

LABORATORY LABEL	
Name / Signature of Specimen Collector: _____	
Date of Collection: _____	Time of Collection: _____

"Copy To" Clinician Name: _____

STAT <input type="checkbox"/>
ROUTINE <input type="checkbox"/>



PATIENT ID LABEL	
Patient's Name: _____	Patient Gender: <input type="checkbox"/> F <input type="checkbox"/> M
DOB (yyy/mm/dd): _____	Medical Record Number: _____
Health Card Number: _____	Patient's Address: _____
Ordering Clinician's Name: _____	Ordering Clinician's Signature: _____
Clinic/ Unit Name & Location: _____	

LAB CODE	X	BIOCHEMISTRY	LAB CODE	X	ENDOCRINOLOGY	LAB CODE	X	URINE
NA		Sodium	GLUF		Glucose, Fasting	UMALE		Albumin/Creatinine Ratio
K		Potassium	GLUR		Glucose, Random	UMAC		Routine Urinalysis
CR		Creatinine	GTT2		75g OGTT (0 & 2 hrs)			
CA		Total Calcium (preferred)	HBA1C		HBA1C			
CAI		Ionized Calcium	GGST		Prenatal 50g GCT (1 hr)	24 hour urine collections Please indicate the test(s) requested below: Provide patient ht: _____ cm wt: _____ kg		
MG		Magnesium	GGTT2		Prenatal 75g GCT (2 hrs)			
PO4		Phosphate	LIP2F		Lipid panel (fasting)			
ALB		Albumin	LIP2R		Lipid panel (random)			
LAB CODE	X	ALP	LAB CODE	X	HORMONES	LAB CODE	X	TOXICOLOGY
ALP		ALP						
TBIL		Total bilirubin	HCGQ		BHCG	BLOOD		
BABY		Bilirubin, Neonatal	E2		Estradiol	CARB		Carbamazepine
B12		Vitamin B12	FSH		FSH	LI		Lithium
FER		Ferritin	LH		LH	PTN		Phenytoin
FEPR		Iron saturation	PTH		PTH	VPA		Valproic Acid
		Iron	PROG		Progesterone	URINE		
		TIBC	PROL		Prolactin	UTS		Urine drug panel
URI		Uric Acid	TESTT		Total Testosterone	Immunoassay panel includes: Amphet, Barb, BZ, THC, Cocaine, Opiate, OxyC, Fentanyl. Confirmation testing done within 72 hr.		
LIP		Lipase	TSH		TSH (diagnosis, reflex T4/T3)			
CRP		CRP	TSHNR		TSH (monitor, no reflex T4/T3)	UBPR		Buprenorphine (Immunoassay)
LAB CODE	X	HEMATOLOGY						
CBC		CBC	INR & PTT are not indicated for monitoring of direct oral anticoagulants.			HBEL		HB Electrophoresis
RET		Reticulocyte count	Use Bleeding Assessment Tool (BAT) for bleeding disorders			PE		Protein Electrophoresis
CD4P		CD4 panel				RCLOT		INR/ PT <input type="checkbox"/> On warfarin
LAB CODE	X	OTHER TESTS						

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