

Prince George Regional Hospital		Laboratory Requisition II					
Lab Inquiries to 565-2420		Collection Priority:		Demographic Label			
Date/Time of Collection:	Routine	<input type="checkbox"/>					
	ASAP	<input type="checkbox"/>					
Collector:	STAT	<input type="checkbox"/>				Ordering Physician: _____	
Diagnosis	24 Hour Urine	<input checked="" type="checkbox"/>		Body Fluids	<input checked="" type="checkbox"/>		
	Urine Volume: _____ ml			Fluid Type	CSF		
	Start Date/Time: _____				# of tubes		
	Stop Date/Time: _____						
Random Urine	<input checked="" type="checkbox"/>	5-HIAA		Fluid Culture	CSF Culture		
Amylase		Aldosterone					
BHCG Qualitative		Calcium					
Calcium		Catecholamines		Albumin	Cell Counts: WBC		
Creatinine		Citrates		ALK	Cell Counts: RBC		
Cystine		Cortisol		Amylase	Differential		
EP/Bence-Jones Protein		Creatinine		AST	Glucose		
Magnesium		Creatinine Clearance:		Bilirubin	Lactate		
Microalbumin Screen		Height: _____ cm		Cell Counts: WBC	Oligoclonal Banding		
Myoglobin		Weight: _____ kg		Cell Counts: RBC	(Serum Required Also)		
Osmolality		Lead		Differential	Total Protein		
Phosphorus		Magnesium		Creatine Kinase			
Porphobilinogen		Mercury		Creatinine			
Porphyrin		Metanephrines		Crystals			
Potassium		Microalbumin Quantitative		Glucose			
Sodium		Oxalate		Lactate			
Total Protein		Phosphorus		LDH	<b>Fecal Tests</b>		
Urate		Potassium		pH (on ice)	Occult Blood		
Urea		Sodium		Total Protein	Reducing Substances		
Urinalysis & microscopic (if indicated)		Total Protein		Triglycerides	pH		
		Urate		Urate	Porphyryns		
Urinalysis & culture (if indicated)		VMA		Urea	Fecal Fat Screen (globules)		
Urine Drug Screen							
Microbiology							
Culture	<input checked="" type="checkbox"/>	Miscellaneous	<input checked="" type="checkbox"/>	Hepatitis	<input checked="" type="checkbox"/>		
Abscess (source)		Chlamydia/GC NAT (source)		Hepatitis A Ab IgG - immune	*fill out BCCDC requisition		
				Hepatitis A Ab IgM - acute			
Blood		Fungal Culture: (circle one)		Hepatitis B Core Ab Total			
Cervix		Skin/Hair/Nails/Other		Hepatitis B Core Ab IgM	*fill out BCCDC requisition		
CSF				Hepatitis B DNA Qualitative	*fill out BCCDC requisition		
Ear		Gram Stain Only (source)		Hepatitis B Envelope Ab	*fill out BCCDC requisition		
Eye				Hepatitis B Envelope Ag	*fill out BCCDC requisition		
Fluid (type)		India Ink Prep (Crypto)		Hepatitis B Surface Ab			
				Hepatitis B Surface Ag			
Group B Screen (Vag/Rectal)		VIRAP (includes RSV)		Hepatitis C Ab	*fill out BCCDC requisition		
Lower Respiratory (spec type)				Hepatitis C Genotyping	*fill out BCCDC requisition		
				Hep C RNA Qualitative	*fill out BCCDC requisition		
Mouth				Hep C RNA Quantitative	*fill out BCCDC requisition		
MRSA Screen (source)				Hepatitis D Ab	*fill out BCCDC requisition		
				Hepatitis E Ab	*fill out BCCDC requisition		
Sputum		<b>Stool</b>	<input checked="" type="checkbox"/>	Hep B Immune Status (Post Vaccine)			
Throat		Culture		Additional tests			
Tip Catheter (non urinary source)		C. Difficile Toxin					
		Leukocytes					
Tissue (source)		Parasitology	<input checked="" type="checkbox"/>				
		Ova & Parasite					
Urethra		Direct Parasite ID					
Urine (source)		Pinworm Exam					
		Other					
VRE Screen							
Vaginal Initial							
Vaginal Chronic/Trich							
Wound (source)							