

Required formats/additional information for laboratory requisitions

Requirements		
Requisition Field	Description	Formats/Additional Information
Patient's full name (last and first)	Ensures correct patient identification	Name format: last name, first name Unique identification of the patient is important Do not use nicknames, or initials. Name on requisition and specimen label must be identical Exceptions: anonymous and unidentified protocol patients.
Patient's second identifier	Ensures correct patient identification	Preferably Health Card Number and province or RCMP, Military, Refugee, Passport or Immigration numbers. Second identifier on requisition and label must be identical. Exceptions: anonymous and unidentified protocol patients.
Test(s) requested	Specific test(s) needs to be included to prevent delays. See Laboratory Test Utilization webpage)	A number of tests can be requested on one requisition. Some tests require a specific requisition. See Capital Health's Laboratory Test Catalogue for more information.
Authorized Requestor's/client information	Routes results to the correct location/provider.	Name format: last name, first name Provincial Medical Board number (preferred) or address/client
Signatures on requisition of the collector and a witness for Blood Transfusion Specimens	Best practice	Signature of collector and witness See Capital Health's policy CC 85-012 Blood Transfusion Specimen Collection
Date and time of collection	Identify the point in time that the specimen was collected. Provides relevant information required for testing. Example: stability of analyte.	Date format: YYYY/MMM/DD Time format: 24 hour
Other Requested Information		
Requisition Field	Description	Formats/Additional Information
Test Priority	Ensure testing is prioritized to meet the need of patient	STAT – Priority for patient's in life threatening situations Only available for hospital inpatients, emergency room patients and hospital clinic outpatients. Urgent – Priority for results required

		<p>for the provision of immediate and safe patient care</p> <p>Patients whose discharge from hospital is dependent upon a laboratory test result should be ordered as Urgent.</p> <p>Routine – Priority for testing that doesn't meet the STAT or Urgent definitions</p>
Patient's sex and date of birth	Reference ranges can be based on sex and age.	Sex format: Male or Female Do not use M or F or other symbols Date of birth format: YYYY/MMM/DD e.g., 1987/Jan/21
Additional physician's information if copy of report required	Report results to the correct location/provider.	Name format: last name, first name Provincial Medical Board number (preferred) or address
Appropriate clinical information	Informs how the specimen is processed or results interpreted.	Clinical History Example: Pregnancy, previous transfusions, sensitization history, recent travel etc.
Type of specimen and the anatomical site of origin (when appropriate)	Determine how the specimen is processed or results interpreted.	Example: peritoneal fluid, throat swab, blood culture left arm.
Collector location/facility	Collection location	Identification of facility where collection occurred.
Collector identification	Traceability of specimen collector	Full name of the person that collected the specimen, assigned Capital Health Laboratory Information System username, signature
Billing information (if not being billed to Provincial Health Care System)	Ensure appropriate billing for the test.	Provincial Health Care number, insurance provider or complete billing information (name, address). Example: patient self pay for testing
Patient's contact information and Physician's phone number	Ensure physician or patient can be contacted in the event of critical results.	Phone number where the patient can be reached within 12 hours from time of collection.
Current Capital Health financial/account number	Ensure selection of the correct Capital Health visit.	
Alternate Destination of the report	Ensures correct delivery of reports within Capital Health	The report is to be sent to additional/alternate destinations the correct information must be supplied. Example: Inpatient report to be sent to Dialysis unit, copy of report to consulting physician.