



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

Patient Label

NAME: _____

HSN: _____

D.O.B.: _____

COMMUNITY PARAMEDICINE PHLEBOTOMY REQUISITION

Site/location: _____

Approved fax number (**required**): _____

Date: _____ Time: _____

Requesting Physician: _____

Physician **Emergency** Contact: _____

Sex: Male Female

| | | |
|---|---|--|
| CBC <input type="checkbox"/> CBC (&diff) [Lav tube] | | HMA1C <input type="checkbox"/> Hemoglobin A1C [Lav tube] |
| PT <input type="checkbox"/> PT (INR) [one full light blue tube] | | |
| APTT <input type="checkbox"/> PTT (APTT) | | |
| [Mint green tube] | UREA <input type="checkbox"/> Urea | BACTERIOLOGY |
| ALP <input type="checkbox"/> Alkaline Phosphatase | CREAT <input type="checkbox"/> Creatinine & eGFR | URINE <input type="checkbox"/> Urine C&S |
| ALT <input type="checkbox"/> Alanine Transaminase | LYTE4 <input type="checkbox"/> Electrolytes (Na, K, Cl, CO ₂) | Source: |
| AST <input type="checkbox"/> Aspartate Transaminase | URIC <input type="checkbox"/> Uric Acid | <input type="checkbox"/> Midstream OR |
| BILIT <input type="checkbox"/> Bilirubin (total) | CA <input type="checkbox"/> Calcium | <input type="checkbox"/> Catheter & Type _____ |
| GGT <input type="checkbox"/> Gamma Glutamyl Transferase | PHOS <input type="checkbox"/> Phosphate | <input type="checkbox"/> Blood Cultures |
| LIP <input type="checkbox"/> Lipase | MG <input type="checkbox"/> Magnesium | Site #1 & Time |
| CK <input type="checkbox"/> CK Total | PBNT <input type="checkbox"/> NT-ProBNP | <input type="checkbox"/> Aerobic |
| TNTHS <input type="checkbox"/> Troponin | UA <input type="checkbox"/> Urinalysis (Urine tube) | <input type="checkbox"/> Anaerobic |
| CRP <input type="checkbox"/> C Reactive Protein | Other _____ | Site #2 & Time |
| TP <input type="checkbox"/> Protein - Total | _____ | <input type="checkbox"/> Aerobic |
| ALB <input type="checkbox"/> Albumin | _____ | Antibiotics: _____ |
| GLUCR <input type="checkbox"/> Glucose - Random | | _____ |

Form completed by: _____

Contact Number: _____