ChemScreen
Laboratory Services Inc.

# REQUISITION FORM

**SAMPLE COLLECTION**
**Belleville -** Mon - Fri: 7:30 am - 5 pm | Sat: 8 am - 12 pm
**Warrens -** Mon - Sat: 8:00 am - 12 pm
**Prerogative -** Mon - Sat: 8:00 am - 12 pm

LAB ID #: _____ ACCREDITED LABORATORY ☑

PATIENTS NAME: _____

NATIONAL ID #: _____

SEX: M ☐ F ☐ DATE OF BIRTH: (DD/MM/YYYY) _____ NEXT APPOINTMENT DATE: (DD/MM/YYYY) _____

**CLINICAL DETAILS:**

**PHLEB**_____ **SAMPLE INFORMATION**

DATE OF SAMPLING: (DD/MM/YYYY) _____ TIME OF SAMPLING: _____ AM ☐ PM ☐

SAMPLE TYPE: V.B. ☐ URINE ☐ OTHER ☐ FASTING ☐ NON-FASTING ☐

GN = Green top tube • GY = Grey top tube • E = Purple top tube • S = Red top tube • C = Blue top tube • U = Urine

**DOCTOR INFORMATION**

DOCTOR: _____

LOCATION: _____

PLEASE TICK WHICH TESTS YOU REQUEST.

## PANELS

- ☐ ELECTROLYTES 1 [GN] (NA, K,CO2, CL, BUN, CREA)
- ☐ ELECTROLYTES 2 [GN] (NA, K, CL, BUN, CREA)
- ☐ LIVER FUNCTION TESTS [GN] [S] (AST, ALT, ALKP, TBIL, GGT)
- ☐ PROTEINS [S] (TPRO, ALB, GLOB)
- ☐ ARTHRITIC [GN] [E] [S] (CRP, RA LATEX, ANA, CBC, ESR, UA, CREAT)
- ☐ CARDIAC [S] (CK, TROP-I, CKMB, AST)
- ☐ CORONARY RISK [GN] (TCHOL, TRIG, HDL, LDL, RATIO)
- ☐ HEPATITIS [S] (HEP A ABIgM, HEP C AB, HEP BSAG)
- ☐ THYROID FUNCTION [S] (TSH, FREE T4)
- ☐ STDs [S] (HIV, HBsAg, SYPH, HSV I, HSV II, CHLY)
- ☐ IMMUNITY (MMR, HBsAb, VZV) [S]
- ☐ ANAEMIC [E] [S] (FBC, B12, FOLATE, FE, TIBC, FER)
- ☐ DRUG [U] (THC, COC, BARB, BENZ, PCP, OPI, MAMP, AMP)
- ☐ INFERTILITY [S] (FSH, LH, PROLACTIN)
- ☐ CHEM $20^{+}$ [S] [GN] [GY] (NA, K, CI, CREA, UREA, ALKP, AST, ALT, GGT, TBIL, CHOL, TRIG, HDL, LDL, CA, MG, PHOS, TP, ALB, URIC, GLU)

## MICROBIOLOGY

- ☐ MICROSCOPY
- ☐ M, C/S
- ☐ GRAMSTAIN
- ☐ OCP

## MOLECULAR

- ☐ COVID -19 PCR
- ☐ CT/NG PCR [U] (CHLAMYDIA/ GONORRHOEA)

## CHEMISTRY

- ☐ CALCIUM [S]
- ☐ CREATININE [S] [GN]
- ☐ CREATININE CLEARANCE [U] [S] [P]
- ☐ GLUCOSE [GY]
- ☐ LITHIUM [S]
- ☐ MAGNESIUM [S]
- ☐ TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) [S]
- ☐ URATE [S]
- ☐ UREA [S/GN]

## HAEMATOLOGY

- ☐ FBC DIFF [E]
- ☐ ESR [E]
- ☐ HAEMOGLOBIN A1C [E]
- ☐ HB ELECTROPHORESIS E]
- ☐ BLOOD GROUP & RHESUS D [E]
- ☐ PT WITH INR [C]
- ☐ PTT [C]
- ☐ DIRECT COOMBS TEST [E]

## SEROLOGY

- ☐ ANTI NUCLEAR FACTOR [S]
- ☐ HEPATITIS A ANTIBODY IgM-EIA [S]
- ☐ HEPATITIS B SURFACE ANTIGEN-EIA [S]
- ☐ HEPATITIS C ANTIBODY-EIA [S]
- ☐ HIV [S]
- ☐ RA LATEX [S]
- ☐ RPR OR VDRL (TPHA) [S]
- ☐ HSV I/HSV II [S]
- ☐ DENGUE IgM/IgG/NS1 [S]
- ☐ TORCH [S]

ADDITIONAL TEST: _____

DATE OF REPORT: _____ (DD/MM/YYYY) SIGNATURE: _____ RECEIPT#: _____ INT: _____

DOC # CLS-F-REQ-021

**Main Laboratory:** #13, 5th Avenue, Belleville, St. Michael | T: (246) **228-9908** E: **info@chemscreenlab.com** | W: **www.chemscreenlab.com**
**Collection Centre:** Warrens Health Care Complex, Warrens, St. Michael | Prerogative House, Wilkinson Road, St. George
**Laboratory Opening Hours: Mon - Fri:** 7:30 am - 8 pm | **Sat & Sun:** 8 am - 5 pm | **Holidays:** 9 am - 2 pm