

LABORATORY BLOOD TEST REQUEST FORM (2021)
Provincial Clinical Laboratory

Address for Non-PEI Residents Required

Name: _____
 Street: **Place Label Here** _____
 City: _____ Prov./State: _____
 Postal Code/Zip: _____ Patient Phone # _____

Specimen Collected	Fasting	Payment Responsibility
By: _____ Date: YYYY/MM/DD Time: HH:MM	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> WCB <input type="checkbox"/> DVA <input type="checkbox"/> DND <input type="checkbox"/> RCMP <input type="checkbox"/> Self Pay Non-Canadian <input type="checkbox"/> Self Pay Canadian Provincial Medicare # exp. date: _____

Relevant Diagnosis and Therapy	DOB: YYYY-MM-DD	Sex	Medical Record Number (MRN)
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Ordering Physician/NP FIRST & LAST NAME	Location	Copies (Full name required. Fax # required for Out of Province Providers)
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Chemistry - Collect 1 Yellow Tube (SST)
Glucose testing requires a gray tube, special tubes as indicated.

Glucose - Fasting	Alk Phos - ALP	CRP
Glucose - Random	ALT	Ammonia (Green on Ice)
Electrolytes <input type="checkbox"/> CO2	GGT	Calcium - Ionized
Creatinine - eGFR	LD	Osmolality
Calcium - Total	Lipase	Lactate (Green on Ice)
Total Protein	CK	Uric Acid - Urate
Albumin	Serum Pregnancy	Phosphate
Total Bilirubin	Bilirubin - Direct	

Cardiac Function and Lipids

HS-CRP - Cardiac	BNP (Purple Tube)	Troponin (Green Tube)
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Non- Fasting Lipid Profile (Cholesterol, LDL, HDL & Triglycerides)
 Fasting Lipid Profile (Cholesterol, LDL, HDL & Triglycerides)
 Fasting Triglycerides

Tolerance Tests - Glucose & Lactose (Appointment required)

50 g Gestational - Screen 75 g Diabetic - Confirmatory
 75 g Gestational - Confirmatory Lactose Tolerance Test
 75 g Post-partum - Screen (Gestational Diabetes Patients)

Nutritional Status

Ferritin	Iron Studies (Iron, Transferrin/TIBC & %Sat)
Prealbumin	Vitamin B12

Endocrine & Tumor Markers - Collect 1 Yellow SST Tube
Special tubes as indicated.

Prolactin	Progesterone	CA-125
DHEAS	Estradiol	CEA
Cortisol _____ hrs	FSH	AFP
PTH - intact (red tube)	LH	β-HcG (Quantitative)
PSA	CA 15-3	Testosterone - Total
TSH - Diagnostic	TSH - Monitor Tx	

Blood Gases - Collect in a Heparinized Syringe, Send on Ice
Special tubes as indicated.

Specimen: Arterial Capillary Central/Mixed Venous
 Venous (Green Tube on Ice) Cord (Send Cord on Ice)

O2 Device: _____ **O2 Therapy:** _____ **Body Temp:** _____
 Carboxyhemoglobin-CO Methemoglobin Lactate

Additional Requests
 (Please Contact Lab for Special Instructions and Availability)

Hematology - Collect 1 Purple Tube (EDTA)

CBC & Auto Diff	Reticulocyte Count
A1C	Kleihauer

Coagulation - Collect 1 Blue Tube (Sodium Citrate)

Check if the patient is a Hemophiliac

PT/INR	aPTT	D-dimer	Fibrinogen
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Immunology - Collect 1 Red Tube for Each 3 Tests

Tissue Transglutaminase	IgG, IgA & IgM	IgE
Protein Electrophoresis	ANA Screen	dsDNA
Vasculitis (MPO & PR3)	Anti-GBM	Haptoglobin
Rheumatoid Factor	ASOT	Cardiolipin
CCP (Citruiline Ab)	AMA	β2-Microglobulin
Serum Free Light Chains	Ceruloplasmin	α-1-Antitrypsin
Complement C3 & C4	Hypersensitivity Pneumonitis Panel	

Therapeutic Drug Monitoring - 1 Red Tube (special tubes indicated)

Date & Time of last dose REQUIRED	
Carbamazepine (Tegretol)	MMM/DD, HH:MM
Digoxin	MMM/DD, HH:MM
Lithium	MMM/DD, HH:MM
Phenobarbital	MMM/DD, HH:MM
Phenytoin (Dilantin)	MMM/DD, HH:MM
Primidone (Mysoline)	MMM/DD, HH:MM
Valproic Acid (Epival)	MMM/DD, HH:MM
Tacrolimus (2 purple tubes) <input type="checkbox"/> New baseline <input type="checkbox"/> Established	MMM/DD, HH:MM
Cyclosporine (purple tube) <input type="checkbox"/> Pre-dose <input type="checkbox"/> Post-dose	MMM/DD, HH:MM
Vancomycin <input type="checkbox"/> Pre-dose <input type="checkbox"/> Post-dose	MMM/DD, HH:MM
Gentamicin (refer to back page for regimen)	MMM/DD, HH:MM specify regimen: _____
Tobramycin (refer to back page for regimen)	MMM/DD, HH:MM specify regimen: _____

Date & Time IV Infusion Completed:

