ATTENTION: Filing of shaded zones is required

CHU Sainte-Justine
Le centre hospitalier universitaire mère-enfant
Université de Montréal

Laboratory analyses **Specialized Biochemistry**

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Appointment for blood/urine sampling, call : 514 345-4650
3175, Côte Sainte-Catherine Road, Montreal, QC,H3T 1C5, 514-345-4642

Collected: Date: _____ Time _____ or tour time : 7h☐ 11h☐ 14h☐ 17h☐ 20h☐ 00h☐

Requesting Institution/Unit : _____
Adress : Civic number Street
Province/Country
Postal code
Phone number: FAX:
Requesting Physician : _____
Sampling Date : _____ Y/M/D **Time:** _____
Sampled By : _____

Specify specimen type and the analyses required
BLOOD : ☐ VENIPUNCTURE ☐ ARTERIAL ☐ CAPILLARY ☐ UMBILICAL CORD
☐ URINE ☐ STOOL ☐ Other : Specify _____

Patient Information
Last Name, First Name
Gender : F☐ M☐
Medicare card # / Health facility file #
D.O.B. :
or
Stamp the patient's Health Care Institution card

Clinical information: _____
☐ pregnancy (specify gestational age) : _____

Endocrinology (gold top tube)

- ☐ 17-hydroxyprogesterone 17PRO
- ☐ AMH AMH
- ☐ Androstenedione ANDR1
- ☐ IGF-1 (Somatomedin C) * EIGF1
- ☐ Intact PTH (on ice)* PTH
- ☐ Thyroglobulin THYRG

Gastroenterology (gold top tube)

- ☐ Transglutaminase Antibodies ATG1

Diet: Yes ☐ No ☐
If yes, specify start date : _____ YYYY-MM-DD

Immunology

- ☐ Total complement (Red) C100T
- ☐ Thyroperoxydase Antibodies (Gold) ACM
- ☐ Thyroglobulin Antibodies (Gold) ACT
- ☐ Cryoglobulins *[1] (Red) CRYG
- ☐ Cryofibrinogen *[1] (Lavender) CRYF

[1] Collected only by the test center

Vitamins (red top tube)

- ☐ Vitamin A * VITA1
- ☐ 25-OH-Vitamin D VD25M
- ☐ Vitamin E * VITE2

Others (lavender tube)

- ☐ Homocystein (on ice) HCYST
- ☐ G-6-PD G6PDG

By appointment

- ☐ Glucose tolerance test * HG75A
- ☐ Sweat test CLSUE

OTHER TEST(S):
_____
_____
_____
_____

Pharmacology*** (quick delivery)

- ☐ Acetaminophen (Red) ACETA
- ☐ Mycophenolic Acid + metabolites (Lavender) AMPA
- ☐ Amiodarone/Desmethylamiodarone (Lavender) AMIOD
- ☐ Valporic Acid (Red) AVA
- ☐ Busulfan (Green Sodium heparine) BUSU2
- ☐ Caffeine (Red) CAF
- ☐ Carbamazepine (Red) CARBA
- ☐ Cyclosporine (Lavender) CSA
- ☐ Digoxin (Red) DIGOX
- ☐ Everolimus (Lavender) EVERO
- ☐ Flecainide (Lavender) FLEC
- ☐ Levetiracetam (Lavender) LEVE
- ☐ Lithium (gold) LI
- ☐ Methotrexate (protected from light) (Lavender) MTX
- ☐ Milrinone (call 5645 before) MILRI
- ☐ Nitisinone (Lavender) NTBC
- ☐ Pentobarbital (call 5645 before) PENTO
- ☐ Phenytoin (Red) PHNYT
- ☐ Phenobarbital (Red) PHENO
- ☐ Salicylates (Red) SALIC
- ☐ Sirolimus (Lavender) SIROL
- ☐ Tacrolimus (Lavender) FK506
- ☐ Thiocyanate (Red) THIO
- ☐ 6-Mercaptopurine/Azathioprine (Lavander) TPURI

Medication: _____
Dose: _____
Time of last dose : ____ h ____ min

Medication _____
Dose: _____
Time of last dose : ____ h ____ min

Antimicrobial agent

☐ Pre ☐ Post ☐ **Post on request ☐ Other (single dose)

- ☐ Amikacin (Green) AMIKA
- ☐ Ganciclovir/Valganciclovir (Lavander) GANC
- ☐ Gentamicin (Green) GENTA
- ☐ Itraconazole / Hydroxyitraconazole (Lavander) GITRA
- ☐ Linezolid (Lavander) LINES
- ☐ Posaconazole (Lavander) POSAC
- ☐ Ribavirin (Lavander) RIBAV
- ☐ Tobramycin (Green) TOBRA
- ☐ Tobramycin** for CF (Green) TOBR3
- ☐ Vancomycin** (Green) VANCO
- ☐ Voriconazole (Lavander) VORIG

Genotype Phenotype

TPMT ☐ N/A at the moment ☐
☐ ☐
☐ ☐

Toxicology

- ☐ Drugs of abuse - Urine only DGRU3
  Amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine (metabolite), opiates, PCP
- ☐ Alcohols - blood (plain red / lavander tube) ALCO1
  Alcohol screen includes: acetone, ethylene glycol, ethanol, isopropanol, methanol
- ☐ Toxicological screen DTOX1

Clinical justification (mandatory) : _____
_____
- Laboratory response time > 3h
- Priorities: CAPQ (Tel.: 1-800-463-5060), CHU Ste-Justine and external customers according to clinical situations

Specify specimen type :
☐ Urine ☐ Serum/plasma (plain red or lavender tube)
☐ Other: _____
Suspected drugs : _____
Administered drugs : _____

*** Other tubes accepted see website (http://www.chu-sainte-justine.org/labotest/)

*Fasting

LAB NUMBER

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Allergens - Immunoglobulin E (IgE) Antibodies (gold)

☐ Total IgE IGE1

Common food allergens (pediatric profil)

☐ Peanut F13S
☐ Egg White F1S
☐ Wheat F4S
☐ Soybean F14S
☐ Cow's milk F2S
☐ Fish F3S

Common environmental allergens

☐ Cat dander E1
☐ Dog dander E5
☐ Dermatophagoides farinae D2
☐ Dermatophagoides pteronyssinus D1

Other allergens : pleasy specify :

_____
_____
_____
_____