

Medical Director: Dr. J. Naidoo

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For a location nearest you: visit [Dynacare.ca/Find-A-Location](http://Dynacare.ca/Find-A-Location)  
or call Customer Care at 800.565.5721

LOC code \_\_\_\_\_

<p><b>Patient Information</b></p> <p>Last name: _____ <small>Per MHSC card</small></p> <p>First name: _____ <small>Per MHSC card</small></p> <p>PHIN: _____ MHSC: _____</p> <p>Sex: _____ Date of birth: _____ <small>YYYY/MM/DD</small></p> <p>Address: _____ <small>Street</small></p> <p>_____ <small>City</small> _____ <small>Province</small> _____ <small>Postal code</small></p> <p>Chart #: _____ Phone: _____</p> <p><b>Payment Agency Responsibility</b> The Minister requires that one of the following boxes be marked by the requisitioning physician at the time the test(s) are ordered:</p> <p><input type="checkbox"/> Manitoba Health    <input type="checkbox"/> WESR    <input type="checkbox"/> 3rd Party  <input type="checkbox"/> Credit/Debit    <input type="checkbox"/> Cheque    <input type="checkbox"/> Other: _____</p> <p>Receipt #: _____</p>	<p><b>Ordering Physician (stamp if available)</b></p> <p>Please include Healthcare Provider's First Name, Initial, Last Name and Clinic Address, Phone and Fax.</p> <p>Healthcare Provider billing #: _____</p> <p>Healthcare Provider phone # for critical results: _____</p> <p><b>CC:</b></p> <p>cc. Healthcare Provider name: _____</p> <p>Address: _____ <small>Street</small></p> <p>_____ <small>City</small> _____ <small>Province</small> _____ <small>Postal code</small></p> <p>Phone: _____ Fax: _____</p>
<p><b>Hematology</b></p> <p><input type="checkbox"/> CBC    <input type="checkbox"/> ESR    <input type="checkbox"/> INR/Prothrombin Time  <input type="checkbox"/> CBC with differential    <input type="checkbox"/> Reticulocytes    <input type="checkbox"/> Malaria (STAT)</p>	<p><b>Microbiology</b></p> <p>Please indicate where applicable:</p> <p><input type="checkbox"/> Throat C&amp;S    <input type="checkbox"/> Other C&amp;S, Source: _____  <input type="checkbox"/> Urine C&amp;S    <input type="checkbox"/> Synovial Fluid, Source: _____  <input type="checkbox"/> Ear C&amp;S: <input type="radio"/> L <input type="radio"/> R    <input type="checkbox"/> MRSA Culture, Source: _____  <input type="checkbox"/> Eye C&amp;S: <input type="radio"/> L <input type="radio"/> R    <input type="checkbox"/> VRE Culture, Source: _____</p> <p><b>Genital samples:</b></p> <p><input type="checkbox"/> Cervix for GC    <input type="checkbox"/> GC Other than Cervix, Source: _____  <input type="checkbox"/> Cervix Culture    <input type="checkbox"/> Vaginal C&amp;S  <input type="checkbox"/> Urethral Culture    <input type="checkbox"/> Gram Stain/Vaginal BV  <input type="checkbox"/> Vagina (Trichomonas, Yeast)    <input type="checkbox"/> Vag/Anorectal for GBS</p>
<p><b>Chemistry</b></p> <p><input type="checkbox"/> Sodium    <input type="checkbox"/> Alk. Phosphatase    <input type="checkbox"/> Total Protein  <input type="checkbox"/> Potassium    <input type="checkbox"/> ALT    <input type="checkbox"/> Albumin  <input type="checkbox"/> Chloride    <input type="checkbox"/> AST    <input type="checkbox"/> Globulin  <input type="checkbox"/> CO<sub>2</sub>    <input type="checkbox"/> Amylase    <input type="checkbox"/> GGT  <input type="checkbox"/> BUN/Urea    <input type="checkbox"/> Bilirubin Total    <input type="checkbox"/> LDH  <input type="checkbox"/> Creatinine    <input type="checkbox"/> Calcium    <input type="checkbox"/> Lipase  <input type="checkbox"/> Fasting Glucose    <input type="checkbox"/> CK    <input type="checkbox"/> Magnesium  <input type="checkbox"/> Random Glucose    <input type="checkbox"/> Ferritin    <input type="checkbox"/> Phosphate  <input