

HDH
Clinic Patients
Specimen Collection Locations

- Brock 1 clinic
- Jeanne Manse 5 clinic

Requisition completed by: _____

Sample collected by: _____

Physician Name (REQUIRED): _____

Location: _____

Date/Time of Collection: ____/____/____ / ____:____:____
yyyy mm dd hhmm

Material Submitted: Blood Urine Fluid: _____ (specify)

Light Green (Li Heparin PST)

- Albumin
- Alcohol (Ethanol)
- Alkaline Phosphatase (ALP)
- ALT
- BHCG, Total (HCG)
- Bilirubin, Total
- Calcium, Total
- Cholesterol, Total
- CK, Total
- Cortisol AM PM
- Creatinine (includes eGFR)
- CRP (High Sensitivity)
- Electrolytes (Na, K, Cl, TCO₂)
- Estradiol
- Ferritin
- FSH
- Glucose, Fasting
- Glucose, Random

Glucose Tolerance Tests*

- 50 g Screen for Gestational Diabetes
 - 1 hour
- 75 g Confirmation of Gestational Diabetes
 - fasting 1 hour 2 hour
- 75 g test for Non-Pregnant Adults
 - fasting 2 hour

***Multiple collections require individual requisitions**

Glucose Meter Split Sample

- GM result _____ Operator ID: _____
- Haptoglobin
- Iron**
- Iron % Saturation** (Iron & Transferrin)
- LH (luteinizing hormone)
- Lipase
- Lipid Profile, Fasting (Chol/Trig/HDL/LDL)
- Magnesium
- Phosphate
- Prolactin
- Protein, Total
- Triglycerides
- Thyroxine, Free (FT4)
- TSH
- Transferrin
- Urea
- Uric Acid

** A.M. Collection Recommended

Gold (Gold Top SST)

- AFP
- Beta 2 Microglobulin
- Beta Hydroxybutyrate (BOHB/Ketones)
- Calcium, Ionized (needs separate tube)
- CA 15-3 (breast)
- CA 19-9 (pancreas)
- CA 125 (ovarian)
- CEA
- C3
- C4
- DHEAS
- Folate, Serum (*protect from light*)
- IgE (allergy)
- Immunoglobulin, IgG
- Lactate Dehydrogenase (LDH)
- Osmolality
- Protein Electrophoresis (SPE) (needs separate tube)
- Progesterone
- PSA, Total
- PSA, Free
- Rheumatoid Factor
- SHBG
- Testosterone**
- Testosterone**, Bioavailable (calculated)
- Thyroid Peroxidase Antibodies
- Thyroglobulin
- Thyroglobulin Antibodies
- Vitamin B12

Hep Syringe or Pediatric Capillary Tube on Ice Water

- Blood Gases
 - FiO₂ _____
 - Arterial
 - Capillary
 - Venous

Hep Syringe, Dark Green (Li Heparin, No Gel) or Pediatric Capillary Tube on Ice Water

- Carboxyhemoglobin
- Methemoglobin
-
- Lactate

Order of Draw

- Blue (Na Citrate) _____
- Red (no gel) _____
- Gold (gel) _____
- Lt Green (Li Hep) _____
- Dark Green (Li Hep) _____
- Dark Green (Na Hep) _____
- Lavender (EDTA) _____
- Pink (EDTA) _____
- Royal Blue (K2 EDTA) _____
- Grey (Na Fluoride) _____
- Venous Blood Gas (Hep syringe) _____

Lavender (EDTA)

Separate tube required for each test

- ACTH – Requires 2 pre-chilled tubes (**on ice water**)
 - ADH – Requires 2 pre-chilled tubes (**on ice water**)
 - Ammonia (**on ice water**)
 - Cyclosporin *
 - Folate, RBC (*protect from light*)
 - HbA1C
 - PTH (Parathyroid Hormone – Intact)
 - Sirolimus *
 - Tacrolimus (FK506) *
 - Troponin (includes CK – requires Li Heparin PST)
- * Indicate date and time of last dose**
- ____/____/____ / ____:____:____
yyyy mm dd hhmm

ROUTINE HEMATOLOGY (Lavender)

- CBC (*Specials on back*)
- Differential
- ESR
- Retic Count
- Body Fluid Cell Count & Diff
_____ (collection site)

