Dynacare®

Lab Use Only

LOC code

Place Dynacare bar code label here

Medical Director: Dr. J. Naidoo
T 800.565.5721 **F** 204.957.1221
For a location nearest you: visit Dynacare.ca/Find-A-Location or call Customer Care at 800.565.5721

Patient Information

Last name: _____ (Per MHSC card)
First name: _____ (Per MHSC card)
PHIN: _____ MHSC: _____
Sex: _____ Date of birth: _____ (YYYY/MM/DD)
Address: _____ (Street)
_____ (City) _____ (Province) _____ (Postal code)
Chart #: _____ Phone: _____

Payment Agency Responsibility
The Minister requires that one of the following boxes be marked by the requisitioning physician at the time the test(s) are ordered:

- ☐ Manitoba Health
- ☐ WESR
- ☐ 3rd Party
- ☐ Credit/Debit
- ☐ Cheque
- ☐ Other: _____

Receipt #: _____

Ordering Physician (stamp if available)

Please include Healthcare Provider's First Name, Initial, Last Name and Clinic Address, Phone and Fax.

Healthcare Provider billing #: _____
Healthcare Provider phone # for critical results: _____

CC:

cc. Healthcare Provider name: _____
Address: _____ (Street)
_____ (City) _____ (Province) _____ (Postal code)
Phone: _____ Fax: _____

Hematology

- ☐ CBC
- ☐ CBC with differential
- ☐ ESR
- ☐ Reticulocytes
- ☐ INR/Prothrombin Time
- ☐ Malaria (STAT)

Chemistry

- ☐ Sodium
- ☐ Potassium
- ☐ Chloride
- ☐ CO_2
- ☐ BUN/Urea
- ☐ Creatinine
- ☐ Fasting Glucose
- ☐ Random Glucose
- ☐ Glucose 2-Hr PC
- ☐ GTT (non-pregnancy)
- ☐ HbA1C
- ☐ Protein Electrophoresis: ◯ **Serum** ◯ **Urine**
- ☐ Alk. Phosphatase
- ☐ ALT
- ☐ AST
- ☐ Amylase
- ☐ Bilirubin Total
- ☐ Calcium
- ☐ CK
- ☐ Ferritin
- ☐ Folate
- ☐ Iron
- ☐ Iron TIBC
- ☐ Total Protein
- ☐ Albumin
- ☐ Globulin
- ☐ GGT
- ☐ LDH
- ☐ Lipase
- ☐ Magnesium
- ☐ Phosphate
- ☐ Uric Acid
- ☐ Vitamin B12

Lipids

- ☐ Fasting Cholesterol
- ☐ Random Cholesterol
- ☐ HDL Cholesterol
- ☐ LDL Cholesterol
- ☐ Triglycerides

Endocrine

- ☐ Cortisol AM
- ☐ Cortisol PM
- ☐ Cortisol Random
- ☐ Estradiol
- ☐ FSH
- ☐ LH
- ☐ Progesterone
- ☐ Prolactin
- ☐ Testosterone
- ☐ Free T3
- ☐ Free T4
- ☐ TSH

Pregnancy

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

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

Drug Levels

- ☐ Lithium
- ☐ Digoxinl
- ☐ Phenytion/Dilantin

Time of last dose: _____ (HH:MM) Time of next dose: _____ (HH:MM) Date: _____ (YYYY/MM/DD)

Serology

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

Microbiology

Please indicate where applicable:

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

Genital samples:

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

Stool/Urines

- ☐ Urinalysis – Stick Only
- ☐ Urinalysis – Complete
- ☐ Urine Albumin/Creatinine Ratio
- ☐ 24hr Ur Creatinine
- ☐ 24hr Ur Creatinine Clearance*
- ☐ 24hr Ur Protein
- ☐ 24hr Ur Other (specify): _____

☐ Total Volume: _____ ☐ Height: _____ ☐ Weight: _____

Synovial Fluid

☐ Cell Count ☐ Crystals ☐ Source: _____

Semen Analysis

☐ Complete Analysis ☐ Post-Vasectomy Analysis

Other Tests

Lab Use Only

Date: _____ # of tubes: _____
Time: _____ EDTA: _____
Collected by: _____ Red top: _____
Spec. processing: _____ SST: _____
Data entry: _____ Citrate: _____
Urine: _____

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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
For House Call arrangements please call 800.565.5721 x 7244