ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

General Laboratory Requisition

Alberta Precision Laboratories 1-877-868-6848
DynaLIFE Medical Labs 1-800-661-9876 or 780-451-3702

Appointment Booking & Locations: www.albertaprecisionlabs.ca or www.dynalife.ca

For quicker access to key test results, visit: alberta.ca/MHR

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

☐ Routine ☐ Stat | Requisition Date

Ⓕ 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 ☐ Total and Conjugated
☐ Calcium
☐ C-Reactive Protein (CRP)
☐ Creatine Kinase (CK)
☐ Creatinine (eGFR)
Electrolytes: ☐ Sodium ☐ Potassium
☐ Ferritin
☐ Gamma Glutamyl Transferase (GGT)
☐ Glucose Fasting ⒻⒾ
☐ Glucose Random
☐ Hemoglobin A1c
☐ HCG, Serum (Quantitative)
Immunoglobulins: ☐ 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) _____

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)	☐ Yes	☐ No

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

Miscellaneous

☐ FIT Colorectal Cancer Screening (Age 50-74) Ⓘ
☐ H. pylori Test
☐ Hemoglobinopathy Investigation

Endocrine

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

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 to be read by
☐ Dynalife panel ☐ Other _____

Transfusion Medicine

☐ Direct Antiglobulin Test (DAT)
☐ RHIG Eligibility, Prenatal

Type & Screen - See TM Requisition
Prenatal RBC Serology – use CBS Perinatal 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	☐ Phenytoin, Total
☐ Cyclosporine pre dose	☐ Sirolimus
☐ Cyclosporine 2 h post	☐ Tacrolimus
☐ Digoxin	☐ Theophylline
☐ Lithium	☐ Valproate
☐ Phenobarbital	☐ 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

Chlamydia/Gonorrhea

☐ Chlamydia/Gonorrhea Screen
If Pregnant: ☐ Initial Screen ☐ Rescreen
Source: ☐ Urine, first catch ☐ Endocervix ☐ Urethra ☐ Vagina ☐ Rectal ☐ Throat ☐ Eye

Additional Tests