



# Saskatchewan Health Authority

**Saskatoon Area**

Clinic name or billing info: \_\_\_\_\_

PHN: \_\_\_\_\_ Chart #: \_\_\_\_\_

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

☐ Male ☐ Female

D.O.B.: \_\_\_\_\_ (DD/MM/YYYY) Phone: \_\_\_\_\_

## COMMUNITY LAB REQUISITION

Requesting physician: \_\_\_\_\_  
(first name) (last name)

Additional copies of report to: \_\_\_\_\_

Collection date: \_\_\_\_\_ Time: \_\_\_\_\_

**Other tests (print clearly):**

CBC ☐ CBC (&diff)  
ARETC ☐ Reticulocyte Count  
DDIM ☐ D-Dimer  
FIB ☐ Fibrinogen Level  
PT ☐ PT (INR)  
APTT ☐ PTT (APTT)

**\*\*SEE BACK OF FORM FOR FASTING INSTRUCTIONS\*\***

LYTE4 ☐ Electrolytes – Na, K, Cl, CO<sub>2</sub>  
CREAT ☐ Creatinine + eGFR  
UREA ☐ Urea  
GLUCR ☐ Glucose - Random  
**\*\*GLUFA ☐ Glucose - FASTING**  
HMA1C ☐ Hemoglobin A1C  
CRCLE ☐ Est. Creatinine Clearance Weight: \_\_\_\_\_ kg

TRIG ☐ Triglyceride  
CHOL ☐ Cholesterol – Total  
LIPNF ☐ Chol, Trig, HDL, LDL, non-HDL \_\_\_\_\_  
GES1H ☐ Gestational Challenge (50g) – Non Fasting  
GES2H ☐ **Gestational Tolerance (75g) – FASTING**  
GTT2H ☐ **Glucose Tolerance (75g) – FASTING**

ALB ☐ Albumin  
CA ☐ Calcium  
PHOS ☐ Phosphate  
MG ☐ Magnesium  
URIC ☐ Uric Acid  
ALP ☐ Alkaline Phosphatase  
ALT ☐ Alanine Aminotransferase  
AST ☐ Aspartate Aminotransferase  
CK ☐ CK - Total  
LD ☐ Lactate Dehydrogenase  
LIP ☐ Lipase  
GGT ☐ Gamma Glutamyltransferase  
BILIT ☐ Bilirubin - Total  
BILFR ☐ Bilirubin - Fractionation  
BHCG ☐ BHCG (Quantitative – Level)  
**\*\*IRONB ☐ Iron and Total Iron Binding Capacity**  
FER ☐ Ferritin  
PSA ☐ Prostate Specific Antigen  
THYSA ☐ Thyroid Stimulating Hormone  
FRT4 ☐ Free T4 (Free Thyroxine)  
ATPA ☐ Thyroid Peroxidase Antibody  
FSHLH ☐ Follicle Stimulating Hormone/Luteinizing Hormone  
EDIOL ☐ Estradiol  
PRGE ☐ Progesterone  
PRL ☐ Prolactin  
WASER ☐ Syphilis  
HIV ☐ HIV  
CRPH ☐ C-Reactive Protein-HS  
RHF ☐ Rheumatoid Factor  
TNTHS ☐ Troponin T HS  
TP ☐ Total Protein  
PES ☐ Serum Protein Electrophoresis

FIT ☐ Stool for Fecal Immunochemical Test (Occult Blood)  
**(Mark specimen with first & last name, health card #, birthdate, and date of collection)**

### Therapeutic Drug Testing

CARBZ ☐ Carbamazepine (Tegretol) CYCL ☐ Cyclosporin - Pre  
DIGI ☐ Digoxin CY2 ☐ Cyclosporin - Post  
LITH ☐ Lithium TACR ☐ Tacrolimus - Pre  
PHENB ☐ Phenobarbital SIRO ☐ Sirolimus - Pre  
PTNY ☐ Phenytoin (Dilantin) Dosage: \_\_\_\_\_ (Required)  
VALPR ☐ Valproic Acid (Epival) Date/Time: \_\_\_\_\_ (Required)

### Prenatal Blood Testing

PREIM ☐ Prenatal Screen – Includes the following:  
• Rubella, Syphilis, HBV, HCV, HIV  
• Prenatal Group and Screen\*  
PBLGP ☐ Prenatal Group and Screen\*  
**\*Canadian Blood Services Request for Perinatal Testing must be completed**

**Transfusion Medicine form #101058 must be completed by Most Responsible Health Provider**

### Random Urine

UA ☐ Voided Urinalysis ☐ Catheterized Urinalysis  
HCGU ☐ HCG – Urine  
CLGP ☐ Urine for Chlamydia and G.C. – First stream  
ALBCR ☐ Random Albumin/Creatinine Ratio (Microalbumin)

### 24 Hour Urine – Directions/container available at collection sites

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_  
End Date: \_\_\_\_\_ Time: \_\_\_\_\_  
CAUD ☐ Calcium  
CREUD ☐ Creatinine  
CRCL ☐ Creatinine Clearance **\*Must do blood creatinine as well\***  
CRCLC ☐ Creatinine Clearance (BSA Corrected) Ht: \_\_\_\_\_ cm Wt: \_\_\_\_\_ kg  
PO4UD ☐ Phosphate  
TPUD ☐ Protein  
PEU ☐ Protein Electrophoresis  
NAKUD ☐ Sodium / Potassium  
UREUD ☐ Urea  
URAUD ☐ Uric Acid

