

# LABORATORY BLOOD TEST REQUEST FORM (2017)

Provincial Clinical Laboratory

Address for Non-PEI Residents Required

Name: \_\_\_\_\_

Street: **Place Label Here** \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_

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

Relevant Diagnosis and Therapy	DOB: <b>MM-DD-YYYY</b>	Sex	Medical Record Number (MRN)
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Ordering Physician/NP	Contact Info (Critical Results)	Copies	Office	Facility and Unit
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### Chemistry - 1 Yellow SST Tube (Glucose, fasting or random requires a gray tube and certain tests, 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 (+/-)	Magnesium
Total Bilirubin	Bilirubin - Direct	Phosphate

### Cardiac Function and Lipids

HS-CRP - Cardiac	BNP (Purple Tube)	Troponin (Green Tube)
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<b>Lipid Profile: Cholesterol, LDL, HDL &amp; Triglycerides</b> Total cholesterol Triglycerides (Fasting Only)	<b>Fasting</b>	<b>Non-Fasting</b>

### Tolerance Tests\* - Glucose & Lactose (Appointment required)

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

### Nutritional Status

Ferritin	Iron Studies: <b>Iron, Transferrin (TIBC) &amp; %Sat</b>
Prealbumin	Vitamin B12

### Endocrine and Tumor Markers - 1 Yellow SST Tube

Prolactin	Progesterone	CA-125
DHEAS	Estradiol	CEA
Cortisol <i>Hrs</i>	FSH	AFP
PTH - Intact (red tube)	LH	β-HcG (Quantitative)
PSA (40 to 75 yrs)	CA 15-3	Testosterone - Total
TSH - <b>Diagnostic</b>	TSH - <b>Monitor Tx</b>	CA 19-9

### Blood Gases - Collect in a Heparinized Syringe, Send on Ice

Blood Gases should be the only order on the requisition to aid processing

**Specimen**  Arterial  Capillary  Central/Mixed Venous  
 Venous (Green Tube, no Gel on Ice)  Cord (Send Cord on Ice)

**O2 Device:** \_\_\_\_\_ **O2 Therapy:** \_\_\_\_\_ **Body Temp:** \_\_\_\_\_

Carboxyhemoglobin-CO  Methemoglobin  Lactate

### Hematology

**One Purple Tube (EDTA) Add One Red for Mono Screen**  
 CBC & Auto Diff      Reticulocyte Count      Kleihauer  
 A1C      Mono Screen

### Coagulation - 1 Blue Tube (Sodium Citrate)

PT/INR    On:  Coumadin/Warfarin  Heparin  LMW Heparin  
 aPTT      D-Dimer      Fibrinogen

### Immunology - 1 Red Tube for Each 3 Tests

Tissue Transglutaminase	IgG, IgA & IgM	IgE
Protein Electrophoresis	ANA Screen*	dsDNA
Vasculitis: <b>MPO &amp; PR3</b>	Anti-GBM	Haptoglobin
Rheumatoid Factor	ASOT	Cardiolipin
CCP (Citroline Ab)	AMA	β2-Microglobulin
Serum Free Light Chains	Farmers Lung	α-1-Antitrypsin
Complement C3 & C4		

### Therapeutic Drug Monitoring\* - 1 Red Tube Unless Indicated

Time of last dose Required	Date & Time (MMM/DD, HH:MM) Last Dose
Carbamazepine (Tegretol)	
Digoxin	
Lithium	
Phenobarbital	
Phenytoin (Dilantin)	
Primidone (Mysoline)	
Valproic Acid (Epival)	
Tacrolimus (2 Purple tubes) <input type="checkbox"/> New baseline <input type="checkbox"/> Established	
<input type="checkbox"/> Cyclosporine (Purple tube) <input type="checkbox"/> Vancomycin <input type="checkbox"/> Pre-dose <input type="checkbox"/> Post-dose	
<input type="checkbox"/> Gentamicin	
<input type="checkbox"/> Tobramycin	
<input type="checkbox"/> Pre-Dose Level <input type="checkbox"/> Post-Dose Level <input type="checkbox"/> Extended Interval <input type="checkbox"/> Extended Interval - Pediatrics <input type="checkbox"/> 22 Hr Post Level - Neonates	

**Date and Time IV Infusion Completed:** \_\_\_\_\_

### Serum Toxicology - 1 Red Tube

Ethanol	Acetaminophen	Salicylate
Tricyclics - Screen		

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

\* See Over for Information on: Contacts, Tolerance Tests, ANA Screen and Therapeutic Drug Monitoring

