ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Connect Care Downtime
General Laboratory Requisition

Alberta Precision Laboratories 1-877-868-6848

Important - Form is used for Connect Care downtime use. ***Bold*** and ***italicized*** fields contain critical data elements that must be reconciled for downtime.

Scanning Label or Accession # *(lab only)*

Patient

PHN Expiry: ________	Date of Birth *(dd-Mon-yyyy)*	
Legal Last Name	Legal First Name	Middle Name

Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone
Address	City/Town	Prov	Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*		Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Address	Phone	Address	Address
CC Provider ID / CC Submitter ID	Legacy ID	Phone	Phone
Clinic Name		Clinic Name	Clinic Name

Collection

Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID

☐ Routine
☐ Stat

Requisition Date *(dd-Mon-yyyy)*

Ⓕ Denotes a **Fasting Test**.
Ⓘ Refer to Patient Instruction Sheet.

Hours Fasting ____________

☐ Third Party Bill
Client ____________

Hematology/Coagulation

☐ CBC and Differential
☐ CBC No Differential
☐ D-dimer
☐ Fibrinogen
☐ PTT
☐ Reticulocyte Count
☐ INR

General Chemistry

☐ Albumin
☐ Alkaline Phosphatase (ALP)
☐ Alanine Aminotransferase (ALT)
☐ Ammonia
☐ Anti-Neutrophil Cytoplasmic Antibody
☐ Beta hCG, Quantitative
☐ Beta-Hydroxybutyrate
☐ Bilirubin, Total OR ☐ Total and Conjugated
☐ B-Natriuretic Peptide (BNP or NT-Pro BNP)
☐ C-Reactive Protein (CRP)
☐ Calcium
☐ Calcium, Ionized
☐ Carboxyhemoglobin
☐ Complement C3
☐ Complement C4
☐ Creatine Kinase (CK)
☐ Creatinine (eGFR)
☐ Electrolyte Panel OR ☐ Na ☐ K ☐ Cl ☐ CO2
☐ Ferritin
☐ Gamma Glutamyl Transferase (GGT)
☐ Glucose, Random
Immunoglobulins: ☐ IgA ☐ IgG ☐ IgM
☐ Iron Overdose
☐ Iron and TIBC
☐ Lactate
☐ Lactate Dehydrogenase (LD)
☐ Lipase
☐ Magnesium
☐ Methemoglobin
☐ Osmolal Gap
☐ Osmolality
☐ Phosphate
☐ Total Protein
☐ Triglycerides
☐ Troponin
☐ Urate
☐ Urea

Endocrine

Cortisol
☐ Random ☐ AM (0700-1000) ☐ PM (1500-1800)
☐ Estradiol
☐ Follicle Stimulating Hormone (FSH)
☐ Luteinizing Hormone (LH)
☐ Parathyroid Hormone (PTH)
☐ Progesterone
☐ Prolactin
☐ Testosterone, Total
☐ Thyroid Stimulating Hormone (TSH)
☐ Thyroid Stimulating Hormone (TSH), Progressive

Immunology/Serology

☐ Hepatitis A Virus Acute Serology - IgM
☐ Hepatitis A Virus Immunity Serology - IgG
☐ Hepatitis B Surface Antigen
☐ Hepatitis B Surface Antibody
☐ Hepatitis C Virus Serology
☐ HIV 1 and 2 Serology (Antigen and Antibody)
☐ Mononucleosis Screen
☐ Syphilis screen

Urine

☐ Urinalysis
☐ Pregnancy Test (HCG, Qualitative)
☐ Osmolality

Albumin*	☐ Random	☐ Timed
Calcium*	☐ Random	☐ 24 h
Creatinine	☐ Random	☐ 24 h
Cortisol		☐ 24 h
Electrolyte Panel	☐ Random	☐ 24 h
Protein Total*	☐ Random	☐ 24 h

*includes creatinine ratio
☐ Creatinine Clearance 24h Ht______ cm
Wt__________ kg

24 H Urine Total Volume_____________
Start Date_____________ Start Time___________
End Date _____________ End Time___________

Clinical Information

Toxicology (Quantitative, Blood)

☐ Acetaminophen Level
☐ Salicylate Level
☐ Ethanol Level
☐ Alcohol Panel (Ethylene Glycol, Methanol, Iso-propanol, Acetone)

Urine Drug Testing Panel

☐ General Toxicology Panel

Therapeutic Drug Monitoring

Dose route ☐ Oral ☐ IV ☐ Other
Dose Regimen ____________________
How Long on Current Regimen? ____________
Date of Last Dose or IV Complete ____________
Time of Last Dose or IV Complete ____________
Date of Next Dose or IV Start ____________
Time of Next Dose or IV Start ____________

☐ Carbamazepine
☐ Phenytoin, Total
☐ Cyclosporine pre dose
☐ Primidone
☐ Cyclosporine 2 h post
☐ Sirolimus
☐ Digoxin
☐ Tacrolimus
☐ Lithium
☐ Theophylline
☐ Methotrexate
☐ Valproate
☐ Phenobarbital
☐ Other __________

Antibiotics

Amikacin	☐ Pre	☐ Post		☐ Other
Gentamicin	☐ Pre	☐ Post	☐ Interval	☐ Other
Tobramycin	☐ Pre	☐ Post	☐ Interval	☐ Othe
Vancomycin	☐ Pre			☐ Other

Anticoagulant

☐ Anti-Xa - Unfractionated Heparin
☐ Anti-Xa - LMWH
☐ Anti-Xa - Apixaban
☐ Anti-Xa - Rivaroxaban

Sterile Body Fluid

Fluid Type: ☐ CSF OR ☐ Other Body Fluid
Source: ____________________
Test(s): ____________________

Additional Tests