ROUTINE HEMOSTASIS (Specials on back)

(Blue 2.7 or 4.5 mL draw)

- PT (includes INR)
- PTT
- PT 50/50 mix
- PTT 50/50 mix
- D-Dimer
- Fibrinogen
- Thrombin Time

MEDICATION

- Oral Anticoagulant: No Yes
- If yes, type: _____
- Heparin: No Yes
- If yes: UFH or LMWH
- Other: _____

SPECIAL HEMATOLOGY (1-Lavender, unless stated otherwise)

- Eosinophil Smear (Urine)
 - G-6-PD, Screen
 - Hemosiderin, (Urine)
 - Hemoglobinopathy Invest (*please provide ethnic origin for accurate interpretation*): _____
 - Heinz Body, Stain (Dark Green- Sodium Heparin)
 - Heinz Body, Assay (Dark Green- Sodium Heparin)
 - Malarial Smear (Provide Travel History) _____
-
- Sickle Cell Screen

Pre-Booking Required (call Lab)

- Bone Marrow
- G-6-PD, Assay
- Plasma Hemoglobin (Dark Green- Sodium Heparin)
- Pyruvate Kinase, Assay (yellow-ACD preferred or lavender)

SPECIAL HEMOSTASIS

(2 Blue 4.5 mL draw - for 1 or more tests)

Von Willebrand Disease (VWD) Testing

- VWS (*Screening study for VWD includes: FVIII, vWF:Ag, vWF:Ac*)
- vWF: Multimer

Thrombophilia Testing

- Antithrombin
- Lupus Anticoagulant (LA) testing (*includes dRVVT and PTTFSL*)
- Protein C (Functional)
- Protein S Free (Ag)

(Note: Consult Molecular Genetics for Factor V Leiden)

Other Investigations

- Factor Assay _____ (*please specify clearly*)
- SPIN (Specific Factor Inhibitor/Assay Bethesda)
- Please indicate specific factor:* _____
- Platelet Aggregation Studies (*must be pre-booked & collected in lab provided collection tubes*). **NOTE: Call Lab for pick up. Do NOT send in pneumatic tube system.**

- HIT (Heparin Induced Thrombocytopenia) (1 Red)

Anti-Xa Assay

- Anti Xa Assay- Unfractionated Heparin/Low Molecular Weight Heparin (Innohep Tinzaparin, Fragmin Dalteparin, Lovenox Enoxaparin)

Other Tests
(Print clearly): _____

URINE TESTING (only 24 hour urine requires preservative)

- Random** (*sterile urine container*)
- Timed Start** _____ / _____ **Finish** _____ / _____
 yyyy/mm/dd hhmm yyyy/mm/dd hhmm
- Calcium §
- Catecholamines§
- Chloride
- Cortisol, Free
- Creatinine
- Creatinine Clearance Test
- HVA§
- Magnesium §
- Metanephrines§
- Albumin/Creatinine Ratio (Microalbumin) (*random preferred*)
- Osmolality
- Oxalate §
- Phosphate §
- Potassium
- Pregnancy Test
- Protein, Total (Protein Creatinine Ratio) (*random preferred*)
- Sodium
- Urea
- Uric Acid ◆
- Urinalysis
- Urine Protein Electrophoresis (*first morning sample preferred*)
- VMA§

§ Preservative = HCl

◆ Preservative = NaOH

Urine Drug Screen

Suspected Drugs (list): _____

Red Tubes: (No gel)

- Acetaminophen
- Carbamazepine*
- Digoxin*
- Gentamicin* Pre Post
 Traditional Dosing Extended Dosing
- Insulin
- Lithium
- Methotrexate (*protect from light*) Dose start time: _____ hhmm
- Phenobarbital*
- Phenytoin*
- Salicylate
- Theophylline*
- Tobramycin* Pre Post
 Traditional Dosing Extended Dosing
- Tissue Transglutaminase (TTG) – IGA only
- Valproic Acid*
- Vancomycin* Pre Post
 Traditional Dosing Extended Dosing
- Cryoglobulin (*maintain at 37°C and deliver immediately to the Lab*)
- Serum Viscosity

* Indicate date and time of last dose

_____ / _____ / _____ / _____
yyyy mm dd hhmm