

Outpatient Special Haematology Requisition St. John's Laboratories

Completion of * fields is mandatory - Patient name and MCP#, physician first and last name, and date of request
When sending specimens to the laboratory, date of birth and health card expiry date are also required



**BRING YOUR MCP AND HOSPITAL CARDS
WHEN YOU GO FOR YOUR LAB TEST**

If fasting is required – **do not eat or drink anything** (except water or medications) for the time period indicated
Please see reverse for special instructions regarding special Coagulation testing and call: _____ if you have any questions

PATIENT INFORMATION * PATIENT'S NAME AS ON HEALTH CARE CARD _____ * HEALTH CARE # (MCP OR OTHER INSURER) _____ DATE OF BIRTH <input type="checkbox"/> M <input type="checkbox"/> F GENDER _____ HEALTH CARD EXPIRY DATE _____ (DD/MONTH/YYYY) (DD/MONTH/YYYY)		*ORDERING PRACTITIONER'S INFORMATION (PRINT FIRST & LAST NAME LEGIBLY – OFFICE STAMP IS RECOMMENDED) Locums must provide the usual provider's name and practice address <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Provider Meditech mnemonic if known </div> _____ DD/MONTH/YYYY * PRACTITIONER'S SIGNATURE * DATE OF REQUEST	
DIAGNOSIS/RELEVANT HISTORY Frequency of Testing (For Repeat Testing) _____ Date and time of collection (DD/MONTH/YYYY) _____		COPY TO (If a copy is required for another physician, provide full name) _____ _____	
HEMATOLOGY ONCOLOGY <input type="checkbox"/> HEMECCP Hematologist CC Profile	HYPERCOAGULABILITY <input type="checkbox"/> LUPACP Lupus anticoagulant panel <input type="checkbox"/> PT <input type="checkbox"/> APTT <input type="checkbox"/> Lupus anticoagulant <input type="checkbox"/> PPLAS Anti-phospholipid antibodies panel <input type="checkbox"/> Beta2 glycoprotein <input type="checkbox"/> Anticardiolipin <input type="checkbox"/> Lupus anticoagulant <input type="checkbox"/> HERTS Heritable thrombophilia panel <input type="checkbox"/> Protein C <input type="checkbox"/> Protein S <input type="checkbox"/> Antithrombin <input type="checkbox"/> Activated protein C resistance (APCR) <input type="checkbox"/> FVGMF Factor V Leiden <input type="checkbox"/> PROGMA Prothrombin G20210A	SEROLOGY <input type="checkbox"/> HCVABL Hepatitis C Virus Ab; LIA <input type="checkbox"/> HBSAB Hepatitis B Surface Antibody <input type="checkbox"/> HBSAG Hepatitis B Surface Antigen <input type="checkbox"/> HBCAB Hepatitis B Core Antibody <input type="checkbox"/> HIVS HIV Antibody <input type="checkbox"/> CMVG CMV IgG <input type="checkbox"/> CMVM CMV IgM <input type="checkbox"/> EBVS EBV Serology <input type="checkbox"/> ANA ANA <input type="checkbox"/> RF Rheumatoid factor <input type="checkbox"/> HEMO Hemophilia study <input type="checkbox"/> PEDSER Pediatric serology panel	
ROUTINE HEMATOLOGY <input type="checkbox"/> CBC CBC <input type="checkbox"/> RETIC Reticulocyte count <input type="checkbox"/> SM Peripheral blood film (please ensure diagnosis/history is complete)	CHEMISTRY Liver Function Tests <input type="checkbox"/> AST AST <input type="checkbox"/> ALT ALT <input type="checkbox"/> ALP Alkaline Phosphatase <input type="checkbox"/> TB Bilirubin, total <input type="checkbox"/> DB Bilirubin, conjugated <input type="checkbox"/> ALB Albumin Renal Screen <input type="checkbox"/> CR Creatinine <input type="checkbox"/> UN Urea <input type="checkbox"/> LYTES