**CONTACTS**

**Queen Elizabeth Hospital (QEH)**  
 Phone: 902-894-2300  
 Fax: 902-894-2183

**Prince County Hospital (PCH)**  
 Phone: 902-438-4280  
 Fax: 902-438-4281

**Community Hospital (CHO)**  
 Phone: 902-859-8700 Ext 122  
 Fax: 902-859-3913

**Western Hospital (WH)**  
 Phone: 902-853-8650 Ext 217  
 Fax: 902-853-0245

**Souris Hospital (SH)**  
 Phone: 902-687-7150 Ext 247  
 Fax: 902-687-7174

**Kings County Memorial Hospital (KCMH)**  
 Phone: 902-838-0757  
 Fax: 902-838-0746

**Fasting: You are allowed sips of water please take your medications unless advised otherwise by your physician**

**TOLERANCE TESTING - GLUCOSE (OGTT) and LACTOSE**

Tolerance testing is done at all facilities and an appointment is required for QEH and PCH, please call

**QEH: 902-894-2138 or PCH: 902-438-4280.** For the remaining facilities show up first thing in the morning.

- **50 gram Gestational Screen:** A single glucose drawn at 1 hour. The patient does not need to be fasting.
- **75 gram Gestational Confirmatory:** Patient must be fasting. Glucose is drawn fasting (0 min) then at 1 and 2 hours.  
*Mothers who have a history of gestational diabetes should get a 75 gram OGTT to rule out diabetes only within 6 weeks to 6 months post-partum  
 For mothers presenting after 6 months, they should be screened as usual with fasting plasma glucose and/or A1C*
- **75 gram Diabetic Confirmatory:** Patient must be fasting. Glucose is drawn fasting (0 min) then at 2 hours.
- **Lactose Tolerance (50 gm lactose load):** Patient must be fasting. Glucose is drawn fasting then at 30, 60, 90 & 120 mins

**Patient Instructions**

- 1) Gestational Screen:** You do not have to fast. You will be asked to drink a sweet fluid quickly then sit quietly for 1 hour when your blood will be drawn. The test is usually done at 24 to 28 weeks of pregnancy.
- 2) Confirmatory Tests (Gestational & Diabetic) and Lactose Tolerance:** Are performed in the lab and require a morning appointment. Please fast overnight (at least 8 hrs), sips of water are allowed. Upon arrival at the lab or Specimen Collection at QEH you will have your blood sugar drawn (Fasting), then you will be asked to quickly drink a sweet fluid.
  - Now for the next 2 hours you should sit quietly, you cannot eat but sips of water are allowed.
  - Your blood will be drawn periodically and the test can last up to 3 hours.

**ANA SCREEN**

We now do an **ANA Screen**, if it is positive (greater than 10.0 U/L) we will automatically order an **ENA Panel**  
**ENA Panel = SSA ( $\alpha$ -Ro), SSB ( $\alpha$ -La), Sm, RNP, Scl 70, Jo 1, dsDNA and Centromere B**

**THERAPEUTIC DRUG MONITORING (TDM) AND SAMPLING TIMES**

TDM should be performed once a steady state has been reached usually after 5 drug doses.

**When to perform TDM**

- There has been a change in dose or additional drugs have been added which could interfere with the drug.
- 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 for Vancomycin, Gentamicin and Tobramycin (i.e. Pre-Dose, Post-Dose or Extended Interval) which determine the therapeutic range you are given. Failure to provide this information will result in delayed specimen processing.**

**Sampling Times**

Most drugs are measured at their lowest level (Trough or Pre-Dose Level) and the blood should be drawn 0 to 60 mins prior to the next dose. If Peak or Post Dose Levels are required, blood should be drawn after the dose is administered, at the time specified for that drug.

<b>Digoxin</b>	<b>Pre-Dose:</b> 0-60 mins prior to next dose or at least 6-8 hrs after an IV dose or 12 hrs after an oral dose.
<b>Lithium</b>	<b>Pre-Dose:</b> 0 to 60 mins prior to next dose or at least 10 hrs after the last dose.
<b>Tacrolimus</b>	<b>Pre-Dose (Trough):</b> 0-60 mins prior to next oral dose <i>(Please collect two Purple EDTA tubes)</i>
<b>Cyclosporine</b> <i>(Use Purple tube)</i>	<b>Post-Dose (C2):</b> 2 hours after the last oral dose
	<b>Pre-Dose (Trough):</b> 0-60 mins prior to next oral dose
<b>Vancomycin</b>	<b>Pre-Dose:</b> 0-30 mins prior to next dose
	<b>Post-Dose:</b> Levels not routinely recommended If required draw 60-120 mins after completion of IV infusion
<b>Gentamicin</b>	<b>Pre-Dose:</b> 0-30 mins prior to next dose
	<b>Post-Dose:</b> 30 mins after completion of IV infusion or 1 hour after IM injection
<b>Tobramycin</b>	<b>Extended Interval:</b> 6 hour Pre-dose Level, draw sample 6 hrs before the end of the dosing interval (i.e. 18 hrs after an IV injection given every 24 hrs),
<b>Amikacin</b>	<b>Extended Interval (Pediatrics):</b> Peak Level, Draw 30 mins after IV infusion is completed
	<b>22 Hr Post Level (Neonates):</b> Post-Dose Level, Draw 22 hours after initiation of IV dose