



767 616-CARE (2273) | 767 818-CARE (2273)
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 www.trriage.ltd

PHYSICIAN INFORMATION

* Doctor / Facility _____
 Address _____ Tel () _____
 * Signature _____
 [Email] or [Deliver] results to _____
 URGENT Call results to _____

LABORATORY REQUISITION FORM

PATIENT INFORMATION

* Name LAST NAME FIRST NAME M.I.
 * D.O.B DD / MM / YYYY Age * I.D.
 Address
 Gender [M] [F] Tel () _____

SPECIMEN DETAILS

Non-Fasting Fasting
 Blood Urine
 Stool Swab
 Other _____

SPECIMEN COLLECTION

Date Ordered DD / MM / YYYY
 Collection Date Time: : AM PM
 Collected by TRIAGE Health
 Other _____

* **DIAGNOSIS** _____ (must be included for insurance claims)

PANELS	PANELS	CHEMISTRY	TUMOR MARKER	INFECTIOUS
<input type="checkbox"/> GENERAL HEALTH: CBC, ESR, BASIC METABOLIC <input type="checkbox"/> BASIC METABOLIC: AST, ALT, ALP, T&D BILIRUBIN, T.PROTEIN, ALB, T.CHOL, TGL, HDL, LDL, VLDL, FBS, UREA, CREA <input type="checkbox"/> ELECTROLYTE: Na, K ⁺ , Cl, CO ₂ , CO ₂ pH, Ca ²⁺ <input type="checkbox"/> CARDIAC ENZYME: AST, CK, CK-MB, LDH, TROPO <input type="checkbox"/> DIABETIC PROFILE : FBS, HbA1c, CYPSTATIN C, MICROALBUMIN <input type="checkbox"/> THYROID FUNCTION TEST: FT3, FT4, TSH <input type="checkbox"/> LIVER FUNCTION TEST: AST, ALT, ALP, T&D BILIRUBIN, T.PROTEIN, ALB, GGT <input type="checkbox"/> LIPID PROFILE: T.CHOL, TGL, HDL, LDL, VLDL <input type="checkbox"/> RENAL FUNCTION TEST: BUN, CREATININE W/ EGFR, Na, K ⁺ , Cl, CO ₂ , CO ₂ pH, Ca ²⁺ <input type="checkbox"/> PRE-OPERATION: CBC, ELECTROLYTES, UREA CREA, AST, ALT, ALP <input type="checkbox"/> PT-INR, PTT (OPTIONAL) <input type="checkbox"/> STD: HIV, CHLAM, GONO, VDRL, HBs Ag, HSV 1&2 IgG/IgM	<input type="checkbox"/> PRENATAL: CBC, ABO & RH, SICKLE, HIV HBs Ag, VDRL <input type="checkbox"/> INFERTILITY: TFT, FSH, LH, PRL, PRG, E2, AMH HAEMATOLOGY <input type="checkbox"/> CBC with differential <input type="checkbox"/> ESR <input type="checkbox"/> BLOOD GROUP & Rh <input type="checkbox"/> SICKLE CELL SCREEN <input type="checkbox"/> RETIC COUNT COAGULATION <input type="checkbox"/> D-DIMER <input type="checkbox"/> PT-INR <input type="checkbox"/> aPTT CARDIAC <input type="checkbox"/> TROPONIN I <input type="checkbox"/> CREATINE KINASE (CK) <input type="checkbox"/> CK-MB <input type="checkbox"/> LDH THYROID <input type="checkbox"/> FT3 <input type="checkbox"/> FT4 <input type="checkbox"/> TSH <input type="checkbox"/> ANTI TPO (Anti Thyroid Peroxidase) <input type="checkbox"/> THYROGLOBULIN HORMONES <input type="checkbox"/> LH <input type="checkbox"/> FSH <input type="checkbox"/> PROLACTIN <input type="checkbox"/> PROGESTERONE <input type="checkbox"/> ESTRADIOL (E2) <input type="checkbox"/> BETA HCG (SERUM) <input type="checkbox"/> AMH <input type="checkbox"/> TOTAL TESTOSTERONE <input type="checkbox"/> FREE TESTOSTERONE <input type="checkbox"/> DHEA-S <input type="checkbox"/> INSULIN <input type="checkbox"/> ACTH	<input type="checkbox"/> 24HR URINE CREATININE <input type="checkbox"/> 24HR URINE PROTEIN <input type="checkbox"/> ALBUMIN <input type="checkbox"/> ALKALINE PHOSPHATASE (ALP) <input type="checkbox"/> ALT (GPT) <input type="checkbox"/> AMYLASE <input type="checkbox"/> AST (GOT) <input type="checkbox"/> BILIRUBIN DIRECT <input type="checkbox"/> BILIRUBIN TOTAL <input type="checkbox"/> BUN <input type="checkbox"/> CALCIUM <input type="checkbox"/> CHLORIDE <input type="checkbox"/> CHOLESTEROL <input type="checkbox"/> CHOLESTEROL HDL <input type="checkbox"/> CHOLESTEROL LDL <input