NL Health Services

CL2020 0056 06 2024

Urology Laboratory Requisition

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: _____

Patient's Name, HCN, Date of Birth, Practitioner's Full Name, Signature and Date of Request are mandatory.

HEALTHCARE CARD (MCP) MUST BE PRESENTED AT LABORATORY REGISTRATION.

If fasting is required, do not eat or drink anything (except medications and/or minimal amount of water) for the time period indicated. If you need additional information about preparing for your lab test, call 709-777-6001.

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

DIAGNOSIS/RELEVANT HISTORY

REPEAT TESTING

Repeat: _____ Interval: _____

ADDITIONAL REQUESTS

HEMATOLOGY

☐ CBC — CBC, includes automated differential

COAGULATION

☐ APTT — Partial Thromboplastin Time

☐ PTI — INR Anticoagulant _____

CHEMISTRY

☐ CALCI — Calcium
☐ CHLOR — Chloride
☐ CR — Creatinine(eGFR)
☐ HEPFUP — Hepatic Function Panel
☐ PHOSP — Phosphate
☐ POTAS — Potassium
☐ PSA — Prostate Specific Antigen
☐ PTH — Parathyroid Hormone Intact (Calcium Level _____)
☐ SODIU — Sodium
☐ TESTO — Testosterone
☐ URATE — Uric Acid
☐ URENI — Urea Nitrogen

TESTES CANCER MARKERS

☐ A1FET — Alpha 1 Fetoprotein
☐ BHCG — Beta HCG
☐ LD — Lactate Dehydrogenase

URINE TESTING Antibiotics: _____

☐ URINAP — Urinalysis Panel (reflex microscopic will be performed when applicable)
☐ URINCU — Urine Culture

ADDITIONAL INFORMATION

For Office Use Only

Date of Collection (YYYY/MON/DD): _____ Time (HH:MM): _____

Name: _____ Date (YYYY/MON/DD): _____ Signature: _____