

<b>Ontario</b> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <b>Ministry of Health and Long-Term Care</b>  <b>Laboratory Requisition</b>  Requisitioning Clinician / Practitioner </div>		<b>Laboratory Use Only</b>				
Name						
Address						
		Clinician/Practitioner's Contact Number for Urgent Results			Service Date <div style="display: flex; justify-content: space-between;"> <span>yyyy</span> <span>mm</span> <span>dd</span> </div>	
Clinician/Practitioner Number	CPSO / Registration No.	Health Number	Version	Sex	Date of Birth <div style="display: flex; justify-content: space-between;"> <span>yyyy</span> <span>mm</span> <span>dd</span> </div>	
				<input type="checkbox"/> M <input type="checkbox"/> F		
<b>Check (✓) one:</b> <input type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Province    Other Provincial Registration Number			Patient's Telephone Contact Number	
Additional Clinical Information (e.g. diagnosis)		Patient's Last Name (as per OHIP Card)				
		Patient's First & Middle Names (as per OHIP Card)				
<input type="checkbox"/> Copy to: Clinician/Practitioner <div style="display: flex; justify-content: space-between;"> <span>Last Name</span> <span>First Name</span> </div>		Patient's Address (including Postal Code)				
Address						

**Note: Separate requisitions are required for cytology, histology / pathology, ColonCancerCheck FIT test, and tests performed by Public Health Laboratory**

x	Biochemistry	x	Hematology	x	Viral Hepatitis (check one only)
	Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting		CBC		Acute Hepatitis
	HbA1C		Prothrombin Time (INR)		Chronic Hepatitis
	Creatinine (eGFR)		<b>Immunology</b>		Immune Status / Previous Exposure
	Uric Acid		Pregnancy Test (Urine)		Specify: <input type="checkbox"/> Hepatitis A
	Sodium		Mononucleosis Screen		<input type="checkbox"/> Hepatitis B
	Potassium		Rubella		<input type="checkbox"/> Hepatitis C
	ALT		Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)		or order individual hepatitis tests in the "Other Tests" section below
	Alk. Phosphatase		Repeat Prenatal Antibodies		<b>Prostate Specific Antigen (PSA)</b>
	Bilirubin				<input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA
	Albumin		<b>Microbiology ID &amp; Sensitivities (if warranted)</b>		Specify one below:
	Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)		Cervical		<input type="checkbox"/> Insured – Meets OHIP eligibility criteria
			Vaginal		<input type="checkbox"/> Uninsured – Screening: Patient responsible for payment
	Albumin / Creatinine Ratio, Urine		Vaginal / Rectal – Group B Strep		<b>Vitamin D (25-Hydroxy)</b>
	Urinalysis (Chemical)		Chlamydia (specify source):		<input type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism
	Neonatal Bilirubin:		GC (specify source):		<input type="checkbox"/> Uninsured - Patient responsible for payment
	Child's Age:                      days                      hours		Sputum		<b>Other Tests - one test per line</b>
	Clinician/Practitioner's tel. no.		Throat		<b>Klinrisk Panel - Enter Panel TC* ONLY</b>
	Patient's 24 hr telephone no.		Wound (specify source):		The following tests are included:
	Therapeutic Drug Monitoring:		Urine		Random Glucose, Creatinine (eGFR),
	Name of Drug #1		Stool Culture		Urea (BUN), Sodium, Potassium, ALT,
	Name of Drug #2		Stool Ova & Parasites		Alk. Phosphatase, Bilirubin, Albumin,
	Time Collected #1                      hr.                      #2                      hr.		Other Swabs / Pus (specify source):		Albumin/Creatinine Ratio, CBC, Calcium,
	Time of Last Dose #1                      hr.                      #2                      hr.				Magnesium, Chloride, Phosphate &
	Time of Next Dose #1                      hr.                      #2                      hr.				Carbon Dioxide (Bicarbonate).
<b>I hereby certify the tests ordered are not for registered in or out patients of a hospital.</b>		<b>Specimen Collection</b>			
		Time                      Date			
		<b>Laboratory Use Only</b>  <b>*Test Codes:</b> PSCs/SM – 6984 PSCs serving Pembroke Hospital – 6987 PSCs serving Lake of the woods Hospital (Kenora) - 6986			
<b>X</b> Clinician/Practitioner Signature                      Date					