



NL Health Services

Rheumatology Outpatient Requisition Laboratories St. John's

HCN: _____

Province/Territory: _____ Expiry: _____

Name: _____

Date of Birth: _____ Sex: ☐ M ☐ F ☐ UN

Mailing Address: _____

City: _____

Province/Territory: _____ Postal Code: _____

Telephone: (Indicate Preferred) ☐ Home: _____

☐ Cell: _____ ☐ Work: _____

Ordering Provider's Name: _____
Clinic Name: _____
Mailing Address: _____
City: _____
Province/Territory: _____ Postal Code: _____
Telephone: _____ Fax: _____
Signature: _____ Date: _____

Clinic Stamp:(include fax, provider and mnemonics)

Ordering Provider's Meditech Mnemonic: _____

EMR Clinic Mnemonic: _____

COPY TO PROVIDER _____

Refer to Policy MED-LAB-050 Laboratory Requisitions

Testing may be delayed or not performed if the requisition is illegible, information is missing, or the specimen is mislabeled

BRING YOUR MCP CARD WHEN YOU GO FOR YOUR LAB TEST

If fasting is required – do not eat or drink anything (except water or medications) for the time period indicated

DIAGNOSIS/RELEVANT HISTORY

Frequency of Testing (For Repeat Testing) _____ Date of collection (YYYY/MON/DD): _____ Time (HH:MM) _____

HEMATOLOGY (Collect Lavender Tube)

- ☐ CBC CBC, includes automated differential
☐ ESR Sedimentation Rate

COAGULATION (Collect in Light Blue Tube)

- ☐ PTI PT-INR
☐ PTPTT PTI-PTT

CHEMISTRY

Note: If there is fasting required, collect SST Tube-Gold with red dot

- ☐ ALBUM Albumin
☐ CALCI Calcium & Albumin
☐ COMC3 Complement 3
☐ COMC4 Complement 4
☐ CREKI Creatinine Phosphokinase
☐ DNADSAB DNA Double Strand Antibody
☐ LBC Electrolytes, Urea & Creatinine (eGFR)
☐ GGT Gamma Glutamyl Transferase
☐ GLUFA Glucose (Fasting – 8 hrs)
☐ HEPFUP Hepatic Function Panel (ALP, ALT)
☐ CALIOG Ionized Calcium
☐ IRIBCP Iron, IBC Panel
☐ LD Lactate Dehydrogenase
☐ PHOSP Phosphate
☐ GLUCO Random Glucose (No fasting)
☐ LIPIDP Serum Lipid Profile (Fasting -12 hrs) ☐ Non-fasting
☐ PROTE Total Protein
☐ URATE Uric Acid

SEROLOGY

- ☐ HBSAB Hepatitis B Surface Antigen
☐ HCVABL Hepatitis C Antibodies
☐ PARB19ABG Parvo Virus 19 – IgG
☐ PARB19ABP Parvovirus B19 Ab Panel

URINE TESTING (Sterile Urine Container)

- ☐ URINCUI Urine Culture (Midstream Urine)
☐ URINAP Urinalysis Panel

ADDITIONAL TEST(S) REQUIRED – PRINT LEGIBLY

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OTHER

(Collect SST Tube – Gold with red dot, ** See exceptions)

- ☐ ANAACAP Anti-Nuclear Antibody (ANA)/Anti-Nuclear
Cytoplasmic Antibody (ACA) Panel
☐ CYCPAB Anti-CCP Antibodies
☐ CERUL Ceruloplasmin
☐ COLAGGP Cold Agglutinins **Collect Red Tube
☐ CRPHS C-Reactive Protein; High Sens
☐ CRYOG Cryoglobulins **Collect Red Tube
☐ SACABP Extractable Nuclear Ag
☐ IMMUNP Immunoglobulins
☐ PTH Parathyroid Hormone
☐ PROELP Protein Electrophoresis Panel
☐ RHEFA Rheumatoid Factor
☐ FERRI Serum Ferritin
☐ STROAB Streptolysin O Ab
☐ TSH Thyroid Stimulating Hormone
☐ VITB12 Vitamin B12

JOINT FLUID ANALYSIS

Which Joint? _____

Cell Count and Differential _____ (Collect Purple Tube)

Cell Count and Differential _____ (Collect Dark Green Tube)

Gram Stain and C&S (Culture and Sensitivity) _____

ADDITIONAL COMMENT(S) - PRINT LEGIBLY