### Hepatitis & CMV Serology

**✓ one box only. For other Hepatitis markers, please order the 'other tests' section. New reactive results will trigger additional tests.**

HEPPA ☐ Acute viral hepatitis undefined etiology  
(Hep A IgM, Hep B S Ag, Hep Bc IgM Ab, Hep C Ab)

#### Chronic Viral Hepatitis:

HBCHR ☐ Hepatitis B (Hep B S.Ab, Hep B S Ag, Hep Bc Tot Ab)  
HCAB ☐ Hepatitis C (Hep C Ab)

#### Hepatitis Immune Status:

HAABT ☐ Hepatitis A (Hep A Total Ab)  
HBABS ☐ Hepatitis B (Hep B S Ab)  
CMVA ☐ Acute CMV (CMV IgM)  
CMVI ☐ Chronic or Past Exposure to CMV (CMV IgG)

### Microbiology

**(Use alternate requisition for Virology/Comprehensive Microbiology testing)**

BLOOD CULTURE ☐ C & S  
CERVIX SWAB ☐ G.C.  
SUTUM ☐ C & S ☐ TB/AFB  
STOOL ☐ C & S ☐ O & P ☐ CDIFF  
THROAT ☐ C & S  
URETHRAL SWAB ☐ G.C.  
URINE – CATHETER ☐ C & S ☐ YEAST  
SOURCE: \_\_\_\_\_  
URINE – MIDSTREAM ☐ C & S ☐ YEAST  
VAGINAL ☐ BV ☐ TRICH  
VAG/RECTAL SWAB ☐ GROUP B STREP – PREGNANCY ONLY

OTHER TEST: \_\_\_\_\_  
SOURCE: \_\_\_\_\_

**Booking online is quick and easy. Simply choose the date, time, and location that works for you!**

Visit <https://booking.lifelabs.com/LLBooking/default.aspx/> to book now!

**Booking at St Paul's Hospital and Royal University Hospital is currently unavailable.**

LifeLabs Administrative Office 306-655-4020

	LOCATION	DAYS AND HOURS OF OPERATION
<b>EAST</b>	134 – 2325 Preston Avenue Market Mall 306-655-4031	Monday to Friday 7:00 a.m.-6:00 p.m. Saturday 7:00 a.m.-3:00 p.m. Sunday Closed
<b>NORTH EAST</b>	#4 – 419 Ludlow Street 306-655-4034 306-655-4043	Monday to Friday 7:30 a.m.-4:30 p.m. Saturday Closed Sunday Closed
<b>DOWNTOWN</b>	#5 – 39 23 <sup>rd</sup> Street Midtown Medical Center 306-655-4030	Monday to Friday 7:30 a.m.-4:30 p.m. Saturday Closed Sunday Closed
<b>WEST</b>	#59 – 300 Confederation Drive Confederation Park Mall (Laurier Drive access) 306-655-4032	Monday to Friday 7:00 a.m.-5:00 p.m. Saturday 8:00 a.m.-2:00 p.m. (Closed Saturdays in July and August) Sunday Closed Statutory Holidays Closed
<b>NORTH</b>	A29 – 134 Primrose Drive Lawson Heights Mall 306-655-4033	Monday to Friday 7:00 a.m.-6:00 p.m. Saturday and Sunday 9:00 a.m.-3:00 p.m. Statutory Holidays 9:00 a.m.-3:00 p.m.
<b>WEST</b>	St. Paul's Hospital Selective Test Center (access via front door) 306-655-5970	Monday to Friday 08:00-14:30 <b>Friday hours vary, please call</b>
<b>EAST</b>	Royal University Hospital Selective Test Center (access via Mall area)	Monday to Friday 8:00 a.m.-4:30 p.m. <b>NOTE: Closed every 3<sup>rd</sup> Friday.</b> <b>Call 306-655-1005 to ensure department is open.</b>
	Jim Pattison Children's Hospital Register at the Pediatric Outpatient Department (access on main floor)	Monday to Friday 8:00 a.m.-4:10 p.m. <b>NOTE: Closed every 3<sup>rd</sup> Friday.</b> <b>Call 306-655-1005 to ensure department is open.</b>
<b>Laboratory Test Results:</b> Most results are complete and back to the physician's office in 24-72 hours. Critical results will be phoned to clinician directly involved with patient care. Completed laboratory test results are reviewed and followed up by the physician. Lab staff is not permitted to release test results to a patient.		

**\*\*FASTING - means you should not have anything to eat or drink for a minimum of 10 hours before you go to the laboratory.**

**LACTOSE AND D-XYLOSE TOLERANCES – Call Midtown location at 306-655-4030 to book an appointment.**

QUESTION	ANSWER
May I drink water?	Yes, small amounts.
Should I take my medications?	Yes, unless your doctor tells you not to.
May I drink juice?	No.
May I drink coffee or tea?	No, not even black without sugar.
May I chew gum?	No, sorry, not even sugarless.
During a tolerance test, may I smoke or exercise?	No, smoking or exercising can influence the tolerance test results.
May I take vitamins or biotin supplements on testing day?	No, vitamins, supplements, and biotin preparations interfere with common lab tests. Consult your physician prior to stopping 48 hours prior to phlebotomy.
May I brush my teeth?	Yes, brushing your teeth is permitted unless otherwise indicated by your physician, assuming you do not use large amounts of toothpaste and swallow the lather.