

Newfoundland and Labrador Fertility Services
Specimen Collection Requisition
St. John's Laboratories



35 Major's Path, St. John's, NL A1A 4Z9
Telephone: (709) 777-7444 Fax: (709) 752-3648

Completion of * fields is mandatory - Patient's Name, HCN, Physician's first and last name and date of request.
When sending specimens to the laboratory, date of birth and health card expiry date are also required.

BRING YOUR MCP AND HOSPITAL CARDS WHEN YOU GO FOR YOUR LAB TEST. If fasting is required – do not eat or drink anything (except water or medications) for the time period indicated. If you have any questions please call _____

<p>PATIENT INFORMATION</p> <p>_____ * PATIENT'S NAME AS ON HEALTH CARE CARD</p> <p>_____ * HEALTH CARE NUMBER (MCP OR OTHER INSURER)</p> <p>_____ DATE OF BIRTH</p> <p>_____ HEALTH CARD EXPIRY DATE</p>	<p style="text-align: center;">Dr. S. Healey HEAS Dr. D. Murphy MURDEA Dr. S. Murphy MURSEA</p> <p style="text-align: right; font-size: small;">Provider Meditech mnemonic if known</p> <p>_____ * PRACTITIONER'S SIGNATURE</p> <p>_____ *DATE OF REQUEST</p> <p>COPY TO (If a copy is required for another physician, provide full name)</p>
<p><input type="checkbox"/> DAY3 HORMONES day 1-4 of menstrual cycle</p> <p>FSH Follicle Stimulating Hormone</p> <p>LH Luteinizing Hormone</p> <p>ESTRA ... Estradiol</p> <p><input type="checkbox"/> PROGESTERONE (DAY 21 OF CYCLE)</p> <p>PROGE Progesterone</p> <p><input type="checkbox"/> Repeat Progesterone weekly if period does not start _____</p> <p><input type="checkbox"/> NEW PATIENT INVESTIGATIONS Day 1-4 menstrual cycle</p> <p>PROLA Prolactin</p> <p>TSH Thyroid Stimulating Hormone</p> <p>FSH Follicle Stimulating Hormone</p> <p>LH Luteinizing Hormone</p> <p>ESTRA Estradiol</p> <p>HIVS HIV Screen</p> <p>HEPDX Hepatitis Diagnosis Panel (HAV IgM, HBV Surface Ag, Anti-HBV Core Total, Anti-HCV)</p> <p>HTLV12AB HTLV I and II</p> <p>RUBVABG Rubella IgG</p> <p>BLTYABS Type and Screen</p> <p>CBC CBC</p> <p>TPALAB Syphilis TP Antibody</p> <p><input type="checkbox"/> CTNGDPU Urine for Chlamydia and Gonorrhea</p> <p><input type="checkbox"/> CMVG CMV IgG</p> <p><input type="checkbox"/> MULIS.....Anti-Mullerian Hormone</p> <p><input type="checkbox"/> SCREENING FOR PARTNER OR UPDATE</p> <p>TPALAB Syphilis TP Antibody</p> <p>HIVS HIV Antibodies</p> <p>HEPDX Hepatitis Diagnosis Panel (HAV IgM, HBV Surface Ag, Anti-HBV Core Total, Anti-HCV)</p> <p>HTLV12AB HTLV I and II</p> <p><input type="checkbox"/> TSH Thyroid Stimulating Hormone</p> <p><input type="checkbox"/> HORMONE INVESTIGATIONS</p> <p>FSH Follicle Stimulating Hormone</p> <p>LH Luteinizing Hormone</p> <p>TSH Thyroid Stimulating Hormone</p> <p>TESTO Testosterone Total</p> <p>PROLA Prolactin</p> <p><input type="checkbox"/> PCOS INVESTIGATIONS</p> <p>TESTO Testosterone Total</p> <p>.....Androstendione</p> <p>.....DHEAS</p> <p>.....17-OHP</p> <p><input type="checkbox"/> HBA1CTHB HbA1C</p>	<p><input type="checkbox"/> BHCG Beta HCG</p> <p><input type="checkbox"/> Repeat Beta BHCG Date: _____</p> <p><input type="checkbox"/> PRENATAL SCREENING BLOOD WORK</p> <p>TSH Thyroid Stimulating Hormone TPALAB ... Syphilis AB Antibody</p> <p>BLTYABS .. Type and Screen HIVS HIV Screen</p> <p>HBSAG Hepatitis B Surface Antigen CBC CBC</p> <p>RUBVABG . Rubella IgG URINCU Urine Culture</p> <p><input type="checkbox"/> 28 WEEK PRENATAL BLOOD WORK (no fasting required)</p> <p>GTT2H..... Glucose 50g Challenge URINCU Urine Culture</p> <p>CBC..... CBC BLTYABS .. Type and Screen</p> <p><input type="checkbox"/> ORAL GLUCOSE TOLERANCE TEST (fast 8 hours prior to test)</p> <p><input type="checkbox"/> GTT2H ... 2 hour 75 gm OGTT</p> <p><input type="checkbox"/> GTTG 2 hour 75 gm OGTT (for prenatal use)</p> <p><input type="checkbox"/> RECURRENT PREGANCY LOSS INVESTIGATION</p> <p>B2GL1ABP... Beta₂ Glycoprotein-1 AB PROLA ... Prolactin</p> <p>LUPACP Lupus Anticoagulant</p> <p>CARABP Anticardiolipin Antibodies</p> <p>TSH Thyroid Stimulating Hormone</p> <p><input type="checkbox"/> ECTOPIC PREGANCY BLOOD WORK</p> <p>CBC CBC CR Creatinine</p> <p>LYTES Electrolytes BLTYABS ... Type and Screen</p> <p>URENI Urea HEPFUP Liver Function</p> <p>BHCG Beta HCG</p> <p>Repeat Beta HCG Day 4 Post Methotrexate Date: _____</p> <p>Repeat Beta HCG Day 7 Post Methotrexate Date: _____</p> <p><input type="checkbox"/> HYPERTENSION PREGNANCY BLOOD WORK</p> <p>CBC LYTES URENI CR APTT PTI URATE LD</p> <p>HEPFUP</p> <p>ADDITIONAL REQUESTS: PRINT LEGIBLY</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>COMMENTS:</p>

Testing may be delayed or not performed if the requisition is illegible, information is missing, or the specimen is mislabeled.