MANITOBA PHARMACIST LABORATORY REQUISITION FORM

Order Date:

PHARMACIST Information

Pharmacist Name:	Billing No.:
Pharmacy Name and Address:	
City:	Postal Code:
Pharmacy Fax No.:	Phone No.:
Pharmacist's After Hours Contact No. for Critical Results:	
Pharmacist Signature:	Pharmacist License #:

PATIENT Information

Last Name: As per MHSC card		
First Name: As per MHSC card		
PHIN (9 digits):	MHSC/ Registration No. (6 digits):	
Alternate Jurisdiction ID No. (if applicable):		
DOB: YYYY / MM / DD	Gender:	Phone #:
Address:		
City:	Province:	Postal Code:

THERAPEUTIC DRUG MONITORING

- ☐ Caffeine
- ☐ Carbamazepine
- ☐ Cyclosporine
- ☐ Digoxin
- ☐ Gentamicin
- ☐ Lithium
- ☐ Methotrexate
- ☐ Mycophenolate
- ☐ Phenobarbital
- ☐ Phenytoin
- ☐ Sirolimus
- ☐ Tacrolimus
- ☐ Theophylline
- ☐ Tobramycin
- ☐ Valproic Acid
- ☐ Vancomycin
- ☐ Other (list below):

Date of Last Dose:	Time of Last Dose:

REASON FOR REQUEST:

Note: A pharmacist, with the exception of an extended practice pharmacist, may only order a laboratory test in relation to a drug prescribed to a patient, when the purpose of doing so is to monitor the patient's drug therapy regime to ensure that it is safe and optimal.

HEMATOLOGY/COAGULATION

- ☐ CBC
- ☐ INR

CHEMISTRY

- ☐ Sodium
- ☐ Potassium
- ☐ Chloride
- ☐ Total CO_2
- ☐ Urea
- ☐ Creatinine
- ☐ Magnesium
- ☐ Calcium
- ☐ Phosphate
- ☐ Alkaline Phosphatase
- ☐ ALT
- ☐ AST
- ☐ Bilirubin, Direct
- ☐ Bilirubin, Total
- ☐ Gamma-Glutamyl Transferase
- ☐ Albumin
- ☐ Glucose
- ☐ HbA1C
- ☐ Vitamin B12
- ☐ Ferritin
- ☐ Serum Iron
- ☐ TIBC
- ☐ Total Protein
- ☐ Total Cholesterol
- ☐ Triglycerides
- ☐ HDL
- ☐ LDL
- ☐ TSH
- ☐ Uric Acid

PATIENT INSTRUCTIONS:

☐ **Fasting for Blood Glucose:** Have NOTHING to eat or drink (except a small amount of water) for a minimum of 8 hours **BEFORE** your blood is collected.

☐ **Fasting for Lipids:** Have NOTHING to eat or drink (except a small amount of water) for a minimum of 12 hours **BEFORE** your blood is collected. An 8 hour fast is also acceptable for individuals who are at risk of fasting complications such as diabetics and young children.

Please select one of the following, if applicable:

- ☐ Fasting
- ☐ Random

For Lab Use Only:

Collection Date:	Number of tubes			
Time of Draw:	EDTA	Red Top	SST	Citrate
Hours spent Fasting:	Initials	Phlebotomy		Spec-Pro