



Saskatoon Area

Clinic name or billing info: _____

PHN: _____ Chart #: _____

Name: _____ (Last) _____ (First)

Male Female

D.O.B.: _____ Phone: _____
(DD/MM/YYYY)

COMMUNITY LAB REQUISITION

Requesting physician: _____
(first name) (last name)

Additional copies of report to: _____

Collection date: _____ Time: _____

Other tests (print clearly):

- CBC CBC (&diff)
- ARETC Reticulocyte Count
- DDIM D-Dimer
- FIB Fibrinogen Level
- PT PT (INR)
- APTT PTT (APTT)

****SEE BACK OF FORM FOR FASTING INSTRUCTIONS****

- LYTE4 Electrolytes – Na, K, Cl, CO₂
- CREAT Creatinine + eGFR
- UREA Urea
- GLUCR Glucose – Random
- **GLUFA Glucose – FASTING**
- HMA1C Hemoglobin A1C
- CRCLE Est. Creatinine Clearance Weight: _____ kg

- TRIG Triglyceride
- CHOL Cholesterol – Total
- LIPNF Chol, Trig, HDL, LDL, non-HDL _____
- GES1H Gestational Challenge (50 g) – Non Fasting
- GES2H Gestational Tolerance (75 g) – FASTING**
- GTT2H Glucose Tolerance (75 g) – FASTING**

- ALB Albumin
- CA Calcium
- PHOS Phosphate
- MG Magnesium
- URIC Uric Acid
- ALP Alkaline Phosphatase
- ALT Alanine Aminotransferase
- AST Aspartate Aminotransferase
- CK CK – Total
- LD Lactate Dehydrogenase
- LIP Lipase
- GGT Gamma Glutamyltransferase
- BILIT Bilirubin – Total
- BILFR Bilirubin – Fractionation
- BHCG BHCG (Quantitative – Level)
- **IRONB Iron and Total Iron Binding Capacity**
- FER Ferritin
- PSA Prostate Specific Antigen
- THYSA Thyroid Stimulating Hormone
- FRT4 Free T4 (Free Thyroxine)
- ATPA Thyroid Peroxidase Antibody
- FSHLH Follicle Stimulating Hormone/Luteinizing Hormone
- EDIOL Estradiol
- PRGE Progesterone
- PRL Prolactin
- WASER Syphilis
- HIV HIV
- CRPH C-Reactive Protein-HS
- RHF Rheumatoid Factor
- TNTHS Troponin T HS
- TP Total Protein
- PES Serum Protein Electrophoresis

FIT Stool for Fecal Immunochemical Test (Occult Blood)

(Mark specimen with first & last name, health card #, birthdate, and date of collection)

Therapeutic Drug Testing

- CARBZ Carbamazepine (Tegretol)
- DIGI Digoxin
- LITH Lithium
- PHENB Phenobarbital
- PTNY Phenytoin (Dilantin)
- VALPR Valproic Acid (Epival)
- CYCL Cyclosporin – Pre
- CY2 Cyclosporin – Post
- TACR Tacrolimus – Pre
- SIRO Sirolimus – Pre
- Dosage: _____ (Required)
- Date/Time: _____ (Required)

Transfusion Medicine Testing

Transfusion Medicine Test Request Form (Form #101058) must be completed by Most Responsible Health Provider.

Prenatal Blood Testing

- PRNIM Prenatal Screen – Includes Rubella, Syphilis, HBV, HCV, HIV
- PRENA Prenatal Group and Screen* (Expectant Patient)
- PRENP Prenatal Group*, Phenotyping (Paternal Testing)

***SHA Request for Prenatal Testing must be completed**

Random Urine

- UA Voided Urinalysis Catheterized Urinalysis
- HCGU HCG – Urine
- CLGP Urine for Chlamydia and G.C. – First stream
- ALBCR Random Albumin/Creatinine Ratio (Microalbumin)

24 Hour Urine – Directions/container available at collection sites

- Start Date: _____ Time: _____
End Date: _____ Time: _____
- CAUD Calcium
 - CREUD Creatinine
 - CRCL Creatinine Clearance ***Must do blood creatinine as well***
 - CRCLC Creatinine Clearance (BSA Corrected) Ht: _____ cm Wt: _____ kg
 - PO4UD Phosphate
 - TPUD Protein
 - PEU Protein Electrophoresis
 - NAKUD Sodium / Potassium
 - UREUD Urea
 - URAUD Uric Acid

Hepatitis & CMV Serology

✓ one box only. For other Hepatitis markers, please order the 'other tests' section. New reactive results will trigger additional tests.

