

URINE, BODY FLUIDS & CSF TEST REQUEST FORM
Provincial Clinical Laboratory

Address for Non-PEI Residents Required

Name: _____
 Street: **Place Label Here** _____
 City: _____ Prov./State: _____
 Postal Code/Zip: _____

Specimen Collected	Payment Responsibility
Date: YYYY/MM/DD	<input type="checkbox"/> WCB <input type="checkbox"/> DVA <input type="checkbox"/> DND <input type="checkbox"/> RCMP
Time: _____	<input type="checkbox"/> Self Pay Canadian <input type="checkbox"/> Self Pay Non-Canadian
	Provincial Medicare # exp. date: _____

Relevant Diagnosis and Therapy	DOB: YYYY-MM-DD	Sex	Medical Record Number (MRN)
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Ordering Physician	Contact Info	Copies	Office Facility and Unit
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Routine Urinalysis

Routine Urinalysis Pregnancy Test Urine

Microscopic (Specify Reason)

Miscellaneous (Calculi and Sweat Chloride)

Stone Analysis - Calculi (Specify Source)

Sweat Chloride (Performed at QEH, appointment required call 894-2300)

Toxicology - Urine Drug Screen

Cannabinoids	Benzodiazepines	Oxycodone
Cocaine	Barbiturates	Methadone (EDDP)
Opiates	Amphetamines	Ethanol

Semen Analysis (Use Sterile Container, Submit Within 2 Hrs, M-F)

Complete Examination | Post Vasectomy

Random Urine (Quantitative or Qualitative) Analysis

Collect first morning urine in sterile specimen container and deliver promptly to the lab or refrigerate until submitted

Protein	Sodium	Osmolality
Microalbumin/Albumin	Potassium	5HIAA - Screen
Creatinine	Chloride	
Calcium	Urea	
Porphyryn Screen (Wrap in Foil)	Porphobilinogen Screen (Wrap in Foil)	

Synovial Fluid - Collect in Lavender Tube

(For Culture use Sterile C&S Container and Microbiology Requisition)

Site: _____

WBC Count and Differential | Crystals

24 Hr Urine Quantitative Analysis

Some tests require special preservatives (1) or handling (2) Please see over for details and how to obtain containers.

Total Volume:		mL
Protein	Sodium	Phosphate
Creatinine	Potassium	Urea
Calcium	Chloride	Magnesium
Citrate (1)	Cortisol	Osmolality
Oxalate (1)	Urate	
5HIAA Quantitative (1&2)	<input type="checkbox"/> Catecholamine (1&2)	<input type="checkbox"/> Metanephrine (1&2)
Porphyryn Quantitative (1&2)	Porphobilinogen Quantitative (1&2)	

Body Fluids (For culture use sterile container & Microbiology Req.)

Site: Pleural Peritoneal Peritoneal Dialysis Fluid

WBC Count and Differential (Lavender tube only)

Glucose (Red tube) Protein (Red tube) LDH (Red tube)

Other:

CSF - For a Limited Sample Indicate the Priority of Your Requests
At QEH between 0730-1600 call the Hematology lab (2332) with your request, after hours and on holidays page each lab through the switchboard using CODE CSF. At PCH call the lab (4285) with request.

Creatinine Clearance - Serum Creatinine (Yellow/SST Tube) must be submitted within 24 hours of urine collection. Height and weight are required.
Height: **cm.** **Weight:** **kg.**

Clinical Summary:

Antibiotics Given:

Stool

Fecal Fat	Hrs (Requires special handling please see over)
Fecal Occult Blood (FIT)	Stainable Fat

Microbiology

Culture and Gram Stain

Enterovirus PCR | Herpes PCR

Other:

Hematology

CSF Cell Count Panel (RBC - First and Subsequent Tube along with WBC and Differential - Subsequent Tube)

Chemistry

Glucose | Protein

Other:

Immunology

Oligoclonal Banding (History Required) Requires 3 ml of CSF and One Red Tube of Blood. **History**