type="checkbox"/> Glucose 2-Hr PC    <input type="checkbox"/> Folate    <input type="checkbox"/> Uric Acid  <input type="checkbox"/> GTT (non-pregnancy)    <input type="checkbox"/> Iron    <input type="checkbox"/> Vitamin B12  <input type="checkbox"/> HbA1C    <input type="checkbox"/> Iron TIBC</p> <p><input type="checkbox"/> Protein Electrophoresis: <input type="radio"/> Serum <input type="radio"/> Urine</p>	<p><b>Stool/Urines</b></p> <p><input type="checkbox"/> Urinalysis - Stick Only    <input type="checkbox"/> 24hr Ur Creatinine  <input type="checkbox"/> Urinalysis - Complete    <input type="checkbox"/> 24hr Ur Creatinine Clearance*  <input type="checkbox"/> Urine Albumin/Creatinine Ratio    <input type="checkbox"/> 24hr Ur Protein  <input type="checkbox"/> 24hr Ur Other (specify): _____</p> <p><input type="checkbox"/> Total Volume: _____    <input type="checkbox"/> Height: _____    <input type="checkbox"/> Weight: _____</p>
<p><b>Lipids</b></p> <p><input type="checkbox"/> Fasting Cholesterol    <input type="checkbox"/> HDL Cholesterol    <input type="checkbox"/> Triglycerides  <input type="checkbox"/> Random Cholesterol    <input type="checkbox"/> LDL Cholesterol</p>	<p><b>Synovial Fluid</b></p> <p><input type="checkbox"/> Cell Count    <input type="checkbox"/> Crystals    <input type="checkbox"/> Source: _____</p>
<p><b>Endocrine</b></p> <p><input type="checkbox"/> Cortisol AM    <input type="checkbox"/> Estradiol    <input type="checkbox"/> Progesterone    <input type="checkbox"/> Free T3  <input type="checkbox"/> Cortisol PM    <input type="checkbox"/> FSH    <input type="checkbox"/> Prolactin    <input type="checkbox"/> Free T4  <input type="checkbox"/> Cortisol Random    <input type="checkbox"/> LH    <input type="checkbox"/> Testosterone    <input type="checkbox"/> TSH</p>	<p><b>Semen Analysis</b></p> <p><input type="checkbox"/> Complete Analysis    <input type="checkbox"/> Post-Vasectomy Analysis</p>
<p><b>Pregnancy</b></p> <p><input type="checkbox"/> BHCG Quantitative    <input type="checkbox"/> GTT (pregnancy)  <input type="checkbox"/> Glucose 50g load    <input type="checkbox"/> Pregnancy Test - Urine</p> <p>For Maternal Serum Screening, please complete Cadham Lab requisition. For ABO, Rh testing, please complete Canadian Blood Services requisition.</p>	<p><b>Other Tests</b></p>
<p><b>Drug Levels</b></p> <p><input type="checkbox"/> Lithium    <input type="checkbox"/> Phenyton/Dilantin  <input type="checkbox"/> Digoxin</p> <p>Time of last dose: _____ Time of next dose: _____ Date: _____ <small>HH:MM    HH:MM    YYYY/MM/DD</small></p>	<p><b>Lab Use Only</b></p> <p>Date: _____ # of tubes: _____  Time: _____ EDTA: _____  Collected by: _____ Red top: _____  Spec. processing: _____ SST: _____  Data entry: _____ Citrate: _____  Urine: _____</p>
<p><b>Serology</b></p> <p><input type="checkbox"/> ANA    <input type="checkbox"/> Mono Test  <input type="checkbox"/> C-Reactive Protein    <input type="checkbox"/> Rheumatoid Factor</p>	

## Test Instructions

You will be asked to present your Manitoba health card at each visit.

**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 at the 1-515 Sterling Lyon Pkwy. location and at the LL-790 Sherbrook St., Manitoba Clinic location. 8:00 a.m. to 3:00 p.m. Mon-Fri. Onsite collection available at the Manitoba Clinic location. When dropping off sample, **do not** wait in line. Inform staff that you are dropping off a time-sensitive sample.

**Glucose Tolerance (GTT)** is a minimum 2-hour test that requires no food or drink except water for 10-12 hours prior to test. Please present no later than 2.5 hours before closing.

Check hours at [Dynacare.ca/Find-A-Location](https://www.dynacare.ca/Find-A-Location)  
For House Call arrangements please call 800.565.5721 x 7244