calgarylabservices.com) OR CALL 403-770-5136


General Information or Inquiries: [www.calgarylabservices.com](http://www.calgarylabservices.com) or call Lab Information Centre 403-770-3600

Medical Staff: For test information, specimen collection instructions, etc. see [www.calgarylabservices.com](http://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](http://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