Serum Toxicology - 1 Red Tube

Ethanol	Acetaminophen	Salicylate
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Tricyclics - Screen		
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Queen Elizabeth Hospital

Specimen Collection: 902-894-2138
 Main lab: 902-894-2300
 Fax: 902-894-2183

Prince County Hospital

Specimen Collection: 902-438-4280
 Main lab: 902-438-4280
 Fax: 902-438-4281

Community Hospital

Specimen Collection: Toll free 1-833-565-1380 or 902-853-3163
 Main lab: 902-853-8867
 Fax: 902-859-3913

Souris Hospital

Specimen Collection: 902-687-7150
 Main lab: 902-687-7150
 Fax: 902-687-7174

Kings County Memorial Hospital

Specimen Collection: 902-838-0757
 Main lab: 902-838-0757
 Fax: 902-838-0746

Western Hospital

Specimen Collection: Toll free 1-833-565-1380 or 902-853-3163
 Main lab: 902-853-3136
 Fax: 902-853-0245

TOLERANCE TESTING - GLUCOSE (OGTT) and LACTOSE

Tolerance testing is done at all Health PEI facilities. An appointment is required to be booked by the Ordering Physician/NP

PATIENT INSTRUCTIONS

Gestational Screen: You do not have to fast. You will be instructed to quickly drink a sweet beverage and then sit quietly for 1 hour until your blood is drawn. This test is usually done between 24-28 weeks gestation.

Gestational & Diabetic Confirmatory Tests, and Lactose Tolerance: Fast overnight for a minimum of 8 hours (only sips of water and prescription drugs are allowed; no coffee/tea or gum/candy). You will have a fasting blood sugar drawn just prior to quickly drinking a sweet beverage. During this time, your blood will be drawn periodically and you will only be allowed sips of water. You can expect the entire procedure to take up to 3 hours.

HEALTHCARE PROVIDER INSTRUCTIONS

50g Gestational - Screen: Patient does not need to fast. Draw a single glucose at 1 hr post glucose load.

75g Gestational - Confirmatory: Patient must be fasting. Glucose is drawn fasting (0 min) and at 1 and 2 hours post glucose load.

75g Post-partum - Screen: Patient must be fasting. Glucose is drawn fasting (0 min) and at 2 hours post glucose load.

Mothers who have a history of gestational diabetes should have a 75g Post-Partum Screen to rule out diabetes only between 6 weeks and 6 months post-partum. For mothers presenting after 6 months, screen as usual with fasting plasma glucose and/or A1C.

75g Diabetic - Confirmatory: Patient must be fasting. Glucose is drawn fasting (0 min) and at 2 hours post glucose load.

Lactose Tolerance Test (50g load): Patient must be fasting. Glucose is drawn fasting (0 min) and at 30, 60, 90, & 120 mins

ANA SCREEN

If positive (> 1.00), an ENA Panel will automatically be completed

ENA Panel = SSA (α -Ro), SSB (a-La), Sm, RNP, Scl 70, Jo 1, dsDNA and Centromere B

THERAPEUTIC DRUG MONITORING (TDM) AND SAMPLING TIMES**When to perform TDM:**

- There has been a change in dose or additional drugs have been added which could interfere.
- There is a change in liver, renal, cardiac or GI function; all of which may alter drug metabolism.
- You suspect toxicity, lack of therapeutic effect or non-compliance.

Requirements:

For accurate and relevant therapeutic ranges the date and time of last dose is required, as is the dosing regimen (i.e. Pre-Dose, Post-Dose, Pre-Dose Extended). Failure to provide this information will result in delayed specimen processing.

Sampling Times:

Please refer to the chart below for specific dosage regimen sampling times:

DRUG	REGIMEN and SAMPLING INSTRUCTIONS
Digoxin	Pre-Dose: Draw 0-60 mins prior to next dose or at least 12 hrs after last oral dose and 6-8 hours after IV infusion.
Lithium	Pre-Dose: Draw 0-60 mins prior to next dose or at least 10 hrs after last oral dose.
Tacrolimus	Pre-Dose: Draw 0-60 mins prior to next oral dose.
Cyclosporine	Pre-Dose (Trough): Draw 0-60 mins prior to next oral dose.
	Post-Dose (C2): Draw 2 hrs after last oral dose.
Vancomycin	Pre-Dose: Draw 0-30 mins prior to next dose.
	Post-Dose: Levels not routinely recommended. If required, draw 60-120 mins after completion of IV infusion.
Gentamicin	Pre-Dose: Draw 0-30 mins prior to next dose.
	Pre-Dose (Extended): Draw 30 mins prior to next dose.
	Pre-Dose (Peds Extended): Draw 60 mins prior to next dose (trough level).
	Post-Dose: Draw 30 mins after completions of IV infusion or 60 mins after IM injection.
	Post-Dose (Neonates): Draw 22 hrs after initiation of IV infusion.
	Synergy Level: Draw 30 mins prior to next dose.
Tobramycin	Pre-Dose: Draw 0-30 mins prior to next dose.
	Pre-Dose (Extended): Draw 30 mins prior to next dose.
	Pre-Dose (Peds Extended): Draw 60 mins prior to next dose (trough level).
	Post-Dose: Draw 30 mins after completion of IV infusion or 60 mins after IM injection.
	Post-Dose (Peds Extended): Drawn 30 mins after completion of IV infusion (peak level).

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