<u>Downtime Laboratory – General Requisition</u> Note: Shaded Areas are Mandatory to Complete

nigggrahealth							Place Admissions Label Here When Available:				
niagarahealth Extraordinary Caring. Every Person. Every Time.							Currence First Name:				
□SCS □WCG □GNG □PCG □DMH							Surname, First Name:				
Date R	equested	Diagnosis/Clinical Information				DOB:	OB: dd/mm/yyyy				
(dd/mm/yyyy)			Ordering Physician				Patie	Patient Unique#			
Requis	sitioned by	Date to be Collected (dd/mm/yyyy)				Patie	atient OHCN# (if unit # is not available)				
Time t	o be Collected:					Patient Location:					
Routine Rounds Urgent Stat			□ 06:00 □10:30		□ 13:00	00	Clinical Area Extension:				
							Snoo	cimen Collection			
					Date/Time: Collected By: (ddmmyyyy/hhmm)						
		and is reserved for life threatening			URGENT: Reserved for results that are required as soon						
		vailable as soon as possible. In house utes – methodology permitting.			ise	as possible. In house testing will be available in 90 minutes.					
Req	CHEMISTRY			BLOOD GA	SES	Re	sults	Req	HEMATOLOGY	Results	
	Glucose			Arterial □ Ven		Cap	illary		CBC/Differential		
	☐ Fasting ☐ PC☐ Random			rd Sample? □					ESR		
	Urea		Ro		⊐Y I	FiO ₂	:		Mono		
	Creatinine			pH					Coagulation		
	Sodium			pCO ₂			mmHg	Antic	oagulant? □ N □ Y Specify:		
	Potassium			pO ₂			mmHg		APTT	sec	
	Chloride			Bicarbonate			mmol/L		INR		
	TCO2			Base Exces					D-Dimer	ug/L	
	AST			Calculated O ₂ Sat							
	ALT							MICROBIOLOGY			
	GGT		(re	(results are not corrected for temperation		nperat	ture)	Antib	iotics? □N □Y Specify:		
	ALKP			Ionized Calc	ium	n	nmol/L		Blood Culture		
	Bilirubin							Urine Culture:☐ MSU ☐ CSU Other			
	Calcium			URINALYSIS: Ro	outine & I	Micro			Throat Culture		
	CK			Colour					Wound Culture		
	Troponin-HS			Appearance					Source:		
	Lipase			Specific Gra	vity				Other Culture :		
	Rapid HIV			pH	1			Source:			
	DRUGS	Results	s	Leukocytes (esterase)				PREGNANCY TESTING			
	Digoxin	nmo	I/L	Protein					BHCG – Quantitation	IU/L	
	Vancomycin	mį	g/L	Glucose							
	Lithium	mmo	I/L	Ketones					OTHER TESTS		
	Phenytoin	umo	I/L	Urobilinoger	1						
	Phenobarb	umo	I/L	Bilirubin							
	Tobramycin	mį	3/L	Blood							
	Valproic Acid	umo	I/L	Microscopic:							
	Ethanol	mmo		Not Indicate							
	Salicylate	mmo		Epithelial Ce							
	Acetaminophen	umo	I/L	Erythrocytes	3				This Area Is For Laboratory Use On	ııy	
				Leukocytes	Leukocytes			Received in Lab by: Time Received in Lab: Downtime #:			
	UDRUG			Bacteria	Bacteria			(hhmm)			
	THC / Marijuana										
	Phencyclidine										
	Cocaine						_				
				Spinal Fluid)			Place LIS label here.				
	Morphine / Opiate				Appearance		mmol/I				
	Amphetamines		_		Glucose		mmol/L g/L				
	Benozodiazepine				Protein Cell count			Point of Care Testing			
	Tricyclic Cell count						Performed by:				
	Methadone										
	Barbiturates Oxycodone										
	Propoxyphene										