HEPPA Acute viral hepatitis undefined etiology
(Hep A IgM, Hep B S Ag, Hep Bc IgM Ab, Hep C Ab)

Chronic Viral Hepatitis:

- HBCHR Hepatitis B (Hep B S.Ab, Hep B S Ag, Hep Bc Tot Ab)
- HCAB Hepatitis C (Hep C Ab)

Hepatitis Immune Status:

- HAABT Hepatitis A (Hep A Total Ab)
- HBABS Hepatitis B (Hep B S Ab)
- CMVA Acute CMV (CMV IgM)
- CMVI Chronic or Past Exposure to CMV (CMV IgG)

Microbiology

(Use alternate requisition for Virology/Comprehensive Microbiology testing)

- BLOOD CULTURE C & S
- CERVIX SWAB G.C.
- SPUTUM C & S TB/AFB
- STOOL C & S O & P CDIIF
- THROAT C & S
- URETHRAL SWAB G.C.
- URINE – CATHETER C & S YEAST
- SOURCE: _____
- URINE – MIDSTREAM C & S YEAST
- VAGINAL BV TRICH
- VAG/RECTAL SWAB GROUP B STREP – PREGNANCY ONLY

OTHER TEST: _____
SOURCE: _____

Booking online is quick and easy. Simply choose the date, time, and location that works for you!

Visit <https://booking.lifelabs.com/LLBooking/default.aspx/> to book now!

Booking at St Paul's Hospital and Royal University Hospital is currently unavailable.

LifeLabs Administrative Office 306-655-4020

	LOCATION	DAYS AND HOURS OF OPERATION
EAST	134 – 2325 Preston Avenue Market Mall 306-655-4031	Monday to Friday 7:00 a.m.-6:00 p.m. Saturday 7:00 a.m.-3:00 p.m. Sunday Closed
NORTH EAST	#4 – 419 Ludlow Street 306-655-4034 306-655-4043	Monday to Friday 7:30 a.m.-4:30 p.m. Saturday Closed Sunday Closed
DOWNTOWN	#5 – 39 23 rd Street Midtown Medical Center 306-655-4030	Monday to Friday 7:30 a.m.-4:30 p.m. Saturday Closed Sunday Closed
WEST	#59 – 300 Confederation Drive Confederation Park Mall (Laurier Drive access) 306-655-4032	Monday to Friday 7:00 a.m.-5:00 p.m. Saturday 8:00 a.m.-2:00 p.m. (Closed Saturdays in July and August) Sunday Closed Statutory Holidays Closed
NORTH	A29 – 134 Primrose Drive Lawson Heights Mall 306-655-4033	Monday to Friday 7:00 a.m.-6:00 p.m. Saturday and Sunday 9:00 a.m.-3:00 p.m. Statutory Holidays 9:00 a.m.-3:00 p.m.
WEST	St. Paul's Hospital Selective Test Center (access via front door) 306-655-5970	Monday to Friday 08:00-14:30 Friday hours vary, please call
EAST	Royal University Hospital Selective Test Center (access via Mall area)	Monday to Friday 8:00 a.m.-4:30 p.m. NOTE: Closed every 3rd Friday. Call 306-655-1005 to ensure department is open.
	Jim Pattison Children's Hospital Register at the Pediatric Outpatient Department (access on main floor)	Monday to Friday 8:00 a.m.-4:10 p.m. NOTE: Closed every 3rd Friday. Call 306-655-1005 to ensure department is open.

Laboratory Test Results: Most results are complete and back to the physician's office in 24-72 hours. Critical results will be phoned to clinician directly involved with patient care. Completed laboratory test results are reviewed and followed up by the physician. Lab staff is not permitted to release test results to a patient.

****FASTING - means you should not have anything to eat or drink for a minimum of 10 hours before you go to the laboratory.**

LACTOSE AND D-XYLOSE TOLERANCES – Call Midtown location at 306-655-4030 to book an appointment.

QUESTION	ANSWER
May I drink water?	Yes, small amounts.
Should I take my medications?	Yes, unless your doctor tells you not to.
May I drink juice?	No.
May I drink coffee or tea?	No, not even black without sugar.
May I chew gum?	No, sorry, not even sugarless.
During a tolerance test, may I smoke or exercise?	No, smoking or exercising can influence the tolerance test results.
May I take vitamins or biotin supplements on testing day?	No, vitamins, supplements, and biotin preparations interfere with common lab tests. Consult your physician prior to stopping 48 hours prior to phlebotomy.
May I brush my teeth?	Yes, brushing your teeth is permitted unless otherwise indicated by your physician, assuming you do not use large amounts of toothpaste and swallow the lather.