Dynacare®

Please visit dynacare.ca/Find-a-location for Laboratory and Health Services Centres locations and hours or Call Customer Care at 800.565.5721

100-830 King Edward St. (Administrative Offices)
Winnipeg, MB R3H 0P4
T 800.565.5721 F 204.957.1221
Medical Director: Dr. J. Naidoo

For Dynacare Staff Use ONLY

LIS Code	Barcode

Patient Information	Ordering Physician (stamp if available)
Last Name: As per MHSC Card	Please include Physicians Surname, First Initial & Address
First Name: As per MHSC Card	
PHIN: / MHSC:	
DOB: YYYY MM DD / Gender: / Phone #:	Physicians After-Hours Contact # for Critical Results:
Address: / Chart #:	CC: Physician Name:
	Address:
Payment Agency Responsibility: The Minister requires that one of the following boxes be marked by the requisitioning physician at the time the tests are ordered:	Phone #: ( ) Fax #: ( )
☐ MB ☐ WCB ☐ Other (specify):	☐ Cash ☐ Cheque Receipt #:

Manitoba Health requires that a medical practitioner who requisitions tests on this form shall specify individual tests and shall not requisition tests in non-specific blocks such as "C.B.C.", "Liver Profile", or "Thyroid Profile". **A laboratory shall not perform tests that are requisitioned in non-specific blocks.**

HEMATOLOGY

- ☐ CBC
- ☐ CBC with differential
- ☐ Reticulocytes
- ☐ ESR
- ☐ INR/Prothrombin Time
- ☐ Ferritin
- ☐ Folate
- ☐ Iron
- ☐ Iron TIBC
- ☐ Vitamin B12
- ☐ Malaria

CHEMISTRY

- ☐ Sodium
- ☐ Potassium
- ☐ Chloride
- ☐ CO2
- ☐ BUN/Urea
- ☐ Creatinine
- ☐ Fasting Glucose ☐ HbA1C
- ☐ Random Glucose
- ☐ Glucose 2-Hr PC
- ☐ GTT (non-pregnancy)

LIPIDS

- ☐ Fasting ☐ Random
- ☐ Cholesterol
- ☐ Triglycerides
- ☐ HDL Cholesterol
- ☐ LDL Cholesterol
- ☐ CEA
- ☐ PSA Total

- ☐ Alk. Phosphatase
- ☐ ALT
- ☐ AST
- ☐ Amylase
- ☐ Bilirubin Total
- ☐ Calcium
- ☐ CK
- ☐ GGT
- ☐ LDH
- ☐ Lipase
- ☐ Magnesium
- ☐ Phosphate
- ☐ Uric Acid
- ☐ Total Protein
- ☐ Albumin
- ☐ Globulin
- ☐ Protein Electrophoresis – serum
- ☐ Protein Electrophoresis – urine

ENDOCRINE

- ☐ Cortisol: ☐ AM ☐ PM
- ☐ Estradiol
- ☐ Progesterone
- ☐ Prolactin
- ☐ Testosterone
- ☐ LH
- ☐ Random
- ☐ FSH
- ☐ Free T4
- ☐ Free
- ☐ TSH reflex
- ☐ Thyroid AB (TPO)

PREGNANCY

- ☐ BHCG Quantitative
- ☐ Glucose 50g load
- ☐ Pregnancy Test – Urine
- ☐ GTT (pregnancy)

For Maternal Serum Screening, please complete Cadham Lab requisition.
For ABO, Rh testing, please complete Canadian Blood Services requisition.

DRUG LEVELS

- ☐ Carbamazepine
- ☐ Digoxin
- ☐ Lithium
- ☐ Phenobarbital
- ☐ Phenytoin/Dilantin
- ☐ Valproic Acid

Time of Last Dose:

Time of Next Dose:

Date:

SEROLOGY

- ☐ ANA
- ☐ C-Reactive Protein
- ☐ Mono Test
- ☐ Rheumatoid Factor

MICROBIOLOGY

Please indicate source where applicable:

- ☐ Throat C&S
- ☐ Urine C&S
- ☐ Ear C&S ☐ L or ☐ R
- ☐ Eye C&S ☐ L or ☐ R
- ☐ Other C&S, **Source:**
- ☐ Synovial Fluid, **Source:**
- ☐ MRSA Culture, **Source:**
- ☐ VRE Culture, **Source:**

GENITAL SAMPLES:

- ☐ Chlamydia, **Source:**
- ☐ Cervix for GC
- ☐ GC Other than Cervix, **Source:**
- ☐ Vagina (Trichomonas, Yeast)
- ☐ Gram Stain/Vaginal BV
- ☐ Cervix Culture
- ☐ Urethral Culture
- ☐ Vaginal C&S
- ☐ Vag/Anorectal for GBS

STOOL/URINES

- ☐ Stool for Occult Blood
- ☐ Urinalysis – Complete
- ☐ Urinalysis – Stick ONLY
- ☐ Urine Albumin/Creatinine Ratio
- ☐ Urine Microalbumin
- ☐ 24-Hr Ur Creatinine
- ☐ 24-Hr Ur Creatinine Clearance*
- ☐ 24-Hr Ur Protein
- ☐ 24-Hr Ur Other (Specify):

Total Volume: *Height: *Weight:

SYNOVIAL FLUID

- ☐ Cell Count
- ☐ Crystals

Source:

SEMEN ANALYSIS

- ☐ Complete Analysis
- ☐ Post-Vasectomy Analysis

OTHER TESTS

For Dynacare Staff Use ONLY

Date: YYYY MM DD		**# of Tubes:**	
Time:		EDTA:	Red Top:
Collected By:		SST:	Urine:
Spec. Processing:	Data Entry:	Citrate:	

v03

If you require blood to be taken, please present at least 20 minutes prior to closing.

YOU WILL BE ASKED TO PRESENT YOUR MANITOBA HEALTH CARD AT EACH VISIT

CUSTOMER TEST 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.

2-Hr PC Glucose Test: This test requires that you have your blood collected **exactly 2 hours after you started to eat** your meal. After you have completed your meal, do not eat or drink anything (except a small amount of water) until after your blood is collected. Please go to the laboratory 15 minutes **BEFORE** your blood test is due to be collected, and let the lab staff know that you have returned for your 2-hr PC.

Creatinine Clearance Test requires a serum creatinine blood collection when urine sample is returned to the lab.

Semen Analysis is available only at the 100-830 King Edward St. location, entrance is off of Berry St. 8:30 a.m.-3:00 p.m., Mon.-Fri.

By Appointment Only:

At select locations, Glucose Tolerance (GTT) is a 2-hour test that requires no food or drink except water for 10-12 hours prior to test. Please phone for an appointment. Walk-ins are permitted. Check our website for the closest location: Dynacare.ca/Find-a-Location

Customer Collection Locations please call 800.565.5721 or visit Dynacare.ca/Find-a-Location

For House Call arrangements please call 800.565.5721 x 7244