

CLINICAL LABORATORY TESTING REQUISITION

Inpatient Outpatient Research
 Priority: Routine ASAP Urgent
 Unit/Research Code: _____
 Program: _____
 Phone/Fax Results to: _____
 Health Care Provider: _____
 Signature: _____

Medications Given or Prescribed / Clinical Information:

For Laboratory Use Only

Collected at: _____ hrs ____ / ____ / ____
 Year / Month / Day
 Collected at: Queen St. Site College St. Site

CHEMISTRY (Serum – Red Top)	HEMATOLOGY (EDTA – Lavender Top)	URINE TESTING
<input type="checkbox"/> Sodium	<input type="checkbox"/> CBC + 5 part differential	<input type="checkbox"/> Pregnancy Test (hCG Qualitative)
<input type="checkbox"/> Potassium	<input type="checkbox"/> ESR	<input type="checkbox"/> Urinalysis (dipstick & microscopic)
<input type="checkbox"/> Chloride	<input type="checkbox"/> RBC Folate	<input type="checkbox"/> Culture and Sensitivity (C&S)
<input type="checkbox"/> Bicarbonate (Total CO ₂ , measured)	<input type="checkbox"/> HbA1c	<input type="checkbox"/> 24hr Creatinine Clearance (blood sample required) Specify: Height: _____ Specify: Weight: _____
<input type="checkbox"/> Urea (BUN, Blood Urea Nitrogen)	COAGULATION (Citrate – Light Blue Top)	<input type="checkbox"/> Microalbumin, random urine
<input type="checkbox"/> Creatinine	<input type="checkbox"/> PT/INR	URINE DRUG TESTING (min. of 20mL of urine)
<input type="checkbox"/> Total Protein	<input type="checkbox"/> PTT	<input type="checkbox"/> Immunoassay Screening Panel (Creatinine, pH, Ethanol, Methadone, Benzodiazepine, Cannabinoids, Opiates, Cocaine Metabolite (BEG))
<input type="checkbox"/> Albumin	Anticoagulant Therapy (please specify below)	<input type="checkbox"/> Cannabinoids (Serial collections, semi-quant. Creatinine normalized)
<input type="checkbox"/> Total Bilirubin	<input type="checkbox"/> Heparine <input type="checkbox"/> Coumadin <input type="checkbox"/> Not applicable	<input type="checkbox"/> Broad Spectrum Screening (CAMH drug library contains both licit and illicit drugs and metabolites)
<input type="checkbox"/> ALT	DRUGS (Serum – Red Top)	<input type="checkbox"/> Buprenorphine
<input type="checkbox"/> AST	Time of Last Dose: _____	<input type="checkbox"/> Fentanyl
<input type="checkbox"/> ALP	<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> GHB
<input type="checkbox"/> CK	<input type="checkbox"/> Salicylate	<input type="checkbox"/> Ethylglucuronide
<input type="checkbox"/> GGT	<input type="checkbox"/> Ethanol	<input type="checkbox"/> Benzodiazepine Identification
<input type="checkbox"/> LDH	<input type="checkbox"/> Carbamazepine	MISCELLANEOUS: (Public Health Laboratory / other referral laboratory partners)
<input type="checkbox"/> Calcium	<input type="checkbox"/> Lithium	<input type="checkbox"/> Syphilis Screen
<input type="checkbox"/> Magnesium	<input type="checkbox"/> Valproic Acid	<input type="checkbox"/> HIV
<input type="checkbox"/> Phosphate	<input type="checkbox"/> Phenytoin	<input type="checkbox"/> Hep. B Diagnosis
<input type="checkbox"/> Uric Acid	<input type="checkbox"/> Clozapine	<input type="checkbox"/> Hep. B Immune Status
<input type="checkbox"/> Cholesterol (Total)	<input type="checkbox"/> Risperidone / 9-Hydroxy Risperidone	<input type="checkbox"/> Hep. C Diagnosis
<input type="checkbox"/> Triglycerides	<input type="checkbox"/> Olanzapine	<input type="checkbox"/> Other: (Check with lab if available)
<input type="checkbox"/> HDL Cholesterol	<input type="checkbox"/> Gabapentin	
<input type="checkbox"/> LDL Cholesterol (calculated)	<input type="checkbox"/> Quetiapine	
<input type="checkbox"/> TSH	<input type="checkbox"/> Methadone (pre-dose time)	
<input type="checkbox"/> Free T4	<input type="checkbox"/> Methadone (post dose time #1)	
<input type="checkbox"/> Ferritin	<input type="checkbox"/> Methadone (post dose time #2) (If applicable)	
<input type="checkbox"/> Prolactin	<input type="checkbox"/> Other (drugs and/or matrices): (Check with lab if available)	
<input type="checkbox"/> Vitamin B12		
<input type="checkbox"/> hCG (Quantitative)		
Glucose (Plasma – Grey Top)		
<input type="checkbox"/> Fasting <input type="checkbox"/> Random <input type="checkbox"/> 2 hr PC		
Plasma (EDTA – Lavender Top)		
<input type="checkbox"/> Insulin		

Clinical Laboratory and Diagnostic Services:

Mon – Fri 0800 – 1600hrs
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Bell Gateway Building
Toronto, ON M6J 1H4
Tel: 416 535 8501 ext. 2052
Fax: 416 583 4605

Mon – Fri 0830 – 1430hrs
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Toronto, ON M5T 1R8
Tel: 416 535 8501 ext 4899
Fax: 416 979 4709