type="checkbox"/> COPPER <input type="checkbox"/> CREATININE <input type="checkbox"/> CREATINE KINASE <input type="checkbox"/> CYPSTATIN C <input type="checkbox"/> ELECTROLYTES <input type="checkbox"/> GGT <input type="checkbox"/> GLUCOSE (FBS, 2hr.pp, RBS) <input type="checkbox"/> GLUCOSE TOLERACE TEST <input type="checkbox"/> HbA1c <input type="checkbox"/> IRON / TIBC / UIBC <input type="checkbox"/> LACTATE DEHYDROGENASE (LDH) <input type="checkbox"/> LIPASE <input type="checkbox"/> MAGNESIUM <input type="checkbox"/> MICROALBUMIN (URINE) <input type="checkbox"/> O'SULLIVAN SCREEN <input type="checkbox"/> PHOSPHOROUS INORGANIC <input type="checkbox"/> POTASSIUM <input type="checkbox"/> SODIUM <input type="checkbox"/> TOTAL IRON <input type="checkbox"/> TOTAL PROTEIN <input type="checkbox"/> TRIGLYCERIDES <input type="checkbox"/> UREA <input type="checkbox"/> URIC ACID <input type="checkbox"/> ZINC	<input type="checkbox"/> PSA TOTAL <input type="checkbox"/> FREE & TOTAL PSA <input type="checkbox"/> CEA <input type="checkbox"/> AFP <input type="checkbox"/> CA125 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 50 <input type="checkbox"/> CA 242 <input type="checkbox"/> CA 72-4 <input type="checkbox"/> _____ SEROLOGY <input type="checkbox"/> ANA SCREENING <input type="checkbox"/> ASTO <input type="checkbox"/> CRP (C Reactive Protein) <input type="checkbox"/> hsCRP (High Sensitive CRP) <input type="checkbox"/> H.PYLORI Ab (SERUM) <input type="checkbox"/> H.PYLORI Ag (STOOL) <input type="checkbox"/> LEPTOSPIRA Ab <input type="checkbox"/> LUPUS ANTICOAGULANT <input type="checkbox"/> RPR <input type="checkbox"/> VITD-25 AUTOIMMUNE <input type="checkbox"/> ANA <input type="checkbox"/> RF <input type="checkbox"/> ds DNA <input type="checkbox"/> _____ <input type="checkbox"/> _____ ANEMIA <input type="checkbox"/> FERRITIN <input type="checkbox"/> FOLATE (FOLIC ACID) <input type="checkbox"/> VITAMIN B12 REQUESTED <input type="checkbox"/> BETA-2 TRANSFERRIN <input type="checkbox"/> PHENOBARBITAL <input type="checkbox"/> TORCH PANEL <input type="checkbox"/> _____ <input type="checkbox"/> _____ CYTOLOGY <input type="checkbox"/> PAP SMEAR	<input type="checkbox"/> HIV 1&2 <input type="checkbox"/> HBs Ag <input type="checkbox"/> HBV Ab <input type="checkbox"/> HCV <input type="checkbox"/> HAV IgM/IgG <input type="checkbox"/> HSV 1 & 2 IgG/IgM (HERPES) <input type="checkbox"/> SYPHILIS <input type="checkbox"/> VDRL <input type="checkbox"/> CHLAMYDIA (SWAB) <input type="checkbox"/> GONORRHEA (URINE) <input type="checkbox"/> HTLV 1&2 <input type="checkbox"/> DENGUE NSI Ag <input type="checkbox"/> DENGUE IgG/IgM MICROBIOLOGY <input type="checkbox"/> CULTURE ON: <input type="checkbox"/> Blood <input type="checkbox"/> Urine/Stool/Other <input type="checkbox"/> Swab site: _____ <input type="checkbox"/> URINALYSIS <input type="checkbox"/> STOOL OVA & PARASITE <input type="checkbox"/> FECAL OCCULT BLOOD <input type="checkbox"/> SEMEN ANALYSIS <input type="checkbox"/> MICROALBUMIN DRUG: ABUSE / MONITOR <input type="checkbox"/> ALCOHOL <input type="checkbox"/> CANNABIS / MARIJUANA <input type="checkbox"/> COCAINE <input type="checkbox"/> NICOTINE <input type="checkbox"/> 6 PANEL (COC THC AMP MOP BZO BAR) <input type="checkbox"/> 10 PANEL (AMP COC THC MET OPI PCP BZO TCA BAR MTD)

NOTES

Please **do not** eat or drink anything (other than water) **8 hours** before Fasting Blood Glucose and Lipid Profile tests
 For Home and Office blood collection or Emergency/Holiday service, please call 767 616-CARE (2273)