Na/K/Cl/CO2 <input type="checkbox"/> CA Calcium <input type="checkbox"/> PHOS Inorganic Phosphate <input type="checkbox"/> GLU Glucose (random) <input type="checkbox"/> TP Total protein <input type="checkbox"/> ALB Albumin <input type="checkbox"/> MG Magnesium <input type="checkbox"/> UA Uric acid <input type="checkbox"/> LD LD <input type="checkbox"/> CRP CRP <input type="checkbox"/> PEDONC Pediatric oncology chemistry panel	COMMON PANELS <input type="checkbox"/> SPE Serum protein electrophoresis <input type="checkbox"/> ULCI 24-hour urine for light chains <input type="checkbox"/> B2M Beta 2 microglobulin <input type="checkbox"/> TP Total protein <input type="checkbox"/> SFLC Serum free light chains <input type="checkbox"/> IGS Quantitative immunoglobulins <input type="checkbox"/> VIS Serum viscosity TRANSPLANT HLA Typing (For typing to proceed, contact transplant coordinator) <input type="checkbox"/> CYA Cyclosporin <input type="checkbox"/> FK-506 FK506 (Tacrolimus) <input type="checkbox"/> CMVL CMV viral load <input type="checkbox"/> BOMDSP Bone marrow donor panel	
ROUTINE COAGULATION <input type="checkbox"/> PTI INR <input type="checkbox"/> APTT APTT <input type="checkbox"/> FIBRI Fibrinogen <input type="checkbox"/> IDDI D-dimer <input type="checkbox"/> TT Thrombin time	HORMONE CHEMISTRY/OTHER <input type="checkbox"/> TSH TSH <input type="checkbox"/> B12 Vitamin B12 <input type="checkbox"/> FOLRBC RBC Folate <input type="checkbox"/> SFE Ferritin <input type="checkbox"/> FE-IBC Iron studies (serum iron, TIBC, transferrin saturation) <input type="checkbox"/> Serum EPO EPOIE	HEMOLYSIS <input type="checkbox"/> LD LD <input type="checkbox"/> BILI Bilirubin <input type="checkbox"/> HA Haptoglobin <input type="checkbox"/> OF Osmotic fragility <input type="checkbox"/> G6PD G6PD <input type="checkbox"/> PK Pyruvate kinase <input type="checkbox"/> DAT Direct antiglobulin test <input type="checkbox"/> HBFPR Hemoglobinopathy fractional panel	
SPECIAL COAGULATION <input type="checkbox"/> PT FVII deficiency <input type="checkbox"/> PTAPTSP1:1 Mixing study <input type="checkbox"/> FVIII Factor VIII <input type="checkbox"/> VWFP Von Willibrand factor antigen and activity assay <input type="checkbox"/> FVIII-INH Factor VIII inhibitor assay <input type="checkbox"/> FIXH Factor IX inhibitor assay <input type="checkbox"/> FIIAA Factor II <input type="checkbox"/> FVIIAA Factor VII <input type="checkbox"/> FVAA Factor V <input type="checkbox"/> FXAA Factor X <input type="checkbox"/> FIXAA Factor IX <input type="checkbox"/> FXIAA Factor XI <input type="checkbox"/> FXIIAA Factor XII <input type="checkbox"/> FXIIIAG Factor XIII <input type="checkbox"/> Platelet aggregation studies <p style="text-align: center;"><i>(To book platelet aggregation studies, please fill out the Platelet Aggregation Questionnaire [ch-1881] and call 7178 to book.</i></p>	BLOOD BANK <input type="checkbox"/> TS Type and screen <input type="checkbox"/> RBC <input type="checkbox"/> Crossmatch _____ units <input type="checkbox"/> DAT Direct antiglobulin test	OTHER INVESTIGATIONS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
HEPARIN <input type="checkbox"/> HEPAR Heparin level <input type="checkbox"/> peak 4 hours post dose <input type="checkbox"/> trough Type of Heparin _____ <input type="checkbox"/> PLTABHIS HIT screen			