ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

General Laboratory Requisition

Alberta Precision Laboratories 1-877-868-6848
Appointment Booking - online at www.albertaprecisionlabs.ca or 1-877-702-4486
Locations and Hours of Operation www.albertaprecisionlabs.ca

Scanning Label or Accession # *(lab only)*

Patient

PHN Expiry: _____		Date of Birth *(dd-Mon-yyyy)*	
Legal Last Name		Legal First Name	Middle Name
Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone
Address		City/Town	Prov / Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*			Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Address		Phone	Address	Address
CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
Clinic Name			Clinic Name	Clinic Name

Collection

Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID

Requisition Date *(dd-Mon-yyyy)*

Ⓕ Denotes a **Fasting Test**.
Ⓘ Refer to Patient Instruction Sheet.

Hours Fasting _____

☐ Third Party Bill
Client _____

Hematology/Coagulation

☐ CBC and Differential
☐ CBC no Differential
☐ D-dimer
☐ INR
☐ Reticulocyte Count

General Chemistry

☐ Albumin
☐ Alkaline Phosphatase (ALP)
☐ Alanine Aminotransferase (ALT)
☐ Bilirubin, Total
☐ Bilirubin, Total and Conjugated
☐ Calcium
☐ C-Reactive Protein (CRP)
☐ Creatine Kinase (CK)
☐ Creatinine (eGFR)
☐ Sodium
☐ Potassium
☐ Ferritin
☐ Fibrosis-4 Score (FIB-4)
☐ Gamma Glutamyl Transferase (GGT)
☐ Glucose Fasting Ⓕ Ⓘ
☐ Glucose Random
☐ Hemoglobin A1c
☐ HCG, Serum (Quantitative)
☐ IgA
☐ IgG
☐ IgM
☐ Lipase
☐ Magnesium
☐ Phosphate
☐ Prostate Specific Antigen (PSA)
☐ Protein Electrophoresis, Serum
☐ Total Protein
☐ Urate

☐ Lipid Panel
☐ Cholesterol, Total
☐ Triglycerides
☐ Cardiovascular Disease Risk Assessment (Framingham Risk Score) *includes Lipid Panel*

Required History
Systolic Blood Pressure (mmHg) _____
☐ Yes ☐ No *Current* Tobacco Use
☐ Yes ☐ No Treated for high Blood Pressure
☐ Yes ☐ No Diabetic
☐ Yes ☐ No Chronic Kidney Disease
☐ Yes ☐ No Atherosclerosis
☐ Yes ☐ No First-degree relative with CVD (M <55Y / F <65Y)

Glucose Tolerance Tests

☐ Glucose Gestational Diabetes Screen (GDS)
☐ Glucose Tolerance, Gestational, 2 h Ⓕ Ⓘ
☐ Glucose Tolerance, 2 h Ⓕ Ⓘ

Endocrine

☐ Cortisol Random
☐ Cortisol AM (0700-1000)
☐ Cortisol PM (1500-1800)
☐ Estradiol
☐ Follicle Stimulating Hormone (FSH)
☐ Luteinizing Hormone (LH)
☐ Parathyroid Hormone (PTH)
☐ Progesterone
☐ Prolactin
☐ Testosterone, Total
☐ Thyroid Stimulating Hormone (TSH)
☐ Progressive Thyroid Stimulating Hormone (TSH)

Immunology/Serology

☐ Epstein Barr Serology Panel
☐ Hepatitis A Virus Acute Serology - IgM
☐ Hepatitis A Virus Immunity Serology - IgG
☐ Hepatitis B Surface Antigen
☐ Hepatitis B Surface Antibody
☐ Hepatitis C Virus Serology
☐ HIV 1 and 2 Serology (Antigen and Antibody)
☐ Mononucleosis Screen
☐ Rheumatoid Factor
☐ Rubella Immunity Serology - IgG
☐ Syphilis screen

Cardiology - Electrocardiogram (ECG)

☐ Electrocardiogram to be read by panel
☐ Electrocardiogram to be read by Other

Transfusion Medicine

See Transfusion Medicine Requisition 21448
Routine Pre-natal Red Cell Screening - use CBS Req

Sterile Body Fluid

☐ Fluid Type _____ Source: _____
Test(s) _____

Urine

☐ Urinalysis
☐ Pregnancy Test (HCG, Qualitative)

☐ Albumin*	☐ Random	☐ 24 h
☐ Creatinine	☐ Random	☐ 24 h
☐ Cortisol		☐ 24 h
☐ Protein Total*	☐ Random	☐ 24 h
☐ Protein Electrophoresis	☐ Random	☐ 24 h

*includes creatinine ratio
☐ Creatinine Clearance 24h Ht_____ cm Wt_____ kg

24H Urine Ⓘ Total Volume _____
Start Date _____ Start Time _____
End Date _____ End Time _____

Clinical Information

Drug Levels/Monitoring

☐ Ethanol Level, Blood

Therapeutic Drug Monitoring
Dose route ☐ Oral ☐ IV ☐ Other
Dose Regimen _____
How Long on Current Regimen? _____
Date of Last Dose or IV Complete _____
Time of Last Dose or IV Complete _____
Date of Next Dose or IV Start _____
Time of Next Dose or IV Start _____

☐ Carbamazepine
☐ Cyclosporine pre dose
☐ Cyclosporine 2 h post
☐ Digoxin
☐ Lithium
☐ Phenobarbital
☐ Phenytoin, Total
☐ Sirolimus
☐ Tacrolimus
☐ Theophylline
☐ Valproate
☐ Other _____

Antibiotics

Gentamicin	☐ Pre	☐ Post	☐ Interval	☐ Other
Tobramycin	☐ Pre	☐ Post	☐ Interval	☐ Other
Vancomycin	☐ Pre			☐ Other

Anticoagulant
☐ Anti-Xa - Unfractionated Heparin
☐ Anti-Xa - LMWH
☐ Anti-Xa - Apixaban
☐ Anti-Xa - Rivaroxaban

Urine Drug Testing Panels

Reason For Request _____
☐ Opioid Dependency Panel
What is Treatment Regimen?
☐ Buprenorphine ☐ Methadone
☐ Morphine ☐ Hydromorphone
☐ Other _____ **OR**

☐ General Toxicology Panel

Miscellaneous

☐ Celiac Screen - TTG IgA (includes IgA deficiency screen) Ⓘ
☐ FIT Colorectal Cancer Screening (Age 50-74)
☐ H. pylori Test
☐ Hemoglobinopathy Investigation

Additional Tests