Cytology

Malignant Cell Examination - Please Use Cytology Requisition

Other:

Metabolic Investigations Please see over for details on tests and required samples. Please write in test request and required info below

Additional Requests (Please Contact Lab for Special Instructions and Availability)

CONTACTS

Queen Elizabeth Hospital (QEH)

Phone: 902-894-2300

Fax: 902-894-2183

Prince County Hospital (PCH)

Phone: 902-438-4280

Fax: 902-438-4281

Community Hospital (CHO)

Phone: 902-859-8700 Ext 122

Fax: 902-859-3913

Western Hospital (WH)

Phone: 902-853-8650 Ext 217

Fax: 902-853-0245

Souris Hospital (SH)

Phone: 902-687-7150 Ext 247

Fax: 902-687-7174

Kings County Memorial Hospital (KCMH)

Phone: 902-838-0757

Fax: 902-838-0746

URINE COLLECTION and HANDLING INSTRUCTIONS (1&2)

1) Containers and Preservatives

- Catecholamine, Citrate, 5HIAA, Metanephrine and Oxalate require 25 ml of 50% HCL.
- Porphyrin requires 5 grams of sodium carbonate and a dark bottle
- Porphobilinogen does not require a preservative but needs a dark bottle.
- Trace and heavy metals require no preservative but need a new, non-contaminated bottle.
- All other tests require no preservative but keep the container refrigerated during collection.
- For tests not listed please call the lab for availability and any special instructions.

All containers are obtained from the labs at QEH (call 902-894-2300) or PCH (call 902-438-4280)

2) Special Dietary Considerations

- **Metanephrine and Catecholamine:** Restrict caffeine, nicotine and alcohol 24 hours prior to collection. Discontinue Methyl dopa (Aldomet) at least 5 days prior to collection.
- **5HIAA:** Avoid avocados, bananas, tomatoes, plums, eggplant, hickory nuts, pineapple and mollusks for 2 days prior to and during the collection. Patients should be off all drugs for 3 days if possible, please consult your physician.

Patient Instructions

An entire 24 hour collection is required. If you forget to collect some of your urine, you need to get a new container and start all over.

Use the container the lab gives you. A small amount of liquid or powder may already be in the container, do not throw it out as it is required as a preservative and it may harm your skin if contact is made.

At the hour you start the collection (usually first thing in the morning) urinate into the toilet, from then on and for the next 24 hours collect your urine in the container. At the end of the 24 hour period urinate and collect the urine, you can then stop the collection. Keep the container in the refrigerator when not in use.

Record the start and stop, date and time on the container along with your Name, MRN and Date of Birth.

Don't drink extra fluid to create more urine just continue your usual habits and usual medications. However, some tests require special dietary considerations, (see above).

Keep the container in the refrigerator when not in use. When the collection ends return it to the lab as soon as possible

FECAL FAT

- A 72 hour sample is preferred but a 24 hour sample is acceptable.
- Obtain a pre-weighed container from the lab at **QEH (call 902-894-2300)** or **PCH (call 902-438-4280)**
- Record the start and stop date and time on the container and collect at least 24 hours worth of stool.
- Recommended diet: 50 to 100 grams of fat per day for 3 days prior to and during the collection. Do not take castor oil, mineral oil or other oily laxatives prior to specimen collection, nor use rectal suppositories containing oil or lipid for 2 days prior to and during the test.

METABOLIC INVESTIGATIONS

Special diet, time of last feed and clinical history or diagnosis is required information. Call the lab (894-2300) for further details.

TEST	REQUIRED SAMPLE
Metabolic Screen	5 ml of random urine
Organic Acids	10 ml of early morning urine,
Oligosaccharides	10 ml of random urine but avoid first morning
Mucopolysaccharides	5 ml of random urine
Amino Acid Quantitation	1 ml of serum or plasma (purple tube) must be fasting and capillary samples are not acceptable